

Case Study: Catalyst for Growth



A radiologist uses skills learned through the ACR Radiology Leadership Institute to drive measurable results and implement new service lines.

By Kerri Reeves

Key Takeaways:

- A radiologist participated in the ACR Radiology Leadership Institute after realizing that he needed additional skills to advance his career toward improving hospital operations.
- Leveraging communication, negotiation, collaboration, and other business-centered skills, the radiologist became a trusted resource throughout the hospital, helping to advance his radiology group's prominence.
- The radiologist's efforts led to the development of new service lines, increased patient referrals, and higher employee satisfaction scores.

Shawn D. Reesman, MD, FACR, was attending a peer review committee meeting when he experienced an unforeseen sense of inadequacy. As a partner with Raleigh Radiology at the time, Reesman had joined the committee in hopes of contributing to clinical care improvement at Raleigh General Hospital in Beckley, West Virginia. But as his colleagues around the conference table demonstrated a deep understanding of the hospital's daily operations, Reesman recalls feeling overwhelmed. His internal monologue chided, "This is beyond my skill set. I have no idea what I'm doing. Why am I even here?"

Reesman realized that if he wanted to participate in the discussion and have a meaningful impact on patient care, he needed additional training. In particular, he required the communication skills, operational expertise, and strategic planning moxie that advancing comprehensive patient care requires. To obtain these skills, Reesman participated in the ACR Radiology Leadership Institute® (RLI), which offers online and in-person training on topics ranging from personal branding to negotiation to help radiologists at all career levels lead change and enhance care within their hospitals and practices. "When I heard about the RLI, I immediately recognized that it would provide me with the skills needed to move into the next phase of my career," Reesman says.

As Reesman expanded his knowledge base through the RLI, he took on a more influential role at Raleigh General Hospital. He served on various hospital committees, collaborated with administrators on quality improvement initiatives, formed new partnerships with other physicians, and became a trusted resource for colleagues hospital-wide. Now a partner at Associated Radiologists in Charleston, West Virginia, Reesman continues to apply his leadership training to help solve everyday challenges and give a stronger voice to the radiology team in today's increasingly complex healthcare environment. "One of the most important things that I learned from the RLI is that you have to embrace change," he says. "If you're not helping develop the direction of the change, then you're left at the mercy of wherever the change winds up."



Shawn Reesman, MD, FACR, participated in the Radiology Leadership Institute to hone his interpersonal and leadership skills for improved bridge-building between radiology and hospital administration as well as other specialties.

Getting Involved

While medical and residency training programs adequately cover diagnostic skills, they seldom address the business side of medicine. As a result, doctors rarely leave medical school with the leadership skills required for career acceleration and effective management, including interdepartmental collaboration, negotiation, communication, and problem-solving. "In medical school, the focus is mostly on the disease, diagnosis, and cure processes, but the business aspects of building bridges between specialties and hospital administration are often lacking," Reesman explains. "It's important to develop leadership and interpersonal skills in medicine so that you can help align teams around a vision that benefits patients."

This became increasingly apparent to Reesman as he began getting involved in hospital operations in 2011.

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Although he had gained a baseline knowledge of operations from attending one-off sessions at various professional conferences, experiences like the one he'd had with the peer review committee made him realize that he needed to deliberately hone his leadership skills if he wanted to be involved in making critical changes. "I had a cursory understanding of hospital operations, but I needed more robust training to fully engage in the type of decision-making that leadership requires," Reesman says.

As circumstance would have it, the ACR launched the RLI in 2012 to help radiologists at various stages of their careers further their professional development. Reesman was eager to participate in the program, which explores topics such as the differences between leadership and management, the value of involving diverse opinions, the secrets to active listening, and tips for developing credibility and executing follow-through. He participated in the online, synchronous interactive classroom, listened to RLI podcasts, and attended several RLI Leadership Summit meetings, where he networked with peers and sharpened his skills to better perform in new roles that would benefit the hospital as well as radiology.

"As radiologists, we don't have a lot of face time with patients or even colleagues because we're reading films all day," Reesman says. "In some cases, you are in the reading room for years and few people even know your name. You're out of sight and out of mind. If you're overlooked, you're not being heard. It's important to get engaged in hospital operations so that you can bring the radiologist's perspective to the table."

Building a Reputation

In Reesman's case, his reliable presence on the peer review committee positioned him as a trusted resource. He says he gained credibility in that position by demonstrating four essential traits that he learned along the way: integrity, intention, capability, and outcomes oriented. He also focused on being a good listener. "The RLI taught me to appreciate diversity of opinion," Reesman says. "This was a major turning point for me because before this, I didn't always acknowledge the significance of other people's perspectives."

As Reesman applied his leadership skills to committee work, he was presented with additional opportunities to get involved in hospital operations. In 2015, for instance, he was elected to Raleigh General's Medical Executive Committee (MEC), a governance group that implements the hospital's culture of safety, drafts and enforces bylaws and hospital policies, ensures compliance with accreditation standards, and considers new medical staff for board approval. "Once you build confidence and find direction, you are able to step out and

become a change agent," Reesman says. "You become a sought-after resource for other stakeholders."

As a member of the MEC, Reesman leveraged the skills he learned through the RLI to open new service lines, address behavior and compliance issues among medical staff, facilitate realignment of the hospital's vision, and further the MEC's role as a champion of change. He found the work so engaging that he remained on the MEC through the years, serving as secretary/treasurer and vice president.

Raj Patel, MD, spine surgeon and member of the MEC, says that working with Reesman gave him a greater appreciation for the unique position that radiologists hold within the healthcare system and the ability they have to impact change across the hospital for the good of patients. "The radiologist's voice is one of the most objective voices in the hospital," Patel says. "The level of objective reasoning they have while interpreting images is a valuable asset to bring to the table for other types of decision-making."

Achieving Results

Patel wasn't the only one impressed with Reesman's work with the peer review committee and MEC. David Darden, MHA, FACHE, former chief executive officer of Raleigh General Hospital, also took notice and invited Reesman to join the physician engagement group, which includes representatives from various hospital divisions who focus on improving both patient and physician satisfaction scores.

"I'm a strong supporter of hospital-based physicians — radiologists in particular — being involved in leadership," Darden says. "Radiologists see almost every patient who comes into the hospital for care, so they can provide guidance to hospital administrators and medical staff about patient care and operations overall. Radiologists and the hospital share common goals and incentives and are closely aligned, so their involvement is an appropriate fit."

As Reesman's reputation as a change agent spread, individual physicians often approached him for advice and with ideas. Based on these conversations, Reesman developed robust action plans to shepherd the implementation and expansion of new and existing service lines, including MRI iron quantification testing, MRI-guided breast biopsies, coronary CTA interpretations, and contrast-based liver tumor evaluation. These leadership contributions helped generate positive outcomes for the hospital, especially in the form of increased patient referrals from cardiology and hematology, which helped bridge the gap between specialties.

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As the hospital's patient referrals rose, staff members came to see how their contributions were impacting patient care. The results drove an increase in employee engagement, and during the 2016-2017 year, the hospital boasted its highest-ever physician satisfaction scores, with radiology topping the list as the most satisfied department. "Short-term gains really fire people up. And if you show these gains along the way, people not only stay involved, but they also go the extra mile because they have a better understanding of the meaning behind their work," Reesman says.

Expanding Contributions

Reesman's efforts inside of the hospital led to new opportunities within the community, too. For instance, he became the lead interpreter and later the imaging director of a freestanding OB/GYN imaging center after a local physician proposed that Reesman's radiology group provide mammography and vascular ultrasound services at their imaging center. "I have been able to build genuine relationships with unlikely colleagues," Reesman says. "I probably wouldn't have had this opportunity if I hadn't taken the initiative to get involved in the RLI and build skills beyond image interpretation."

Reesman also got involved in the Raleigh County Medical Society, serving on its board from 2015 through 2018. During that time, he spearheaded the development of the society's interactive website, allowing remote access to continuing medical education opportunities. "This all happened as a result of getting out of the reading room and taking action. The RLI taught me that while the focus of management is orderly results, leadership functions to produce change," Reesman says.

The RLI has served as a bridge for Reesman, from one stage of his career to the next, and is doing so for other radiologists. The importance of leadership skills can't be overstated, says Reesman. "I went from feeling overwhelmed when I first joined the hospital's peer review committee to a ranking member of the MEC to a trusted leader who is involved in multiple levels of hospital operations. The RLI equipped me with the knowledge and skills to perform at this new level."

Next Steps

- Participate in the ACR RLI leadership programs and attend in-person and online courses to learn more about the business side of medicine.
- Join hospital committees, and build credibility by regularly attending meetings and listening to the viewpoints of key stakeholders.
- Track and share results data to illustrate the impact of change initiatives and further engage team members.

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