



**Episode 11: Leading to Serve**  
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Geoff: Hello and welcome to "Taking the Lead," a 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 Rubin. Today I am speaking with Carolyn Meltzer, Chair of the Department of Radiology and Imaging Sciences at the Emory University School of Medicine where she also serves as the Executive Associate Dean for Faculty Academic Advancement, Leadership and Inclusion, and the William Timmy Endowed Professor. After 11 years at Johns Hopkins University from Medical School and Postgraduate Training, Dr. Meltzer spent 9 years at the University of Pittsburgh where she was Medical Director for their PET Facility, Chief of Neuroradiology and Vice-Chair of research. She initially joined Emory University as the Chief Academic Officer of the Department of Radiology, but assumed the role of Department Chair within her first year and has served in that role for 13 years. She has contributed broadly and deeply to national and international organizations, including serving as President of the American Society of Neuroradiology, President of the Academy for Radiology and Biomedical Imaging Research, and serves on the Administrative Board of the Council of Faculty and Academic Societies for the Association of American Medical Colleges.

She has lectured and written extensively on leadership topics and as a fellow of ELAM, the Executive Leadership in Academic Medicine Program for Women, has been a strong advocate for women leaders in radiology. Amongst many topics, we discuss her dedication to servant leadership and empowering teams to develop strategies and solutions collaboratively, as well as her commitment to encouraging leadership training as a fundamental component of professional development. We explore some of the barriers that influence women's leadership in medical practice and hear her thoughts on overcoming those barriers. Finally, we learn how Carolyn's passion for fine art photography and her work as a trainer of therapy dogs inform her approach to leadership. Before we dive into the podcast, I have a quick favor to ask you. After you've listened, please take a minute to subscribe to the series. Share it with your colleagues and rate the episode with five stars. It really makes a difference. Now, let's get started.

Carolyn, welcome. Today I am speaking with Carolyn Meltzer, Chair of the Department of Radiology and Imaging Sciences at the Emory University School of Medicine, where she also serves as the Executive Associate Dean for Faculty Academic Advancement Leadership and Inclusion, and a William Timmie-endowed professor. After 11 years at Johns Hopkins University for Medical School and Postgraduate Training, Dr. Meltzer spent 9 years at the University of Pittsburgh where she was Medical Director for their PET facility, Chief of Neuroradiology, and Vice-Chair of Research. She initially joined Emory University as the Chief Academic Officer of the Department of Radiology, but rose to the role of Department Chair within her first year and has served in that role for 13 years. She has contributed broadly and deeply to national and international organizations, including serving as President of the American Society of Neuroradiology, President of the Academy for Radiology and Biomedical Imaging Research, and serves as the Administrative Board of the Council of Faculty and Academic Societies with the Association of American Medical Colleges. She has lectured and written extensively on leadership topics. And as a fellow of ELAM, the Executive Leadership and Academic Medicine Program for Women, has been a strong advocate for women leaders in radiology. A true renaissance woman, Carolyn is a fine art photographer whose images of the natural world have won awards and graced galleries. Carolyn, welcome.

[00:04:30]

Dr. Meltzer: Thank you so much. Delighted to be here.

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Geoff: Maybe we can start with you telling us a little bit about your upbringing. Where were you born and what was your childhood like growing up?

[00:04:41]

Dr. Meltzer: Oh my goodness. Okay. We're going back quite a ways. I was born in New York, a product of Greek immigrants, and grew up in a bilingual household. I have an older sister and it was, you know, a very supportive family life. My father was very focused on education. And when my parents divorced years later, he was really instrumental in supporting me going to a good college and medical school and beyond. And I lost him three years ago, but I think of him every day.

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Geoff: I'm sure he was very proud of your accomplishments. Did you have any hobbies or things that you particularly enjoyed in your spare time while growing up?

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Dr. Meltzer: Sure. I loved bicycling, which I still do now. I'm an avid cyclist. So I used to love to tinker with bikes and ride. And I also was quite the nerd, so I was on the school chess team. What else? I loved the outdoors, and that's certainly been a lifelong passion to just always be outdoors when I can, to hike, to just enjoy nature, and to photograph it. I got interested in art early on and I used to sketch, and my dad taught me photography a little bit. He wasn't the most gifted photographer, but he loved to tinker with cameras, and I joined him in that.

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Geoff: Sounds like a rich experience instead of hobbies. What do you recall being your first experience as a leader?

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Dr. Meltzer: Oh, boy. My first experience as a leader, well, I suppose in college, I led some clubs. Actually, there was a club for women in medicine and women, young, into health care. We used to have speakers come to campus, so I really enjoyed that. But I must say I never really thought that much about leadership. I just thought about getting along with teams and working together. But early in my faculty life, was really thrown into a leadership position rather suddenly that was probably well above my head, and that was a bit of an awakening to skills that I didn't necessarily have down pat at that point and how complex the topic is and what it means to serve others.

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Geoff: Yeah. We'll get to your early faculty experiences real soon and maybe you can amplify those comments a little bit more. But let's stay with your early years. And one more question that we always get some interesting responses on, and that is, what was your first job?

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Dr. Meltzer: Oh, my first job. Let's see, I was a supermarket checkout clerk. I think that's probably my first job. I did a little filing in a friend of a friend of a friend's parents office, but I think my first real job was working in a supermarket.

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Geoff: And now, would you sort of monitor what people were buying and remark in your head about different people's approaches to shopping?

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Dr. Meltzer: It was always interesting to see what people would buy, but I really focused on trying to give good customer service and be efficient. I think probably was a foreshadowing of thinking about throughput.

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Geoff: Bravo. Bravo. Lessons from that first job in the supermarket sounds like still resonate with you today and, perhaps, give you ideas on leading in radiology.

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Dr. Meltzer: Oh, absolutely. And I also did a lot of work there as a waitress in a diner. That was also very customer-focused. So I think, again, both those...the early experiences taught me about serving people.

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Geoff: That's great. I won't speak to my years at Burger King where I learned a bit about the service industry as well. I think working in food service is a great experience for anyone growing up.

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Dr. Meltzer: No, I couldn't agree more.

[00:09:04]

Geoff: So after graduating from Cornell with a bachelor of science, allowing for a year for internship at Greater Baltimore Medical Center, you spent the next 11 years at Johns Hopkins, and experienced reminiscent of Norman Beauchamp who is our guest on episode six.

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Dr. Meltzer: Oh, yes.

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Geoff: How would you describe your time at Hopkins?

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Dr. Meltzer: Oh, Hopkins was initially quite the awakening. So I was at Cornell in a lovely rural area of upstate New York. College was such a mind-opening experience. Going to medical school was much more regimented. I was in an urban environment at Hopkins, new people to meet. It was a little bit of an adjustment. I had a fabulous class that we were very close and I still keep in touch with many from my medical school class. So, overall, it was a

great experience, but certainly an adjustment. I kept questioning, you know, "Was I meant to be a physician?" I'd also thought about graduate school and neuroscience, and I kept questioning whether it was the right thing for me to do. So that probably went on for the first couple of years of medical school.

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Geoff: What aspects of your experience in those couple of years led you to question being a physician?

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Dr. Meltzer: In those days, oh, it was a lot of rote memorization. Wasn't as nurturing, I think, an environment as we do have for medical students now. A lot of it was quite grueling. We were very much seen as being at the bottom of the totem pole in a hierarchical system. A minority in my class were women and a minority of my professors were women. So I do recall that the whole environment was very testosterone-built. So we would... If you were... Even our language, so if you were a good medical student, you were referred to as a stud. So everything was about, you know, how much you could emulate the strong male physician role model.

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Geoff: You think we've managed to flush that machismo out of the culture of medical education?

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Dr. Meltzer: I wouldn't say flush, but I would say we have evolved.

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Geoff: Yeah.

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Dr. Meltzer: But I do also remember I had had a lot of experience in doing research and college summers, working in laboratories and enjoying the openness of the research environment, and I felt like, you know, I hadn't really worked with patients and I thought, you know, I just questioned myself, "Am I gonna be good at this? Is this the right thing for me to be doing?" Just the self-doubt that goes along when starting in the career.

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Geoff: No doubt. We all go through that. Now, after fellowship, you went to the University of Pittsburgh where you spent your next 11 years.

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Dr. Meltzer: Yes.

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Geoff: What led you to choose Pittsburgh for your first position out of training?

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Dr. Meltzer: Well, it wasn't the most likely places when I thought of it initially, and I must say Nick Brian very much wanted me to stay at Hopkins. I thought, "I've been here so long

and I really need to spread my wings." Everybody still thinks I'm a medical student and I'm a second year fellow, so I thought it was time to go elsewhere and see how medicine was practiced elsewhere. Now, my research interests were very focused on positron emission tomography, which was really a new field and a new area of study in terms of, you know, coming out of the very basic biomarker development phase to be more widespread. And there were very few barge academic centers with strong PET centers too. There were about a dozen at the time. So that was the first cut of my search, was, well, to think of those places. Now, Pittsburgh had just started a new PET center a couple of years earlier and was really recruiting some great talent and some people I really admired to that area. So I wrote a letter to the Neuroradiology Director and said, "Hey, I'm interested in a job, do you have anything? And I do research too." And he called me the day he got the letter. Just happened to open it and said, "Hey, you know, we were just thinking of posting a position." There were not a lot of positions open at the time in Academic Radiology, so it was very fortunate. And I really loved the institution, it was very much a sort of rising star being put on the map with liver transplants at the time and really going from a sort of small academic center to growing toward what it is now a very large and influential place.

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Geoff: That was really an intriguingly proactive move to reach out and inquire about a position in, you know, this very specific domain. I think a lot of folks, when they're coming out of training, they look to see who has a job, who's posted a job, you know, where are positions available. Kudos. Kudos for being so proactive.

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Dr. Meltzer: Yeah. I do think it is good advice. I don't know how I stumbled on it. Maybe somebody suggested it, but I always think it's good to reach out to leadership if it's a place you're interested in because you never know what opportunities may lie there.

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Geoff: Yeah, absolutely. So you started your work in PET while you were at Hopkins, and in applying at Pittsburgh, you were seeking to continue along the path you had already started?

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Dr. Meltzer: Yes. I had taken a year off between the internship and residency to do a PET research fellowship at Hopkins and continued that work on and off the residency and fellowship. So it was something that it was very important to me to continue.

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Geoff: Yes. And you described that Pittsburgh was one of the few centers that had established a PET center and that they were bringing in some really exemplary people, which was attractive to you. How did you become the founding director of the clinical PET center?

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Dr. Meltzer: Well, I went there before. There was such a thing as clinical PET and whole body PET. So it was just being developed around that time. Previously, it was just about brain imaging research in dementia or psychiatric disease, and PET scanners then were pretty primitive. So when I was at Hopkins and first started in that, there was a three-slice scanner and took these big thick slices, three, through the brain, so very crude imaging characteristics. As the technology was getting more and more refined, some breakthroughs

allowed for whole body imaging. So while I was there, whole body imaging was coming about. Some places, it started to do some clinical studies. In fact, we were working at Pittsburgh with David Townsend who spearheaded the first combined PET-CT scanner. But I went to the hospital leadership and I said, "We are a PET research center, but we should be offering whole body Penn imaging clinically, and at least just part of a clinical trial because this is going to be an important tool going forward." And initially, they said, "Stick to your research. This is a research center." And so, we persisted, and that my first experience doing some business proposals of where the technology could be useful based on the literature and mostly in cancer diagnostics and how our community really needed this and how we might be reimbursed for some things.

And finally, they relented and we started this service. And it was very exciting because there were so few in the world and then when we had the first PET-CT scanner, we were the only place in the world to offer the combined imaging. And patients came from all over the world to see if their cancer had progressed, and we used this new technology. So it was one of those experiences where you're at the cusp of something and get to be a part of it and shape it going forward.

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Geoff: It is a very special experience. I can relate that in my past with CT angiography, it's a rare experience, but it also requires somebody who's gonna step up and make it happen. And you described a number of elements of your activities that really did that. I'd like to unpack a little bit about your approach to the hospital at that time. I'm assuming that there was not yet a CPT code to support reimbursement for a PET, is that correct?

[00:18:19]

Dr. Meltzer: That's correct. So there were clinical trials, there were some experimental work, and I had gone to Blue Cross and presented some of the data from the literature and appeal to them in some circumstances for reimbursement. So we had some early payment. And actually, the early payment of PET-CT was extraordinarily high because nobody knew how to do it. So it was as if you had a CT scan of multiple parts of the body as if they were independent CT scans plus a PET scan. So the reimbursement was very high until insurance companies realized they should be bundling this up.

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Geoff: Yeah. It's a fortuitous start though, a great way to get things going. But in those initial business plans then, if there was not a clear pathway to reimbursement, what approach did you take to convince the hospital that this was a net positive beyond just doing the right thing for medical care?

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Dr. Meltzer: Yeah. So we had been doing a lot of work with what at that point was called the Institute for Clinical PET. It was a national program where they helped with local commercial insurers to provide reimbursement for...especially some areas where there was significant experience in showing cost effectiveness. So part of it was about around the opportunity cost of what treatments might be avoided, whether it could be better outcomes by understanding if treatment was working earlier. So those sorts of arguments, plus one area where a few commercial insurers, on an experimental basis, were reimbursing. So it wasn't easy. I probably had on my computer 12 versions of this business plan from appealing to,



you know, what was the right thing to do to trying to make business sense of it downstream care and the attraction of also new patients to the system.

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Geoff: Yeah. You know, it's interesting to me that Pittsburgh was open to arguments about downstream costs, savings, and outcomes. So many hospitals seem focused on net present value calculations and are not equipped to look at those kind of forecast. Now, I know that today the University of Pittsburgh and the medical center there operates both a payer side and a provider side. And having that sensibility as a payer certainly prepares the organization to think more effectively about the implications of a diagnostic procedure on other expenses. At this time, back then, was that the case that Pittsburgh was already providing insurance coverage for a population? And do you think that was why they were more receptive to these types of non-pure financial forecast?

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Dr. Meltzer: I think part of our forecast really were focused on counting on reimbursement, market share, traditional, but in those times, volume-based care. During the period I was at Pittsburgh, they did start self-insurance and were starting to think about risk and cost. So yes, they were, you know, ahead of the curve in a lot of the models that came to pass since that time.

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Geoff: Yeah. Marvelous. So when you think back to the process of establishing that new clinical center, once sort of the ribbon was cut and the doors were open, what would you describe as some of the challenges that you faced in getting things going and gaining traction?

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Dr. Meltzer: Yeah, and there were a number of challenges but also great opportunities because this was a boutique service. We went from being a research center to carving out a clinical arm, and our technologists, our staff were very focused on the research piece, but I must say they were so excited about the opportunity to see what they'd been doing research on actually play out in patients who are coming to find out about their illness and that would have impact. So we had to redo the waiting areas, we had to redo how we thought of our spaces. It was a very scary time for the patients. They were coming for this new and scary thing and you were gonna have, you know, an injection of a radio tracer with radiation and, you know, this is all early experimental. So there were a lot of considerations. We also had to make sure we had space for people who would come from far away and bring their whole families. So sometimes we would have a full waiting room just of families waiting for the patient have their scan done. Including patient families in the care wasn't as common then.

But one of the experiences, just to get back to that, that I remember vividly is there was a violinist in the Pittsburgh symphony and I knew her through my husband who's in that field, and she was a breast cancer survivor. And when I was talking with her at a social gathering about what we were doing, she volunteered to come over and play the violin for patients while they were in the scanner. So one day a week, she would come in, and you kind of have this world-famous violinist who would just come and play for people to help them relax and to give back, really an incredible experience for everybody, not just the patients, but the staff and everyone at the center.



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Geoff: That's really beautiful. It sounds like you made a really critical connection, not just with your staff and all the people that enabled the PET center to grow and flourish, but with the patients themselves. And that's just a marvelous story. Once you took on the role of Division Chief of Neuroradiology and, subsequently, even larger administrative roles, what allowances have you had to make to your more personally directed professional activities, particularly research?

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Dr. Meltzer: Mm-hmm. I was always concerned about, you know, how I could continue my own research when I took on these administrative roles, and I must say a number of my mentors kept telling me not to take these roles that came along. I was up for a challenge and I must say working in these larger roles and really we were engaged in team science and innovative team care. So being in a larger role allowed me to bring teams together. So while the time to do administrative and leadership work was substantial, it also allowed me to be part of, you know, team science before team science was a popular buzzword, but it was very much what we did in that space.

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Geoff: And are you able to maintain your hand in research today?

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Dr. Meltzer: I am not. So when I first came to Emory, I actually... I was also recruited in part as a part-time Associate Dean for research and I had come in with two or one grand and significant research program and with the charge to build a cohesive and larger imaging research search center. But then I became chair shortly after I got here, which is a much longer story. And then really, it was about facilitating team science and supporting the clinical environment, the teaching environment as well. And I ended up really coming out of being focused on my own research. It was just not possible to continue that, but it was also an opportunity to pass them on and mentor others who, for them, it wasn't a real positive.

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Geoff: I think it's an important lesson that as one takes on larger administrative and leadership roles, that sometimes you have to let some things go. Some folks try to keep doing everything and that can be to the detriment of the quality of a what they're pursuing. So it sounds like perhaps there was some soul searching involved, but you were able to make the decision to hand off the research.

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Dr. Meltzer: Absolutely. And each of these stages of giving something up is difficult because it is a part of your professional identity, your research or your clinical sub-specialty. I think I've gotten better at doing it along the way, but I think it's critical if you want to succeed in your next endeavor. You know, it's like strategic planning. The most important thing is what are you not gonna focus on to do something bigger?

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Geoff: Sure. Sure. Now, so you moved to Emory 14 years ago.

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Dr. Meltzer: Yes.

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Geoff: I've been impressed by the differences that I've experienced across academic medical centers and having spent over a decade at three top academic institutions yourself, how do you view the particular strengths amongst these different centers? How would you characterize them in comparison to one another?

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Dr. Meltzer: You know, it's interesting. I, I think about that a lot, but I also realize that I experienced them in different, you know, mostly decade-plus time periods. So what might've been my experience at one institution, previously, may not be what that institution is quite like today or someone experienced at a later career stage would think. Hopkins was a great place to train. It was at that time hierarchical and somewhat siloed in areas. I think, overall, medicine has changed a little bit, and academic medicine in that regard. Pittsburgh was a place I could really spread my wings. It was highly collaborative. As Pittsburgh expanded the way it did to be a very large clinical enterprise, that made it harder as a clinician investigator and a leader of each of the missions to balance all of that. I moved to Emory. It attracted me with some of the qualities that attracted me to Pittsburgh initially. It is a highly collaborative institution, a very open place and a place where it's very easy to cross traditional boundaries and collaborate in interdisciplinary ways, and that has very much been a constant for the whole time I've been here and it's why I think a lot of people stay at Emory.

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Geoff: Do you see these characteristics that you're describing as being primarily a reflection of structure or culture at the institutions?

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Dr. Meltzer: I think culture is the biggest part of it. Absolutely.

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Geoff: And how do you envision culture evolving at some institutions to support more cross-disciplinary collaboration while at others, not so much?

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Dr. Meltzer: Yeah, and some of it is your structures can be conducive to collaboration or provide barriers for collaboration, but ultimately, it is the culture that influences it. But some of the ways to break down barriers are, you know, structural or functional. So sometimes schools or units function in such different ways that collaboration is difficult. That it's seen as a huge barrier. So creating mechanisms to have more uniform and shared processes can help smooth the way. I think Emory, when I first came, did not have... One thing that was very different from Pittsburgh, Pittsburgh would lay infrastructure and then do mergers. Emory is more of an organically growing place, so sometimes there wouldn't be quite the strength of the infrastructure to support growth at the next phase, which created some opportunities to just, "Oh, there's no way formal way to do this. Let's go ahead." I think now we've evolved to be much more conscious of developing processes, we're trying to develop processes that facilitate collaboration rather than stand as barriers, but like all places, it can be quite difficult.

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Geoff: That's really interesting. If I can correctly paraphrase you, and please do correct me if I get this wrong, it sounds like at Pittsburgh, the infrastructure was established to pursue growth and expansion, whereas at Emory, the growth and expansion would come without there necessarily being the preparatory infrastructure and that infrastructure followed the growth.

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Dr. Meltzer: Yeah. That's my first generalization, but by contrasting the two organizations approach, I'd say that was probably accurate.

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Geoff: And you certainly clearly described how much you valued the interactive and open collaboration at Pittsburgh. As you considered the move to Emory, what did you see in Emory at that moment in time that gave you confidence that it would be the place where you wanted to have the next phase of your career?

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Dr. Meltzer: Well, I think I was very much drawn to the culture of collaboration. Emory very clearly stated it was an ethically-driven organization and valued ethically-driven leadership. That was really important to me as a leader. It was very much a growing institution that was increasingly investing in research, new faculty being brought on, just rapid growth phase. And Pittsburgh was like that when I went there as well. And I loved the idea of being in a rapidly changing environment, being part of growth, being part of building. It was also a very strong neuroscience institution and is a strong neuroscience institution. That was something that attracted me as well. So there were many pieces that attracted me here. It was also...had an incredible partnership with Georgia Tech and a shared biomedical engineering department between Emory and Georgia Tech. So that piece was very exciting as well as a partner for radiology.

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Geoff: Now, a moment ago, you mentioned that it's a bit of a story, you're becoming chair and taking on those responsibilities shortly after you were recruited to Emory, not specifically to be chair. Would you mind sharing a bit of that story?

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Dr. Meltzer: Yeah, so the reason I first came to Emory was I was asked to look at the chair position when Bill Casarella had announced his retirement. I thought at that career stage I was pretty young to consider that, but I was flattered by the invitation and I thought, "Well, I'll come take a look. It'll give me an idea of whether this is a position that I might wanna think about in the future." So I came with low expectations. I was truly blown away by the people I met. I had a lot of friends and colleagues at Emory, but I hadn't ever been to the campus. And I went back thinking, "Wow, this was a such a fantastic place. But, boy, who'd wanna be chair? What a terrible job." So I went back, didn't think about it much. I later found out I was on the short list and... No, another colleague was appointed and called me after and said, "Gee, I really, really liked you here. Is there something you would be interested in other than the chair position?" And I said, "Oh, that's interesting," because I wasn't really interested in the chair position, but I sure loved Emory. So I ended coming down multiple times and

helping to consult on a research agreement with Siemens and some of the pre-work of setting up this imaging research center, and finally ended up being recruited to be Associate Dean for research, oversee all of the academic functions in the department and build the imaging research center. And this was really a dream job. I was getting away from some heavy-duty clinical operations and, you know, building these new things more on the academic side. I thought, "Wow, this is so cool," and an endowed chair. So I was like, "We can't turn this down." So came, and then everything changed about nine months later when the new chair left and the dean said, "Well, you were on the short list. Let's see, it's Friday. Monday, we're gonna announce you as interim chair, and then we'll go through a process." But really, this is probably meant to be. So I was very upset. This is the best job I never wanted. I love being chair. I never thought I wanted it. Life is funny, shall we say.

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Geoff: Yeah. It is funny how things turn out. And certainly, for Emory's sake, they turned out very, very well. Now, upon becoming Chair for Radiology at Emory, among many advancements that you put forward, you established the Center for Systems Imaging. What is meant by systems imaging and why did you choose that as the center's focus?

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Dr. Meltzer: So this was what I was initially brought to build. There's wonderful PET imaging here, MR imaging, but it wasn't really put together in a center for core services plus innovative, interdisciplinary research. So that was job number one, it was putting that center together and the systems distinguished it, sort of, whole animal and human research, distinguishing it from optical imaging and cellular imaging. And then the acronym is CSI, which also sounds like a TV show. It just got catchy. So I was the initial director, and then fired myself because I had this bigger job to take on after a while. But that's flourished, that center.

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Geoff: That's fantastic. Can you give us a little perspective on the center today?

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Dr. Meltzer: We did some of the first MR PET work there. We do a lot of biomedical tracer development, PET tracer development under Mark Goodman's leadership, and developed an FDA-approved tracer, [inaudible 00:38:26]. So really very robust program there. Strong MR work. We are now designing phase two of that center. It will be moved to a new building that's being built now, enlarged, having a higher energy cyclotron, bigger programs. So, very exciting.

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Geoff: That sounds very exciting. The systems part of the title. What are the systems that you are referring to? Are they the technologies? Are they working systems? Help me a little bit with that.

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Dr. Meltzer: So systems was meant to distinguish it from cellular imaging, you know, in some more basic science imaging, that systems were whole animal and whole human, very strong neuroscience focus, oncology and some cardiovascular as well. So in terms of the systems.

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Geoff: Got it.

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Dr. Meltzer: Dual purpose.

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Geoff: Thank you. Thanks for clarifying that. Now, I understand that you have created a Service Excellence Institute within your department. What is that and how did that come about?

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Dr. Meltzer: We have a couple of programs that really span our whole department, which has grown enormously. One of the characteristics, physical characteristics here is that we are spread out. So at this point, we have faculty at seven hospital sites. So there are multiple campuses. Atlanta has some traffic, like all major cities. So we looked for ways to bring the department together. And I'm gonna say there wasn't a lot of central infrastructure when I started here as chair within the department. We kind of did their own thing. There were different divisions, different sites. We also had a lot of differences across our professional domains. So faculty had separate events, staff had separate events, trainees had separate events. So the Service Excellence Institute was put in place to have every employee, whether they're faculty, staff, learner, to come into the department and go through a couple of days of training that really talked about our mission, vision, our interest in empowering folks, how teams worked, what our common values were, how we valued innovation, what our approach to patient-centered radiology was. So it really was establishing some common language across the whole department. And we've tried to amplify that through things like our service excellence awards, caught in the act of service excellence, staff who go above and beyond. So it's really taken on a part of the culture of our department. It's been really a wonderful addition.

[00:41:33]  
Geoff: Sounds really interesting. When you were initially getting it going and you were asking all of your faculty to come spend several days focused on this training, was there much pushback?

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Dr. Meltzer: Yeah. There was pushback to everything initially, "Gee, we've never done this before. We've never done that before." I think we started out early on with strategic planning that was very inclusive and focused on where do we want to be in the long-term, what do we want our culture to be, like, how do we want to value every contributor in the department? How do we communicate across multiple sites? So by the time we established this, there was a lot of socialization and there was a lot of input in what this should be. So it wasn't that bad. And we've shortened it a little bit. It's now more of a three quarters of a day. But people wanted to be part of these new processes and contribute to them. And, of course, we were giving them the time to participate.

[00:42:41]  
Geoff: Yeah. So this was an outcome of department-wide strategic planning?

[00:42:47]

Dr. Meltzer: Yeah, to some degree. And also another program that came out of strategic planning, but really was that then gave way to the Service Excellence Institute was establishing a Radiology Leadership Academy where faculty and staff, 12 participants a year were hand-selected, were put through this intensive 9-month leadership program, and they would work on team projects in 3 teams every year. One of the team projects was around establishing the Service Excellence Institute, which then we carried forward.

[00:43:27]

Geoff: Wow, that's fantastic. So, 12 faculty each year would go through this leadership training program?

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Dr. Meltzer: Importantly, it was not only faculty, so faculty and staff. So one of the parts of changing our culture and moving toward a more cohesive vision was to really think about working in teams and not faculty separate and staff separate. So it was important to grow the leadership and the bench strength in leadership across faculty and staff line.

[00:44:02]

Geoff: That's really fantastic. Have you sought to articulate tangible outcomes from this particular initiative and, in particular, were there any metrics that you established at the outset that you sought to achieve?

[00:44:18]

Dr. Meltzer: We did. There were a few embedded outcomes we were interested in. One was we felt strongly that the department needed to be more inclusive, more diverse, and we wanted to become a magnet for a broad range of talent that we could innovate from and take all ideas together. So, always, our classes for this group were selected do be more diverse than our current leadership team. So that's been one of the vehicles we've used to really build what I... No, I think it's a very diverse and inclusive environment here, and that's been so central to every one of our strategic plans and our mission and vision. So it was a vehicle for that. We also wanted to, regardless of somebody's leadership position, if it was a new leadership position, this is sort of in an early leadership stage or someone we were grooming because we thought they would play an important role in informally leading and eventually potentially formally leading. We wanted to build that bench strength. So we really focused on certain competencies, you know, surveying how people did after, we wanted to measure retention and we had hoped that retention would be higher in these individuals. We were very intentionally giving skills and opportunity to... And we just graduated our 10th class, so it's been going for 10 years, and just published on our experience. It's a little less quantitative, but we've given our experience how the program has evolved, our retention rates, something about diversity, and a description of the projects that have gone forward, the team projects that have gone forward to be implemented to the betterment of the department.

[00:46:19]

Geoff: That's fantastic. And if folks would like to read this publication, where would they find it?

[00:46:25]



Dr. Meltzer: JACR this year.

[00:46:27]

Geoff: Excellent. You know, it's interesting that when I initially heard the title of the Institute Service Excellence, it made me think about something that was a bit more outward-focused, toward patients and toward referrers and such. But what you're really describing is something that's very inwardly focused, I believe, and that is intended to essentially raise the quality of the relationships amongst people within the department and to build more cohesion, better teams, more diversity.

[00:47:01]

Dr. Meltzer: Yeah. That's the way we can deliver the best possible care, if we invest in our people first.

[00:47:08]

Geoff: Fantastic. Now, leading a large clinical organization with a faculty that represent diverse professional interests, I know you spoke on the topic of incentives and compensation, and I wonder if you might do that here. What has been your approach to establish a system of incentives and compensation that recognizes excellence and supports advancement across these diverse professional interests?

[00:47:35]

Dr. Meltzer: I think one thing that was very important early on was to look at the compensation system and see how that reflected, you know, our goals. And, you know, I've shown this in talks before to my dismay, when I looked at compensation amongst the faculty, I found that, one, there was no system written down, no comp plan, but also I found a nearly statistically significant difference between men and women salaries at the faculty, assistant professor level, which was our largest group of faculty. So once I saw that, I had to be very transparent about it and set out to develop a multiyear plan for how we were going to change those salaries. And at that time, we were able to only increase salaries, and those who were making higher salaries, higher than Armenian benchmarks. And I told them, "You won't get a raise for quite some time, for a number of years until people catch up."

So it was very much a difficult process. In those days, we had the resources to do it, but did have to do it over a couple of years. We had some technical revenue, which we were investing in our research plans, but really had to prioritize correcting this process first. So that was step number one. And then I also asked a group of faculty leaders, "What do you want to reward in an incentive system?" And, you know, they felt strongly that our collaborative culture was very important and needed to be something we valued. So what we did was our comp plan, as it developed, it's very much based salary by equity and AWMC benchmarks. So it really flattened out differences in salary, and that supported the teamwork and the collaboration. So nobody was saying, "I'm gonna make more RVUs than you." We did develop then an incentive plan and had a group of faculty devise that based on the feedback that we've been given, about what we wanted to value based on our vision. So there are points that faculty get, it's a small incentive, but there are points that faculty get for all sorts of activities, teaching and research, citizenship and service, and clinical. There's a small RVU component, but most of it is around the divisional team, productivity, as well as quality. So I feel strongly then for hospital-based service and RVU-driven compensation plan will not get you a very collaborative workforce.



[00:50:47]

Geoff: Thank you for that very articulate explanation. And I don't want to let it go by that, it sounds like you really saw it to have brought in put into the establishment of the core principles of the plan and really sort of having a bottom-up as opposed to a top-down approach to its design.

[00:51:11]

Dr. Meltzer: Very much so. And then also, it was a change from the traditional department that it was, where everybody looked to the chair for what do we do now? So it was part of empowering teams to have input in what we were gonna do.

[00:51:27]

Geoff: Did those teams function effectively right at the outset and avoid sort of partisan and provincial considerations in the interest of building something collaboratively for the whole, or did you have to intervene a little bit in order to help people learn to work in that collaborative manner?

[00:51:46]

Dr. Meltzer: There were always the outliers who didn't quite buy in, but I must say, as a whole, these empowered task forces and teams worked incredibly well. I do recall, though, the first time I said, "Okay, we're gonna do a strategic plan," and then everybody will have input into, you know, what we're gonna value and what we're gonna focus on. And a senior faculty member said, you know, "We tried that once before. It was a waste of time. Nobody did anything. We're not gonna do that again." So I had to really work to convince folks, "No, this is what we're going to invest in." And I mean, there was a process to it and certainly, a change management. And once we did the plan, one of my colleagues, a chair from another department, said, "How did you get the department to come up with the goals you wanted?" And I said, "What did you mean?" He said, "Well, I think they were great goals, you know, and aligned with your vision, and I'm sure you sort of plotted it out." And I said, "No I didn't. This is truly about faculty and staff governance. I'm the facilitator and I can project the vision, but then it has to be shaped by everybody, and the goals have to be theirs or it won't be effective." So I've found that people always rise to the occasion of an inclusive process.

[00:53:11]

Geoff: Yeah. Great example. Now, recently, you are appointed Executive Associate Dean for Faculty Academic Advancement, Leadership, and Inclusion. Would you tell us about that role and what you plan to achieve through it?

[00:53:24]

Dr. Meltzer: Yeah, it's a mouthful. Yeah, I've been doing it for about three months. I previously served as a part-time Associate Dean for research, so I've always had some role in the dean's office, but this is most definitely a significant step up. It's really a new office, so it's combined traditional faculty affairs and professional development with two additional pillars of diversity, equity, and inclusion, and wellness. And the leadership piece of professional development is also something we want to emphasize. So it's been absolutely exhilarating to be part of a terrific team and to build the team further. So I have two associate deans I work with, and probably two more we're going to be doing researches for. We've

already added some assistant deans and a director to the office, so a lot to tackle, but I wanted us to look at faculty life more holistically.

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Geoff: That's fantastic, and really look forward to hearing how this initiative goes. Maybe in the future, we'll find an opportunity to have you back after you've had some experience in this role and hear what you've accomplished. It's very exciting.

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Dr. Meltzer: I'm having fun working with people.

[00:54:40]

Geoff: I'd like to pivot to the Academy for Radiology and Biomedical Imaging Research where you have been very engaged. Can you explain what that is to our listeners who might not be familiar?

[00:54:55]

Dr. Meltzer: Yeah, it's a wonderful organization. It's 20 years old. It was established initially to advocate for the creation of NIBIB, the National Institute of Biomedical Imaging and Bioengineering. And once that was established, then everybody looked at one another and said, "Oh, I guess our job is done," or, "Do we have more to do?" So it has grown to be not only an advocacy organization for biomedical imaging research, but has also invested in teaching young investigators how to speak about their research, advocate for their work. It's encompassed patient advocacy groups to support imaging and to inform us. It recognizes research leaders in our community as distinguished investigators, so there's an honorific component and there's also a component that partners with industry leaders and patient advocacy groups in federal issues that are relevant to imaging. I need to give tremendous credit to Renee Cruea, who is the Executive Director. And her vision has really just flourished. It's a very small shop, but the influence in Washington and in our field is rather enormous.

[00:56:32]

Geoff: And you see that influence ongoing and growing beyond the initial establishment of the NIBIB.

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Dr. Meltzer: Absolutely, it's grown enormously in its impact.

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Geoff: Why should radiologists care about advocacy in imaging research?

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Dr. Meltzer: Well, imaging is often looked at by other researchers and colleagues as a tool rather than in something we need to invest in in terms of developing to the next level. So, you know, they sort of see, "Oh, there's someone in the background tinkering." And then we use the tools to do real science. So understanding the investment that is needed for the technology of imaging and also in terms of how imaging data is used in this world of big data. And NIBIB also has the biomedical engineering component, which marries so well

with imaging. Well, so this has been very important to educate the public legislators and funding agencies about the role of imaging researchers.

[00:57:51]

Geoff: Yeah. And it would also seem that the future of our field in radiology is so dependent upon the initiatives that are gonna be supported through the NIBIB and by shining a light, as you say, on imaging, not just as a tool to be used by others, it kind of gets to the core of what we provide as radiologists.

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Dr. Meltzer: Absolutely.

[00:58:17]

Geoff: At a recent seminar on organizational leadership and academic medicine, you presented lessons from your leadership journey. How did you choose which lessons to highlight?

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Dr. Meltzer: Boy, I thought about every point that I failed and every point that has been a time of self-reflection, branch points, and, you know, it is a continuous journey. I tend to think of, gee, when I was at an early stage in my career, I would look at field leaders and I would think, "Gee, they knew exactly what they wanted to do, took all the right steps, made all the right decisions. I could never be like them. My career has meandered in different directions." And then as you go, you find out that that is the norm, and that balance of being open to learning, and new experiences, and new directions, but having an overall focus that's guided your principles is really the norm. So I try to convey that, especially to young people starting out.

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Geoff: Which principles, in particular, do you hearken to in thinking through these lessons?

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Dr. Meltzer: For me, initially, my career focus was on giving back and having an impact in terms of my research or the patient in front of me. And as my career has gone forward, those guiding principles of impact and serving has been more around those coming next, giving back to the community, helping to grow the next generation, helping to shape how we approach patients, even though my individual impact in those areas has diminished as I've taken new positions.

[01:00:21]

Geoff: Now, last year you wrote a compelling editorial in the JACR titled, "Women Leaders, Myths and Challenges," in which you document how biases and stereotypes or critical barriers. In particular, you describe how gender stereotypes act to reinforce male-dominated hierarchies when feminine behavior is viewed as antithetical to good leadership behavior. You do a marvelous job citing a rich evidence base and supporting this and other biases and how they can discourage women from seeking early career leadership experiences, hindering their development as leaders and reducing downstream opportunities. Clearly, our institutions need to change to encourage women leaders. But my question to you is, how do

you advise young women to pursue leadership roles within radiology within the context of an environment that is changing at a slower pace than often as needed?

[01:01:19]

Dr. Meltzer: Yeah. It is changing slower than we all had hoped, but there is change. And I advise women to get the skills they need, and part of it is having the self-reflection to learn how to apply those skills and also to walk that fine line of being a change agent, of being a strong leader, but not falling into the stereotype. People don't necessarily feel as comfortable with a woman coming across in a very assertive way as opposed to a male leader. So there's definitely an interpersonal piece of that that's important. They need to be able to give up some activities. We see from the literature that women faculty are more commonly burdened with service to the department. It's not always the type of service that is most valued in terms of their own career progression or promotion.

[01:02:29]

Geoff: In our second episode, I spoke with Judy Yi who's a recent graduate of the ELAM Program, which you completed about 16 years ago. Can you speak to the value of that program?

[01:02:41]

Dr. Meltzer: For me, it was transformative. This is a very powerful national program that helps mid-career to senior women, and I was one of the younger members, so when I did it a long time ago, prepare for leadership positions. It was initially more explicitly around chairs and deans. I think now more around just a broader range of leadership opportunities that are available. But for me, I'd been at that point in a number of leadership positions in academia, but I still didn't quite look at leadership as a discipline to be studied. I looked at it as common sense, listening, being thoughtful, and I think a lot of my instincts helped in watching how others led and saying, "Gee, I like what that person did. It was effective, that person, and that's an approach I wouldn't want to adopt." But ELAM really was much more intentional about skill-building and teaching you principles that came from the business literature that could apply to leading groups, change management, negotiating, presenting, garnering support for new ideas, a lot of skill-building that was very hands-on practical and gave me tools to now and not approach every new leadership experience as if it was a new opportunity. And also it got me hooked on the business literature in the literature of leadership and formed a great network nationally with other women leaders and we can just continue to learn from one another.

[01:04:17]

Geoff: That's fantastic. So you continue to access the business and leadership literature, as you say, and it sounds like an ongoing journey in advancing your leadership.

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Dr. Meltzer: Absolutely. And yeah, I really look at leadership as a journey where you never perfect it, but you always are working on it and are continuously learning.

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Geoff: Would you speak to some of the ways with which you and other women leaders within radiology are building leadership programs, specifically focused on creating opportunities for women to lead in radiology?

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Dr. Meltzer: Yeah, it's very exciting, new program, just finishing up its first year, and I wanna give a shout out to Sherry Cannon and Rachel Gilbreath. Sherry from radiology and Rachel from industry perspective that is a scarred program called "Lead" that admitted 20 mid-career women, 10 from GE and 10 from radiology. And they've learned together about leadership from the business point of view and from the academic point of view and from radiology's perspective, this is the cohort we want to groom to be future chair candidates. So I think that's going to be a very powerful program. Radiology is about 15% of chairs are women. That number is not changed much in a long period of time, so we really need to create that pool of eligible future leaders.

[01:05:56]

Geoff: That's very, very exciting, and a great initiative that you and Sherry have been starting together with Rachel. For women who hear this and say, "Wow, I'd really like to get involved or to try to connect with this," how would they do that?

[01:06:16]

Dr. Meltzer: Nominations are going on right now for the second year class, and it is a nomination from your chair to be part of that. And there's a great steering committee from radiology. I know I'll forget someone who's on it, but Judy Yi and Jocelyn Trudoff, and Tom Grist are part of that steering committee. So I feel strongly it is going to be a robust program going forward.

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Geoff: Is this specifically for academic radiologists or is it available to all radiologists?

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Dr. Meltzer: It is very much focused on producing chairs for academic.

[01:06:54]

Geoff: Understood. So from your personal perspective as a woman, are there certain points in your career as a leader where your being a woman has either helped you to be effective as that leader or where you've really met headwinds?

[01:07:16]

Dr. Meltzer: Oh, certainly both. I think there are times when I can give a different perspective in mostly male leadership team at the upper levels of an institution or society. And I might think a little bit more about some of the issues that affect women faculty more the burden on taking care of their family and other barriers that I've researched. There certainly are times when I have met those barriers myself. At one point at Emory, there were three women chairs among a large group of chairs. The rest of them were men, and we would find sometimes that we would make a suggestion at a meeting or make a comment and nobody would quite pick up on it until a male chair made that comment. So we had a pact to amplify each other's voices. When one of us made a comment in a meeting, then there was more discussion, another would, you know, chime in and say, "I wanna go back to Jane's comment and build on that." Or, "I think that Barbara had a great idea here that we should contemplate further." So amplifying each other's voices can be very effective.

[01:08:39]

Geoff: That's great. What a great example. Thank you for that. And that's something that I think a lot of people can potentially take into their own practices and try to achieve that, the same amplification. What advice or words of encouragement do you have for women in radiology who have an interest in leadership but are struggling to take those first initial steps?

[01:09:03]

Dr. Meltzer: Yeah. I think having strong mentors, role models, not being afraid to reach out to leaders in the field at other institutions, especially women leaders who, by nature, understand what the continuous struggles are and just even sometimes having different perspectives and conversations can be helpful. You know, we talk a lot about mentors and the importance of mentorship. It's also important to have people who may not know you as well or speak with you as often, but are aware of what you do and what you could offer and your interest in stepping in and can serve as sponsors to recommend you for positions.

[01:09:49]

Geoff: Terrific. Great Advice. Carolyn, in an online interview that you gave for Georgia Bio's Emerging Leader Network, while responding to a question about career development, you mentioned that you've learned the art of saying no when overstretched without burning bridges. Would you share some of that art with us?

[01:10:10]

Dr. Meltzer: Sure. Boy, saying no has not been one of my strengths. It's really something I've had to work on to try to not overextend myself. But as I've gone along in my career, I look at those opportunities as a win-win, so not to just say no, but to create an opportunity for someone else, advocate or sponsor another individual for whom this would be a career stepping stone, opportunity, and doesn't leave the person who's inviting you without an alternative. So I look at those as opportunities to sponsor rather than fearing just saying no to a colleague who needs something.

[01:10:58]

Geoff: That's great. Essentially, you're saying yes to everything, recognizing that that yes is for your extended self, all of the people in your network that you connect with and, in particular, support.

[01:11:12]

Dr. Meltzer: Yeah, that makes feel a lot better about the work now.

[01:11:16]

Geoff: That's terrific. You also mentioned the art of promoting yourself because it's often difficult to get others to promote you. What thoughts can you offer on that topic?

[01:11:27]

Dr. Meltzer: Yeah. Another area where I have struggled as others do as well, there's certainly a fine line about promoting yourself, especially those of us who work in servant leadership really, you know, our job is to promote on theirs, but again, speaking in terms of the team, what we have accomplished and bragging more collectively rather than speaking of one's

own accomplishments. It's just about sharing best practices and also being open to learning about how others are doing things and to continuously get better ourselves.

[01:12:09]

Geoff: We've discussed on prior episodes, the fundamental linkage between leadership and followership. I'd like to explore two of your activities outside of radiology through this lens and with that not too subtle segue, let's start with photography. Now, you are an artist in every sense of the word. Your photographs, while technically exquisite, convey the natural world with beauty and intimacy. Behind the lens of a camera, it can be a deeply personal space. What do you see intersections between your work as an artist and that as a leader?

[01:12:49]

Dr. Meltzer: Yes, I do love photography and it really gives me quiet time to observe, which I think has also affected the way I lead, spending more time observing, observing group dynamics, observing without interjecting, which is not always easy without interjecting immediate thoughts and listening better. So sometimes in photography, especially in nature photography, you have to sit for a period of time to wait for the shot. And that patience, learning that patience really comes in handy in our pressured, you know, work-life where we often don't have time to wait, observe, and act at the right moment rather than immediately. So I think besides having photography just be a calming influence overall and it means something I love and it takes me away from the work world, as I've gone along, I've shared lessons from the skills I've needed to be a good photographer to also be a better leader.

[01:13:55]

Geoff: It's interesting you highlighted the nature as a principle subject of your photography and that waiting for the environment to change to suit the image that you'd like to capture, but also the active role that you play in composing a scene. Do you see some parallels in the active engagement and composing the scene as well as the more passive waiting for the scene to evolve?

[01:14:26]

Dr. Meltzer: Yeah, I do. You know, I think that helps both in active patience as well as an active process of composition, whether you carry that analogy to composing the right team where everybody compliments one another, but holding back and letting them evolve and empowering them. So yeah, I love shooting nature. Sometimes you have to wait for the clouds, for animals, for the light to be just right, and it just instills a little bit of patience and the reward when things come together and how good that feels.

[01:15:10]

Geoff: I'm recalling your comment made previously about the strategy that you employed with some colleagues in a meeting to support one another's comments and, in a sense, I guess that's composing the scene with your team.

[01:15:27]

Dr. Meltzer: Yes. Yes. That's a good connection.

[01:15:31]



Geoff: Now, you're also a friend of K9s and, in particular, have had a long-standing commitment to the training and application of therapy dogs, serving as a certified evaluator for the past 15 years. Does your work with dogs influence your approach to leading people?

[01:15:50]

Dr. Meltzer: I believe it does. I love all animals, but I have a special connection with dogs. So they are incredibly social being. They are incredibly responsive and it takes work to communicate with them and each one is different. It creates that patience in reaching out to them in their construct, but they also observe us very closely for how we're feeling. So I love that work. It's really about connecting with an animal who will then serve human patients in making them feel comforted, comfortable in a hospital, in a rehab setting, in a camp, or occupational therapy setting. Do work now in libraries with kids learning to read. They're so much more comfortable as they're learning to read, reading to a therapy dog than to an adult who may be more judgmental. So that patience of communicating to various social meetings, and dogs can pick up on social cues that we put out that we don't realize. So that can be very helpful in leadership too because a lot of times conflict, interpersonal conflict comes up because we give off something in our communication that we may not mean to that subtle. You and I have talked about the sort of leadership presence and how all leaders have to be so aware of their communication and not all of it is verbal. With animals, none of it is verbal, but they're so attuned to everything we bring and how we bring our own selves or the way we hold ourselves, the confidence, the body language. So it's taught me to be a little more self-aware.

[01:17:44]

Geoff: Yeah, that is a remarkable insight. The notion that because dogs are nonverbal, that communication emphasizes observing and not only your own, but the animals, nonverbal communication, and being able to translate that to the nonverbal cues that people put out there is a tremendous jump. That's something that you actively strive for and think about as you're interacting with other folks in trying to understand their position.

[01:18:21]

Dr. Meltzer: I do. One of the most common conversations I have with faculty who may be struggling in interpersonal relationships with a colleague will be that they don't understand how the other colleague reacts to them and why they don't feel potentially valued or they feel they're dismissed. And it is all about that discussion of how we come across is not necessarily how we mean to, but we have to take ownership of it and reflect upon it because it is real. It is something that's occurred that's put another person in a position to not be as comfortable with you. So you have to get to understand that. You know, in working in shelters, I had to get trained in understanding subtle expressions of dogs, and there's not a word there, but it is about how they show stress, how they live their ears if they're fearful. So, you know, it's also taught me to observe faces very carefully and you may be talking with someone and they say, "I'm fine." You know, ask them how they are, but their faced reveals maybe they're not so fine and something's bothering them and spending a little more time to see if that's something they're ready to talk about.

[01:19:46]

Geoff: Yeah. Such a fantastic point. We can all learn a lot from observing those nonverbal cues. Maybe one day you'll prepare a talk on the subject.

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Dr. Meltzer: Perhaps.

[01:19:57]

Geoff: You're amongst a growing group of leaders who leverage Twitter to effectively communicate with a broad community. As a leader, what draws you to social media?

[01:20:08]

Dr. Meltzer: I love social media, particularly Twitter as a professional platform. I use Facebook to put pictures of my dogs, and vacations, and social connections with friends. Twitter for me is a professional platform and is really one that fosters great connectivity across our field. I also think it's an incredible tool for flattening the hierarchy. Twitter just normalizes everybody to the same level. It is a great opportunity for young people entering the field to connect with senior leaders on the same plane. Whereas I know when I was starting out and I'd go to a meeting and you will say, "Well, you have to network with others." And going up to a senior person who I admired and saying, you know, "Hello, my name is Carolyn Meltzer. You don't know me." I found that so difficult to do. But if you can connect on Twitter and then you meet someone at a meeting, "Hey, it's one of my Twitter buddies. Hey, I liked your comment about this." And it also is a great opportunity for sponsorship. There are people who I think are so thoughtful in social media and generous and giving of their knowledge and their opinions and sharing new publications or ideas, and I will often suggest them for committee opportunities like, "Oh, this person is really thoughtful in this area." So it can also be a powerful tool for sponsorship.

[01:21:43]

Geoff: Yeah, those are great rationale for pursuing the use of social media and Twitter, in particular. You leverage it well. Now, I've long admired your Twitter handle, Brain Banker. What was the inspiration behind that?

[01:22:00]

Dr. Meltzer: Really, it was not thoughtful at all. I was one of the first people in my department to get a Twitter account that would have some big Twitter users here, but I didn't know a lot of people who were on it at that point. Thought it was, really, seem to be catching on and I'll set up an account. I think that was well before there was real thoughtfulness about the etiquette of how you put your name and your degrees in. So I thought, "Well, I don't know that I wanna use my real name here until I understand this platform." So I'm a neuroradiologist, I just thought of something with brain in it. So now people know me as Brain Banker, so I haven't changed it.

[01:22:43]

Geoff: It's great. I mean, to me, it conjures this image have you in front of a vault, and the vault is filled with brains. You know, I kind of envision those brains are the diversity of disease manifestations that you've seen in innumerable MRIs that you've read, that you're sort of storing them away in the vault of your experience.

[01:23:08]

Dr. Meltzer: You're so much more thoughtful than I am, Geoff, you must say.

[01:23:15]

Geoff: Starry dipping is a good explanation as well.

[01:23:18]

Dr. Meltzer: Yes.

[01:23:19]

Geoff: I'm wondering, do you have any favorite failures, if I could call them, favorite failures as you look back are really difficult times that set the stage for later success that really taught you something that, in retrospect, provide a great value?

[01:23:37]

Dr. Meltzer: Well, some day I'm going to park myself on a desert island and write a book of failures, because I do think we've learned so much from them and I certainly have had more than my share. Yeah, I had one very early on in my career that really taught me a lot about humility and that is, I didn't match for radiology residency, so I thought before I started my career, it was over. I was sure that that was just a complete dead end. It ended up being a great opportunity to do research in an area that ended up being my lifelong research passion or one of the main themes and then entering residency a year later. So it was a failure, that I really felt was a dead end, but really, it was a metaphor for how careers flow often with disappointments, failures that sometimes can be great opportunities in disguise. And in my leadership role, I've had many times where I've been disappointed with an outcome or felt I could have handled things better when I first became chair. You know, a rookie mistake is that you get drawn into the problems and sometimes to a point where I may not be celebrating the successes as much. So I had been drawn into some folks who were not very engaged in the department and it was important to spend time with them, but I think I overemphasized my work with them relative to the time I spent with highly-engaged and evolving leaders. And that was kind of a first-year mistake that I was able to write and I got a little bit of advice on and helped me to have balance going forward. It's a balanced we completely continuously recalibrate.

[01:25:42]

Geoff: That's such an important point. I mean, not only do the folks that are contributing so much and that are helping for the success of the department deserve your attention, recognition, praise, but also, I imagine for your own energy, being able to work with those people is a bit more, unless I'm with those that are needing remediation or other challenging conditions is important, it's important for if for you as a leader to have that positive interaction.

[01:26:17]

Dr. Meltzer: Yeah. That energy is contagious, and you want to grow it as well as have it re-energize you as a leader.

[01:26:25]

Geoff: Definitely. Now, you are juggling many big jobs. How do you maintain control of your schedule as opposed to your schedule controlling you?

[01:26:37]

Dr. Meltzer: Speaking of constant battles, that's definitely one. I have a little rule with my calendar that within the long hours of the workday, that I have two hours that are not

controlled, from 7:00 a.m. to 7:00 p.m. that I control, if somebody needs to see me with an urgent issue, if I have a meeting come up, a call, or if I just want to catch up and reflect or walk down the hall and, you know, see how everybody's doing that I can do that. Now, I've taken on another role in the Dean's office recently, so I've lost that control again. I'm trying to get it back once I have a feeling for how my time is divided up, I think I'll be able to bring in a little more flexibility again.

[01:27:30]

Geoff: Well, that's good. It is a constant battle, that walking around time that you mentioned, checking in with people, seeing how they're doing, just how important do you view that to your role leading the department?

[01:27:43]

Dr. Meltzer: So we are pretty distributed here at Emory. We have faculty at seven hospitals, so it's not only walking around time, it's time in my car to go to the multiple sites. So I try to go to a different site at least once a week that's not at the main campus. I try not to use that word, but the Emory university campus or Clifton campus where my main office is, I try to make sure I go out to other sites. It's always easier to sit in your office, so sometimes I have to just say, "Oh, I've really been in here too long and I need to make some calls. I need to walk around. I need to make sure I'm scheduled sometime this week or next week to go to X site or Y site."

[01:28:37]

Geoff: Yeah. Now, leadership can certainly be stressful. We've talked a little bit about some of the things that you do in your spare time whenever you can carve it out, but anything else that you do to unwind and recharge?

[01:28:55]

Dr. Meltzer: Yeah, I love to do yoga. I enjoy cycling, pretty much anything that's outside. You know, spending time with my husband, with friends. You know, we've gotten accustomed to having dinner late, but try and have it together as much as we can, my husband and I. So all of those things recharge me. And the busier I get, the more I realize I need to be attuned to when I need to recharge. So there are times where I'll just say, "I need to leave work a little early today and could do some yoga because no one will want to meet with me. If I don't, I won't be able to be actively listening or in tune to what they need me to be present for."

[01:29:39]

Geoff: Good. Yeah. Being in tune to yourself as well as in tune to others, equally important. Now, what would you say would be your most rewarding moment as a leader? Is there anything that stands out in your mind as something that you did or position you found yourself in while leading that you just said, "Wow, that was just incredible"?

[01:30:06]

Dr. Meltzer: Well, there have been a number of those moments. For me, it's just the fulfillment of seeing folks advance. So, you know, I have a great opportunity to text or call someone when they've been promoted or, you know, to congratulate them when they've gotten a grant that they had to re-submit or... So there's so many of those times, or appoint people to committees where they can have an impact. So there's so many rewards. We

probably promoted 20 faculty this year and, you know, it's a lot of work for people to get to that point. It's a huge endeavor to get to be Associate Professor, to get to be full professor in a rigorous academic environment. So that's been especially joyful is to, you know, celebrating that with my faculty. So that's what really adds value to what I do every day.

[01:31:16]

Geoff: Marvelous. Looking ahead, what excites you the most about radiology?

[01:31:23]

Dr. Meltzer: Oh, radiology is fantastic. So this is another time of disruptive technology with artificial intelligence. I just think while there's so much hype, that there is also great opportunity for us to engage this technology as we've embraced so many others before and to really shape a future where we're not doing the machine's work, machines work just doing that work, we're doing more of the thought leadership work, the judgment that brings many pieces of data together, that puts us more in front of patients. So I'm really excited about that. I'm excited about where interventional radiology is going in terms of really truly being clinic-based. We do a lot with other areas where we have subspecialty radiologists embedded in interdisciplinary centers as part of where they read, where they see patients, where they consult with other clinicians. So I just think the model of radiology is very exciting. It's a very exciting time right now for the evolution of the model of radiology.

[01:32:35]

Geoff: If you could state one wish, snap your fingers, and make something better about the practice of radiology, what would that be?

[01:32:48]

Dr. Meltzer: Snapping my fingers. Wow. How cool is that? I would... I think I would like to see informatics and electronic health records be more aligned to how physicians think and work rather than how billing thinks and works. So, you know, I do get frustrated and I understand the reasons that our systems are more rigid in medicine than they are in, you know, how we use the apps on our phone to connect the dots and so many other pieces of information, but I do find that to be evolving more slowly than I would like to see.

[01:33:29]

Geoff: You know, I think that that's a wish and a concern that you share, not just with the radiologists but with all physicians.

[01:33:38]

Dr. Meltzer: Absolutely. Very much so.

[01:33:42]

Geoff: Is there anything else that you'd like to say to the audience? Any final thoughts or words before we bring the conversation to a close?

[01:33:51]

Dr. Meltzer: Oh, just... Boy, it's a great time to be in medicine, it's a great time to be in radiology, you know, encouraging people to continuously explore what you think you're going to be doing with your career at one point, and another may turn out to be very different. Keeping those doors open and, you know, I'm biased, but we have the most

incredible colleagues in radiology image, just such a collaborative field and, you know, everybody said, "Oh, he's interested to learn new things." So it's a great time. Enjoy it. I know that we all work too hard, but getting pleasure from where we're going.

[01:34:38]

Geoff: Well, Carolyn Meltzer, you are a truly inspirational leader. You exemplify all the best qualities of servant leadership in making all those around you better, providing opportunities, and helping everyone around you to see how they can contribute to making a better work environment and more successful care of patients. I can't thank you enough for spending the time today with us on "Taking the Lead."

[01:35:12]

Dr. Meltzer: You are too kind, Dr. Rubin. I've enjoyed it thoroughly. Thank you so much, Geoff.

[01:35:27]

Geoff: Okay, that's it for this time. Thank you for listening. 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. Please join me next month when I speak with Rasu Shrestha, who just became the Chief Strategy Officer and Executive Vice President at Atrium Health in Charlotte, North Carolina. After completing his medical degree from Chaudhary Charan Singh University in Meerut, India and a radiology residency and fellowship in informatics from the University of London, he came to the United States earning an MBA from the Marshall School of Business at the University of Southern California. Subsequently, Dr. Shrestha joined the radiology faculty at USC's Keck School of Medicine where he served as Informatics Director until leaving for the University of Pittsburgh. There, he served as Chief of the Division of Radiology Informatics, Vice President for Medical Information Technology, and ultimately as the Chief Innovation Officer for UPMC, an Executive Vice President of UPMC enterprises, the innovation, and commercialization arm of UPMC.

He has recently been recognized as Executive of the Year by Healthcare Dive, number one of the top 20 health IT influencers by healthcare IT leaders, and one of the top 100 under 50 executive leaders by Diversity MBA. He serves on the Board of Directors of the Healthcare Information and Management System Society, or HIMS, and is the chairman of the HIMS Innovation Committee and Co-chair of Health Data Palooza. In January, Rasu picked up stakes and moved his family to Charlotte, North Carolina to join Atrium Health, a comprehensive not-for-profit healthcare system. In addition to his responsibility for enterprise strategy within his new role, he'll apply his expertise in innovation to launch new healthcare inventions and ideas to benefit the patients and communities that Atrium serves.

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@RLI\_ACR. Alternatively, send us an email at [rli@acr.org](mailto:rli@acr.org). I look forward to you joining me next time on "Taking the Lead."