



Episode 6: Leading with Compassion and Intention
Dr. Norman Beauchamp, Jr., MD, MHS
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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 Dr. Norman Beauchamp whose [00:00:30] intentional approach to identifying individual and departmental struggles, together with a talent for recruiting excellent mentorship formed the basis for driving operational improvements that led to an appointment as vice chairman of the Johns Hopkins Department of Radiology immediately upon completion of his fellowship training.

Within a few years, he was appointed Chair of Radiology at the University of Washington in Seattle at the age of 38. After serving 14 years within [00:01:00] that role, including stints as head of the physician practice plan and medical director of a temporary free clinic in the Seattle sports arena, Dr. Beauchamp was asked to take on the role of Dean at the College of Human Medicine at Michigan State, a university in crisis after the growing public awareness of Larry Nassar's abuses while providing health care as a team physician for U.S. Gymnastics and Michigan State Athletics. In the wake of the tragedy and subsequent firing [00:01:30] of the university president, Dr. Beauchamp has led an effort to restructure healthcare delivery at Michigan State within a newly-created role as Associate Provost and Assistant Vice President for Health Affairs, addressing the delicate balance between healing wounds of the past while driving innovation and optimism for the future.

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Norm, welcome.

Norman: Thank you, Geoff. I'm really appreciative for this opportunity.

Geoff: Perhaps we can start with your upbringing. What was life like for you growing up?

Norman: Well, thank you, Geoff. Just to when I was seven years old, my father came home from work and he said, "I think you're spoiled, so is your brother. We're going to move to a farm, we're gonna buy cows [00:02:30] and chickens. You, your brother, your two sisters, you'll take that on." And his goal there was instilling a work ethic and then my mother was a mental health therapist and she believed that our purpose on the planet is the service of others and helping those in need. And so, it was really that combination of work ethic as well as,

you know, what is our purpose [00:03:00] on the planet came together that really led me on the path that, you know, I'm on today.

Geoff: Maybe describe a little bit more just how much involvement you and your siblings had in this farming initiative. And were you the oldest, or where were you in your family?

Norman: I was the third of four. My first-time experience in entrepreneurship was, you know, at seven years [00:03:30] old. So, you know, my brother was 10, sister was 9, younger sister not yet a part of the team. And we took responsibility for raising cows, chickens, and horses. It was my first exposure to entrepreneurship. Where we had an egg route, we would go in and get the eggs, say, you know, at 5:30 in the morning and then bring them out to neighbors who were interested in buying some of the eggs and then we would go, you know, off to school. It [00:04:00] taught you responsibility and that, you know, the animals, the cows, the chickens, the horses, if you didn't tend to them on a daily basis, they struggled, right? It wasn't fair.

So, that background was really, really important. I also had the chance to go to work with my mom and, you know, her work in community mental health was, you know, bringing together children and young adults who had come [00:04:30] up through challenged backgrounds. And it gave you a chance to see in fact how much people struggle, that it's not immediately apparent when you meet people, the burdens that they carry, but as trust develops and they begin to share the challenges, the fears, the traumas, by being available to them, listening, suggesting, which, you know, my [00:05:00] mom was just so gifted at, you could see how you really empower people. So, you know, the opportunity was both responsibility, hard work, insight into human struggle, and then being able to see, you know, the transformative effect of compassion.

Geoff: Listening to a recording of your inaugural address when you went to Michigan State, you spoke about conversations around the dinner table and [00:05:30] questions of inquiring, you know, what were you all, the kids in the family doing for others? Could you articulate a little bit about that? And what really were the expectations of your parents that not only would you passively sit and absorb the lessons of compassion, and support, empathy, but that you actually would live those values?

Norman: Yes. So, every day at dinner, my mother and father would ask three [00:06:00] questions of us. The first question was, "How was your day?" The second question was, "What was your highlight?" And the third question was, "Did you achieve your goal?" And what the output of that was that, you know, this question of how was your day gets at, you know, then and now, you have to

check on people. People struggle. Ask how [00:06:30] their day was, care about the answer, and if they're struggling, reach out, you know, and really support them. And so, that how was your day was a way to think about, in all you do the chance to give care and check on people and reinforce them.

The second question, "What was your highlight?" You know, in many ways, if you're going to take on the challenges and the opportunity to support others and have a mission-focused [00:07:00] life, you have to kind of reenergize, right, every day and take account of what happened on this day that you should be proud of, that you should celebrate, that should give you the fuel to take on the challenges of tomorrow. And sometimes in the midst of challenges, we don't take the time to celebrate what we've done. So, calling out a highlight in every day. And so, as I look at now the work I do, taking the time to celebrate others as [00:07:30] well as realizing in difficult times, it's important for self-reflection on this. So, this approach of, "What was your highlight?" and then finally, "Did you accomplish your goals?" In a world with challenges, you have to be focused, you have to set goals that are meaningful for a day, for a month, for a year, for, you know, for a lifetime. And so, this idea of starting the day, setting immediate goals, [00:08:00] end important to the context of long term goals. So, it really was this combination based on these three questions, "How was your day? What was your highlight? Did you achieve your goals?" that has really guided me and my journey and also been a fundamental part of how I've sought to lead and inspire others and empower others, right?

Geoff: When you graduated from Lyman Briggs College at Michigan State University, you were invited to deliver [00:08:30] the baccalaureate address. Do you recall what you said?

Norman: Well, first, Geoff, I'm honored that you've taken the time to learn so much about my journey. You are a leader who is inspiring to me, and so, thank you for that. I did. In my address, I talked about belief in self. You know, in my journey through college there was a moment [00:09:00] where...actually, it was quite a moment. It lasted for about three months where up until that moment, I was brimming with confidence, and belief, and drive, and was moving forward. And then there were a few life events that almost over the course of about two weeks, I began to question whether I could actually complete a journey, you know, of [00:09:30] becoming a physician and having impact in a life of service and healthcare.

And it was relatively small events and in an instant, I really lost belief in self. I started thinking about other careers, maybe taking time away. And it was through a lot of self-reflection, family support that I reestablished that belief in [00:10:00] self. And from that, I took a few important things away. One was the

importance of family and friends in reinforcing you in the challenging times. And then so that's manifested in sharing your values and what you're trying to do with those around you so that in those challenging times, they can come in to reinforce you. And so, one output of that was [00:10:30] recognizing that a life of impact is certainly not a solo journey. Obviously, you need people to support you. And so, part of my talk was that, was the power of teams. But then it was also to really call out that when people are not advancing and you look and you see them not accomplishing goals that you might be accomplishing [00:11:00] is to recognize that in an instant, anyone can really fall off and lose that belief in self. And when that's lost, it becomes almost impossible to accomplish your goals. And so, it was really a call to my fellow students to retain that belief in self, build a support system around them that reinforce that belief in self, and then also a call for all of us to [00:11:30] reinforce others in that journey.

Geoff: That's a very powerful and mature message to have given at a relatively tender age. That's fantastic, that you were able to provide that to all of your co-graduates.

Norman: Well, thank you, Geoff. One of the nice things about it was that in that moment, my mom and dad were in the audience and what was cool was it was a bit of a way to pay it full or payback because [00:12:00] there were also some challenging times where they might have liked me to have manifested a great level of maturity at an early age. So, it was nice that it could come together and I can thank them for their support.

Geoff: Marvelous. Full circle. You've mentioned on a couple of occasions, the importance of setting goals in your family life very early on and then within the context of your baccalaureate delivery, maybe you [00:12:30] can give us a little bit of a sense of how you look at goal-setting and what steps, what tactics do you actually employ on a daily, monthly, annual basis to formalize goal setting?

Norman: I'm a big believer, Geoff, in Covey principles. You know, I try to revisit every year "The Seven Habits of [00:13:00] Highly Effective People." One of the things that is stressed is, begin with the end in mind. So, thinking about why in fact did one seek the position that they're in and the journey that they're in. So, really in my approach to goal-setting, one of the things I see as really critical is to always keep purpose in mind as a start. In setting goals, I [00:13:30] think some of the key things to put in place is to really have an input structure. People that trust you will tell you when they think you're on the right track, when they think you're not on the right track. And developing a level of trust amongst the core leadership team so that everyone will give their best input, will work together to identify what [00:14:00] are the most important

tasks and initiatives for the organization and the people that we serve. And by having a group that comes together with trust and can have constructive conflict, then you'll identify a set of goals that people will commit to with accountability and a focus on results.

So, maybe to succinctly summarize that, it's, [00:14:30] again, keeping in mind your purpose. It's creating a structure in which there are individuals who have the trust to give you the input from the constituents they serve and then coming together to goal-set as an output of that. I think the idea of and the importance of transparency [00:15:00] so that people can see what are the challenges the organization is facing so that when they seek to give input, they can give informed input. Instilling a culture of fairness in that for people to really give their best every day and wanna contribute to identifying the important goals, they have to feel that [00:15:30] it is a fair organization and by them exposing and identifying what are their concerns and what are the opportunities, they have trust that this then won't result in something negative coming back to them.

So, maybe trust, fairness, transparency, and an input structure are some of the ways that we've used to do goal-planning. I'm also a big believer [00:16:00] in aligning mission, vision, tactics, and initiatives. I've got a background in industrial engineering and systems design, so it's not only bringing individuals together and goal-setting, but in an organization with a broad set of missions and many draws on time and attention units, to have tracking tools that let you know who's responsible, who's [00:16:30] accountable, who needs to be communicated to, what are the outcome measures, and then how do you track to make sure that when you are falling off, the team comes together and removes those barriers? And I'll stop there.

Geoff: When you specifically think about personal goal-setting, I'm just curious, do you undertake an effort to discipline yourself to write down your [00:17:00] personal goals? Do you revisit them to ask these questions or is this a process more that you just sort of keep track of in your head more informally?

Norman: It's a little bit of both. I would say that I've taken the time to write a mission statement and to revisit that every year. I [00:17:30] also have identified, in my head, every day when I start the day, "What do I wanna try to accomplish that day that are important goals?" Also, during the day, I have a tracking document that's an output of the meetings that I have that then aggregate to goals. But maybe what would also be of interest is in [00:18:00] terms of my journey in my larger scope goals, part of what I've tried to do from the time I was a resident, and then on faculty, and then as an early leader, is to approach life as a gap analysis.

And so, every day to try to learn from the people around me and see who are people that are being highly effective [00:18:30] and making a difference and attracting people to their team to work better together and then to analyze what are the skillsets that they possess, what are the actions? And then I volitionally run those up against my own and then say, "Okay, how do I close that gap?" And through a lot of my journey, once that is identified, some of those skills you can just embrace. But then I've also [00:19:00] recruited individuals that had the depth of skills where I thought there was much to be learned.

So, an example might be Elias Zerhouni was an amazing individual at multitasking. He could take on a number of things simultaneously to drive great change. And so, I sought to serve under him as a vice chair so that I could learn that. There was a gentleman [00:19:30] named Bob Gaylor who had a remarkable way to establish trust with the technologists, and the clerks, and the nurses, and the junior staff. And so, I reached out to him and asked if I could buy him breakfast every Friday morning for a year. And we called it Breakfast with Bob. And, you know, I was early in my career, but he had command of information that could revive forward in a way of showing caring.

Janet Coleman could take a clinical question [00:20:00] and turn it into a project. Elliott Fishman is remarkable at economies of scale. And Nick Brian was terrific at writing grants. So, maybe a point of this is that when I think about how I've set goals for myself in terms of self-development, it's to really study people all the time. And it's not just people successful in academics, it's, you know, it's parents, it's friends, it's people in your church, people [00:20:30] in your community and people at work, you know. And similarly, Geoff, when you've had some of like the goals and traits, it's also to observe people that aren't effective, people that... And I don't mean that in a negative way, but it's people that, you know, have great skills and talents and yet behaviors that they might have that disempower people that lead to not wanting to be a part of a team. And I've self-examined them to see, well, "What of those behaviors do I hold, and work hard to lessen those? And then maybe [00:21:00] finally, it's also having trusted friends. I've got colleagues like yourself, Alex Norbach, Deter Hensmen, John Lewin, who I trust and I seek feedback from them. And probably, most importantly, my wife who is a terrific guide in all things. So, maybe that, you know, when we think about goal-setting that way in terms of personal development.

The final domain that I would mention in terms of goal setting was my goal in life is, and has been to do the most good [00:21:30] that I can do. There's three schools of Vienna, right? There's Freud, which life is about pleasure, it's Adler, which is seeking power and it's Viktor Frankl, which is purpose. I'm a big

believer in purpose. And so, when I mentioned the next thing, this was never really a journey towards power, but early in my career, I had the privilege of being around leaders who were having incredible impact and I felt that that would be a pathway for me. So, what I did in my roles [00:22:00] is I would also look ahead and see what are the things that one needs to accomplish or have experience in, in that next position that I would be seeking so that I could have a greater impact. And I tried to fold those into the things that I was doing in my current role. I saw that it was almost a two for one. So, an example would be that at Johns Hopkins, when I served as vice chair of operations, I [00:22:30] started taking on projects that were interdepartmental between, let's say, radiology and orthopedic surgery because one that would certainly serve my department very well, but ultimate lead to be an effective chair of a department, you have to work across departments. So, that might also touch on some of the goals.

Geoff: That is a remarkably mindful approach to self-improvement. Thank you [00:23:00] very much for sharing that. After completing medical school and an internship at Michigan State, from 1991 to 1999, almost the entire decade of the 90s, you were training at Johns Hopkins as a radiology resident, neuroradiology fellow, and neuro-interventional fellow. That's a long time, but upon completion of your fellowship, it appears that you stepped right into the role as vice chair of clinical operations and just three years later, [00:23:30] you were the interim chair of the department. Can you help contextualize the time course of this incredible ascendancy into the departmental leadership for us?

Norman: Yes. Thank you, Geoff. I believe that people wanna be a part of making the world better. People need support, they need their voice heard, [00:24:00] and they need the skills and the ability to make a difference. And I believe that the things that were instilled in me by my parents about hard work, about values, about supporting other people, what that manifested in was I think relatively quickly as [00:24:30] I started to identify things that could be done better, people got on board, they wanted to be a part of making a difference. And I think it was maybe the recognition that it bothered me when things weren't done as well as they could be, when people weren't as impactful as they sought to be that giving me the opportunity to [00:25:00] have a bigger impact could and would have a return to the department. And I was blessed that people like Elias Zerhouni, the mentors I mentioned took the time, to teach me how to be a leader, I would say it was important. You know, early in my career, actually, it's Mr. Jim Tall who came up to me and he said that, "Norm, it bothers you when things aren't done as well as they can be, doesn't it?" And I said, "Well, yeah." And he said, "Did you care enough to stay with [00:25:30] that until it gets better," then I said, "Well, yes, sir, I do." And he said, "Well, one day you'll be a leader."

So, I think maybe that was the piece of it. But maybe more specifically, when I was practicing early as a neuroradiologist, one of the things I realized was that if I was going to have the diagnosis and the treatment of patients, it was also prevention. In my year, focus was stroke. So, I worked hard to get a grant to get [00:26:00] a degree in biostatistics and epidemiology. And it was after I had that degree in biostatistics and I walked into the waiting area and I saw people stressed, patients, families. And some of the pain that they were feeling was waiting. They were going to find out, did they have cancer, had their tumor grown? Maybe they had a stroke and this idea that in our specialty we unveil truths to patients, [00:26:30] we give them confidence in their diagnosis, we make treatments possible. And that's remarkable. But what can get lost is that if we're not really volitional in patient and family-centered care, and bringing them into our departments and making sure that we get answers to them in a timely way, if we're not thoughtful about how we create an environment where our technologists, and [00:27:00] clerks, and nurses, and physicians feel like they're using their skills to the fullest, we're falling short of our ability to have an impact. So, it goes back to that bothered me.

And it was then that I went to Elias Zerhouni and I said, "Dr. Zerhouni, I think we can do better. I feel in healthcare we manage too much by gestalt. And what I'd like to do is to bring biostatistics and systems optimization to how we make decisions." He then invited me to [00:27:30] try and I said, "Okay, I'm gonna bring Six Sigma and Lean to how we did MR." And so, we brought together 22 techs, clerks, nurses, doctors, in this awesome interdisciplinary effort. I had the opportunity to teach people how to do that type of process mapping, variance, analysis, regression modeling. What happened is after six months, the stress [00:28:00] you felt when you walked into the reading room, when you walked into the waiting room, went down. Patient satisfaction went up, and also department returns increased. We saved about \$1 million and what happened was Dr. Zerhouni then made me vice chair of operations. So, even though I was early in my career, he saw that ability.

Now, what I wanna emphasize, and I think it's so important, is it wasn't [00:28:30] that I was a great teacher of biostatistics, that process was effective, it was that through my time as a resident, as a fellow, and as a junior faculty, I showed caring. I took time to ask my colleagues how was their day? I cared about the answer. We talked about highlights that they didn't want me to fail. Because I won't say I was probably a mediocre teacher of biostatistics, but it was that empowering people that they wanted to come behind what we were trying to do. And [00:29:00] then once that started to work, it became remarkable. And so, I had the privilege to lead the department really with an internal focus and Dr. Zerhouni, really within with an external look.

I might also add that, you know, some people caution to say getting involved in an administration too early can derail one's academic impact. And I think not [00:29:31] if done vocally because part of what, you know, certainly is the present and the future of radiology are things like research and scholarship around value, safety, access, cost, patient satisfaction, patient and family-centeredness, predictive analytics. But also by creating an environment that's optimized to provide the very best care and helping to do so, [00:30:00] you can then have a platform upon which to build excellence. And so, for me, I saw it is incredibly synergistic combined with the fact that it just didn't feel right to be focusing on advancing discoveries in our transformative field when I knew that people around me were struggling unnecessarily. So, I think it was that journey, that combination. [00:30:30]

And maybe if you'll forgive, just one more thing. When I was an undergrad at Michigan State, I had this remarkable philosophy teacher in my senior year. And he asked if I wanted to see what he did when he wasn't teaching philosophy. And I said, "Well, of course." And it turns out he was a horticulturalist, a lawyer, an economist, a family medicine doctor, and he was also the [00:31:00] chair of radiology. His name's Eugene Poach and a friend of yours and mine. And if you think about that, it was remarkable, all the things he did. And what he stressed to me was to learn always and that 50% of what you study, what you read, should it be outside of your area of focus. And so, while I was going through my journey of medical school internship residency, my wife is an accountant. And so, I was reading her business books. [00:31:30] I was studying the philosophies of Frankl. I was studying behavioral economics, communications, all of these things that in a really awesome way, came to bear when those skills were called on to try to drive transformative change early in my career and subsequently. So, half of what I try to read is outside of understanding radiology, and I think that really positions people to lead in transformative ways. [00:32:00]

Geoff: It's really clear that you prepared yourself to lead, to be impactful, to connect within context of an organization, and to recognize the value of individuals that you encounter on a daily basis and to really strengthen and develop those connections which established the very logical pathway that you would step up to lead and beyond that, [00:32:30] to actually engage in making the kind of suggestions and stepping forward to actually deliver on those ideas to demonstrate results. It's a model that probably has been discovered a bit more recently, but particularly within the times that you were doing this, it seems incredibly forward-thinking, Norm. Really remarkable.

Norman: Thank you. Thank you, Geoff. All my thanks to those around it, but thank you.

Geoff: So, [00:33:00] in 2002, you became the Chair of Radiology at the University of Washington at what, age 38? That was a remarkable achievement, especially when considering the University of Washington's standing, it's one of the top public universities for medicine and the medical sciences in the country. Looking back, how did you convey your readiness to take on such a large role to the search committee and the dean who hired you?

Norman: I remember the moment really [00:33:30] well, Geoff. In a search, I remember walking into and then sitting at the head of the table where the 18 department chairs sat around and looked at me. And I really felt that what I needed to do was to call out the obvious. And [00:34:00] the obvious was, you know, I think my opening comment was, "As you can see, I am chronologically challenged." That's sad. I've spent my entire life preparing for this moment and this opportunity. Because what I believed the department needed at that moment was a steward of hope because they were facing [00:34:30] challenges and that if whoever stepped into that role could help people believe in themselves and we could come together as a team, we would be able to not only address the challenges but realize the incredible opportunities that existed at the university. From there, what I did is... And I practice because, you know, you often have about five minutes [00:35:00] to send your message.

I then had taken the time to do the background to look at what were the challenges that were existing in the department, and then the challenges that the department faced in the context of its contributions to the institution, the College of Medicine, and then what were they in terms of the college of medicine in the context of its role relative to the university and [00:35:30] the community. And so, I started first by identifying what those challenges were in each of those contexts, and then I brought in how the experiences that I had acquired or the values that I stood for could seek to address each of those. So, really first calling out those challenges in each of those domains and then showing how the skills and experiences that I have been fortunate to acquire could address those. [00:36:00] It was really after that five minutes that you could see they understood that I could make a difference and be a part of that despite being chronologically challenged.

And it was being able to share that from my childhood, to studying people always, to recognize my many flaws, but do my best every day to close the gaps on those. And it's hard to bring that across in a discussion where it's talking about what's been accomplished. But the [00:36:30] ability to recognize that it's never the power of one, but the power of we, I think also resonated with the

group. So, I think that was a good bit of it. And again, and maybe to other folks that would be listening, I think it's also to those in current leadership roles that I was so fortunate that people said, "Yeah, we're gonna give this junior guy [00:37:00] a chance," when I was at Johns Hopkins "and he's gonna make mistakes and it's gonna take us longer to get some things done because he's gonna make those mistakes, but part of why we exist is the development of human capital." And so, a good bit of why it could also be successful was the willingness of so many people on my journey to that date to help me acquire the skills necessary to do it.

Geoff: And once you became department chair, what initial [00:37:30] steps did you take to earn the trust of the department, particularly among faculty members who may have been radiologists since before you were born?

Norman: Yeah. You know that is a very... Well, that's a good point. And where, you know, where it was also a challenge as you might imagine, is that when I went from resident, to fellow, to faculty, to vice-chair and interim chair, so many of the people there were the people that [00:38:00] helped me in my journey, and I think at Hopkins it was easier in a way because I had worked so hard to establish trust like showing up as the new leader of the group. And I remember thinking deeply about my first faculty meeting and what I sought to bring. And it was being honest in terms of saying, "I don't bring [00:38:30] all the answers, but what I do bring is the ability to create a culture that fosters input, that builds trust, that is all about fairness, learning what are the most important goals, and how to then work as a team to get [00:39:00] there."

I showed a slide, my first slide, had you been in the audience, I think you would have enjoyed, Geoff, which was, I showed Seabiscuit. Picture two horses, one, you know, kind of a Seabiscuit and the other from another race. And I asked the faculty, "What do you see is different?" And the difference in the two was that in Seabiscuit, there was no whip. And I shared as well that what I felt my ability [00:39:30] was was to create an environment where people could succeed, where we would take the time to enable people based on what their skills, their hopes, their dreams, their wishes were, and we would unleash that, and if we did that, they wouldn't need a whip, they would need...they would be in a place where they could accomplish goals. And so, I think the message of meaning, of purpose, and being able to share some examples. I then did go on to [00:40:00] talk about some of the very specific things that we had been able to accomplish in my prior roles based on creating that model. I think that established trust and faith. So, what I shared with the group was, you know, my primary focus was building trust, creating an environment where we can have constructive conversations, getting commitment, accountability, and drive towards yourself.

Geoff: Yeah. I have to say it's brilliant to speak to [00:40:30] a room of radiologists with a visual demonstration that your leadership is about empowerment and giving people the opportunity to succeed and even fail if needed without worry of the whip.

Norman: Yes. Bless you. One of the things that I observed amongst effective leaders is this and I shared it that day, [00:41:00] is the confidence that you surround yourself with people smarter than you in each of the domains in which you wanna work and not worry that, "Oh, my goodness, people might look and say, well, why is that person the leader? This person knows more about this or that person knows more about that." And knowing that, in fact, a leader will be judged by [00:41:30] their adequate belief in self to surround themselves with people of awesome capabilities and to trust, and to give credit in enabling them. And I had seen in my prior roles that, you know, one of the things that led to mediocrity was when a leader would be more concerned about them showcasing that they're always the smartest person in the room as opposed [00:42:00] to they're the person that empowers the smartness in the room to manifest.

Geoff: That is a key point. Thank you. Thank you for articulating that. That is fantastic. While at Washington, you serve two years as the president of the 1600 MD member, University of Washington physician practice plan. What did that role entail?

Norman: When I started in my role as chair, one of the things that [00:42:30] we did very quickly was to focus on quality, service, access, and cost. I worked with leaders in the department to write a book about the practice of radiology and my fellow chairs and the dean observed how very quickly by focusing on these things, we became the leading department in patient family-centered care. And I was invited by [00:43:00] the dean and the fellow chairs to bring that to the practice plan. When I took the helm of the practice plan, its primary focus was the billing and compliance function. And what I was focused on was first optimizing billing compliance, but also engaging the 1,600 physicians in quality, safety, service, and access. So creating structures [00:43:30] such as the clinical practice committee, in having Bill Schumann run that. An IT committee, you know, performance and compensation committee, etc. So, my role really was to construct an organization that better engaged the physicians in the quality mission for the university and then to optimize all of the functions that a practice plan does, billing safety, cost, compliance. [00:44:00] And that's it, my friend.

Geoff: All right. How did your position within that role influence what you were able to accomplish on behalf of the radiology department?

Norman: An important part of this question, Geoff, is in helping a department succeed, being involved in the organization is absolutely critical. There's [00:44:30] an aphorism that says that if you're not at the table, you're on the menu. So, when I assumed the role of head of the practice plan, it was because I cared about the quality no matter which service you came to at the University of Washington. That's what drove it. But how it helped the department and it's also why I sought to be a dean is I think there's maybe an incomplete understanding of the transformative role that radiology can [00:45:00] have in terms of providing the highest quality care in a medical school. The Department of Radiology, I helped establish our position as leaders in the quality mission, in the access mission, in the cost mission, in the safety mission. I helped position radiology in ways that help convey that patient satisfaction scores were largely impacted by the time that patients spend in the department of [00:45:30] radiology. I helped make clear that if we're looking at how do you give patients access to care pathways, radiology is a door that opens efficiently and so that as a gateway to patient care in helping to position that. I think that sometimes in large organizations how you do the billing, for example, and maybe this is a bit to focus, [00:46:00] but I think demonstrative is that a lot of effort sometimes goes to more visible services like surgery where it's a high cost, smaller volume of transaction. And radiology is often a high volume of transactions.

So, I also put in place things that said to be successful as an organization, you have to make sure that you get a return in all the areas that you're providing care. Done correctly, radiology can drive [00:46:30] returns that support some of the services that don't have a return. And so, it really worked to help move radiology to where I believe it needed to be at the university, which was more central to the transformation of care in the university. And maybe one fun story, if I can, Geoff, to me, was that when I got there, they called radiology Ancillary Services. And I think words matter. And so, I change it to [00:47:00] where radiology was then referred to as Essential Service. And I knew we had gotten there when my friend who was the chair of surgery raised his hand at a meeting and said, "Hey, you know, surgery is essential too." So, it really was to help the organization see the role radiology could play in transforming health.

Geoff: That's a fantastic story. Ancillary services is a label that many of us find saddling our radiology departments. What an [00:47:31] excellent strategy that you employed and a great outcome. I'd like to spend a few minutes talking about the Seattle King County Clinic where you served as medical director. Can you describe the initiative and how you became its medical director?

Norman: There's a great aphorism that goes like this. I always wondered when somebody was going to do something about that and then I realized I was

somebody. And [00:48:00] I recall walking down the streets of Seattle where there's so many homeless, the state of undocumented, the underinsured, and it was bothersome. You look and you say, "Well, when is someone gonna solve that?" And you realize how can you help? And what happened was I was in my office and I got a call from this individual, Julia Colson, who said that, "I heard that if it was something that was important, you would help." And she then described that she was interested in trying to put together a clinic that might help provide care. And she reached out to me to say, "Can we work together to do that?" And I remember in our meeting, we talked about mobilizing the city and the state of Washington, City of Seattle, State [00:49:00] of Washington to come together to turn our sports stadium into a free clinic.

And we talked about, "Well, could we do it?" And as we discussed it, it fundamentally, was, to me, just bringing together all the things that we use in radiology to build teams, to inspire people, to operationalize. And so, I came in in the role of the director of [00:49:30] the medical clinic and what we did is we formed a team where I led the establishment of the medical clinic. There was a dental group and there was a vision group and we came together as a team. Now, what might be remarkable to some of our listeners is to say, perfect deque [SP] what kind of care we provided and it was foot care, it was wound care, it was heart disease, pulmonary disease, HIV, hepatitis, [00:50:00] cancer detection. And some might say, "Well, why would a radiologist run that?" And it just goes back to that because of our commitment to diagnosis and therapy and our ability to operationalize things on scale, in many ways, my background really was perfect to put together something that could be scalable and treat a large number of patients in a compassionate way.

And so, we did some things, a lot of things like reaching [00:50:30] out to industry partners to invite them to be a part. We changed state regulations so that we could bring in practitioners from across the country. We reached out and told people what we were trying to do and ended up with 14,000 hours of volunteer effort from the community. So, there really was, again, to set a mission that mattered, to inspire people to be a part of a team, to focus on operationalizing and then to go. One [00:51:00] of the things we also did, Geoff, was data is so important. So, what we did is we actually did a survey during the first clinic and we asked people, did they feel cared about? Six hundred people of the 4,000 we cared for and their response was, 97%, they felt cared about and you wouldn't find a hospital unfortunately in our country that has 97% of people feeling cared about. And it was because we led with compassion and the people there had purpose.

Geoff: It's [00:51:30] remarkable that within the context of a large volunteer organization that you pulled together for a four-day clinic that you were able to

imbue within the context of a sports arena environment, a sense of compassion and the human touch of medicine.

Norman: Thank you. It was... Yup. I felt really fortunate to be a part of it. And then, you know, what was beautiful about it, both those served and those serving went away inspired [00:52:00] because the people of Seattle who struggle the most went away saying, "I live in a community that cares and now how can I pay that forward?" Inspiring health and hope had a reverberating effect on all the people there.

Geoff: Giving the gift of inspiration can be one of the most valuable gifts to give. That's fantastic. Let's turn to Michigan State. When you returned [00:52:30] to Michigan State University after so many years and in such a dramatically different role, how did you reach out to the community and seek to meet them on their terms?

Norman: It gets a bit at defining communities, you know, so the community now is the medical students. It's the faculty, it's the staff. It's also our colleges in seven communities. So, it started [00:53:00] with town halls that talked about how as a land grant school, our mission is the following, that all people have the ability and deserve the opportunity to improve the health and prosperity of others. I'll say it again. All people have the ability and deserve the opportunity to improve the health and prosperity of others. And so, my outreach really, was first to talk about some of the needs [00:53:30] that were there with health disparities, barriers to access, and then to talk about that our mission really was to mobilize everybody, students, staff, faculty, community supporters to go directly at that. And so, it was a series of town halls with different constituents. Then I talk about, that was our purpose and that we were gonna come together in a transformative way. [00:54:00]

Geoff: During your inaugural address, you shared a quote from Theodore Roosevelt, and this was so impactful for me that I was sure to make it a topic of conversation around our dinner table the night after I heard it. And the quote goes, "They won't care how much you know until they know how much you care." I have a feeling that based upon our conversation, the answer might be self-evident, but perhaps, you might articulate why [00:54:30] you selected that perspective to highlight at that moment.

Norman: Thank you, Geoff, for bringing that forward. It goes to all the lessons I had learned, whether it was as a care provider, being alongside those that were the most vulnerable, by having family members being patients, in every circumstance, [00:55:00] what unleashed the ability to make a difference in people's lives started with the individuals being served, knowing that you care.

And so, this culture of this caring transforms and both why I sought Michigan State as a medical school and why I was coming back was that was one of the defining things of the school and my point was [00:55:30] that we were not only gonna take that focus, but we were gonna amplify it and in taking that culture of caring, everything is possible, but that's where it starts. That's where it starts. There's another aphorism I like very much which is, "For they who have health have hope and for they who have hope have everything." And build into this calling was that our mission was to return health and thus hope, [00:56:00] but we would never get there if we didn't lead with caring.

Geoff: When you moved to Michigan State, your role was Dean of Human Health. You now carry the title of Associate Provost and Assistant Vice President for Health Affairs. How have your roles evolved with your titles and how did this come about?

Norman: My hope in seeking the role of [00:56:30] dean was to align all missions of a medical school in transforming health and being in seven communities lining those missions up, I felt we could be truly transformative. And so, using a similar approach to the one I used when I got to the University of Washington, it was coming in right away and building that algorithm of trust and constructive conflict, commitment, accountability, [00:57:00] and results. And so, we drove to that in a really positive way. But not long after I got here the tragedy that came about because of Nassar, the number of people he injured, you know, one of the things that I believed was that we had to make the university safe and no matter how much work I did in my role as Dean of the College of Human Medicine, [00:57:30] but we have three colleges of health. We have a physician practice and we have students who are seeking care every day and student-athletes.

And I believed that in order to be true to myself, we had to have a place that no matter what door you came in, it was safe. And there was standardization and we were an institution that wasn't [00:58:00] aligned, each one of the different units had a separate report in mind. And what I believed and my colleagues believed was that it was in standardizing chaperones for patient visits or our commitment to quality, that we would have an environment we could be proud of and one that was safe, every patient, every [00:58:31] time. So, this role of associate provost for health affairs is such that all of those different units then report to this position as it relates to really the delivery of clinical care. And perhaps, similar to when I stepped into the role of president of the practice plan, it nicely aligns with the mission of the college [00:59:00] because fundamentally, all of the things that we're focusing on should be synergistic and aligned with what we're doing across the health colleges and how we're serving students. So, it has evolved in that way.

The other thing is just as when I stepped from the role of chair into the practice plan at the University of Washington, I would not have been able to do that if I didn't have the most remarkable team in the Department of Radiology. They [00:59:30] made it possible for me to do this other role. My residency director, my head of research, my section chiefs. So, similarly, in the college, what has happened is I've empowered and trusted the leaders to advance the organization, allowing me to do this additional work.

Geoff: When and how did you first learn of Larry Nassar and the accusations against him?

Norman: You [01:00:00] know, when I was doing the analysis of this role, I started in the fall of '16, I heard that there had been a physician who was a predator and had injured those that came to us in trust. But the magnitude of the number of people became clear over the next year, really culminating in the fall of 2017. And it was [01:00:30] when that became clear and it was at a meeting of our practice plan leadership which brought together the different units that as we discussed where we were, how we were responding and our response time that I realized that greater organizational alignment was the only way we could move quickly enough. So, as you know the fall of 2017, I'd only been here a year and yet [01:01:00] I felt called to make sure that we got this right and we got it right quickly.

Geoff: So, during your recruitment to Michigan State, this was something that you're not specifically aware of?

Norman: No, no, no. Not at all. The magnitude of this, the people that were injured, it was something that was... Sorry, I stumbled on the answer a bit only because, a lot of emotion [01:01:30] with it. But, no, I was not aware of it.

Geoff: This is, you know, clearly the definition of a crisis and so phenomenal that Michigan State had you at this moment in time to step up and to lead. Once you took on that task, what did you consider your first steps to take on the transformation? [01:02:00]

Norman: A combination maybe of two things, Geoff. One was to very rapidly go through this pyramid of trust, and commitment, and accountability, but to also realize that some of the change management that one would normally take on [01:02:30] is there were also imperatives that it just couldn't be optional and we had to fix in a timescale of a week, two weeks. So, the most important thing to me was to figure out how a predator like Nassar could exist amongst a community of individuals that did go into their career to [01:03:00] take care of

patients. And so, for me, the very first thing was this cannot happen again. And it was to look at how did it happen, how was it possible that this could happen in a patient care setting, and then to build a process that would make it not possible for this to happen again on this campus, fundamentally to be the safest campus in the country.

And so, the way to do that was to bring together people to look at how this occurred and to build a chaperone policy that [01:03:30] was not optional and put that in place and to track that quickly being put in place. So, to succinctly answer your question, it was the immediate calling of people together to say, "This cannot happen again, and this starts today. And we're gonna go directly at the chaperone policy. We're going to define it, implement it, and we're gonna do it immediately.

The second thing, Geoff, that we focused on was how [01:04:00] do you empower people to speak to power? Part of what happened in this tragedy was that people who saw something occurring that was wrong, many of them, they didn't feel empowered, they didn't know the mechanism to stand up and say, "That's wrong and that can't happen." And so, we also did, very quickly, listening sessions, but also a culture of safety call that put in place ways [01:04:30] that people could, in confidence, and in confidentiality, reach out immediately with any concern about what would not be appropriate and safe. So, those two things, the chaperone policy and then a culture that fostered people speaking up and mechanisms to make that really the core value of the organization.

Geoff: Clearly, a internal focus was really important in initiating [01:05:00] this transformation. To what extent, though, did you access external resources to facilitate the actions that needed to be taken locally?

Norman: So much of this was internal. Something of this scale had not... You know, there's not a lot of places to turn to for [01:05:30] advice or experience with this. So, a lot of it was bringing together people, their values, their skills, and mobilizing them. But I did reach out and I looked at how do I strengthen the organization. So we recruited a CEO at the practice plan who had experience in systemization. We brought in, we created a new position, Chief Nursing Officer, who was about [01:06:00] how do you train people on protocols. I recruited a colleague of mine who I trained with at Hopkins and worked with at the University of Washington who was just really good at process, and protocols, and core values. I had to bring some partners in to add to the team who could execute and who I trusted. And then I created a position for Care for the Vulnerable [01:06:30] and the Underserved and the person that I recruited to do that was the deputy medical director in my free clinic from

Seattle. So, I did bring in people as well as create positions and mobilize internal strengths. But so much of this was, you know, green to bear expertise to solve the problems. That was largely internal. [01:07:00]

Geoff: You have spoken about your background in industrial engineering and how it has helped inform a very structured approach to setting goals, tactics, putting a strategy in place. Within the context of this crisis issue, was it reasonable or is it possible even to expect that one can take that kind of a very organized approach, or does one need to be [01:07:30] more reactive and malleable in approaching the problem?

Norman: Part of getting something done quickly requires clear identification of what is the goal, and then what are the tactics, and the initiatives? How does it process map? How [01:08:00] do you know you're being successful? Now, a process like Six Sigma, you know, is not something that you would bring into this. You need to bring the right tool to the challenge. And to your point, think about context, but to scale something across an entire practice plan, across the three colleges, you absolutely [01:08:30] need it to process-map this, figure out what were the steps, brainstorm about where it could break down, and then put metrics in place to make sure that you are moving in the correct direction. And then also, to look at this from, you know, what are the different perspectives you need to bring to bear, whether it's patients, families, staff, faculty, and how you need to train them. So, [01:09:00] I would say, perhaps, more than in any setting, those skills, that ability, they are absolutely, they are imperatives. And I would just add to that that I believe it instilled confidence in people that you could map out a path that they could look at and say, "Yeah, that makes sense. We're gonna get this done and I'm all in."

Geoff: You [01:09:30] articulated that this crisis, basically, was a complete surprise. It must have been an unprecedented event in your life and in your professional career. What would you say are lessons that you have learned specifically from this crisis and that you believe are most important to convey to our listeners?

Norman: I think one of the most important [01:10:00] is an aphorism, goes like this, "It's more important to do the job right than to have the job." And as I stepped forward to say, "This structure isn't right and I can't be a part of an organization that is safe to all people that come to us for healing and in trust," [01:10:30] there were people that didn't see it that way. And there were times where I had to escalate and stand strongly behind it. A risk was that I could've lost my position. And really just that, the belief in why we exist, what our purpose is, and that you have to stand for what matters. And I think that that

lesson, in [01:11:00] this case, because there were some days that, you know, this was really difficult. And to just stand by that, I think was really important.

To lead with caring has been a key part because where the university has failed, and I would say has continued to take missteps is where we have not communicated first and foremost, our [01:11:30] care and our concern for those injured and those that come to us in trust. So, I think that in every single circumstance one faces and certainly this, to lead with compassion and to make that visible, it's the most important thing every single day.

Geoff: One of the key elements in your role as a university leader is to build optimism and [01:12:00] enthusiasm in the community. How do you view the balance between being forward, focused, and moving beyond the tragedy versus centering attention on the victims and their healing?

Norman: Yeah. Early in my journey, I would not share the difficult things, where we failed, where we let people down, the magnitude of the challenge, because I felt that if [01:12:30] one of my primary role is to be a steward of hope that I could keep a lot of maybe the things that would be frightening, things that would seem overwhelming. I would keep those close to my chest and what I would do is inspire and guide people. But what I learned was that if you don't share the magnitude of the challenge, the scale of where we have fallen [01:13:00] short, it's harder for people then to rally around a decree of effort and the focus that's needed to respond. So, in doing this, absolutely, my role was to be a steward of hope, but then it also was to be clear that every single day, we had to be driven by where we had fallen short [01:13:30] in serving those that came to us in trust, the 300 women and children that we injured. So, to keep front and center the why so that we understood the what, the what we needed to do. And it was really not separating those, but keeping those closely together that I think has allowed us to move so far, so quickly. [01:14:00]

Geoff: You recently opened an \$88 million research center in Grand Rapids with another building expected in 2021 which will create space to be leased to medical groups whose research dovetails with the work happening at Michigan State University. I understand that the development of the facility is supported by a joint venture between Local and Chicago-based construction real estate firms called Health Innovation Partners. [01:14:30] This all seems pretty outside the box for a university effort. How did it come about?

Norman: Geoff, it's awesome, right? You know, you go back to the lessons I talked about, learn always, bring knowledge in from different domains. And so, some of this was that. Some of it was realizing that if we don't do medicine

differently, it affects every aspect of health and wellness for [01:15:00] our nation, certainly, for our world. And what came about was this really the sequence that if every single day we practice at our very best and then we identify a gap and say, "Our responsibility is to close that gap, well, then you create this innovation cycle between clinical care, research, and education that's extraordinary." But then how do [01:15:30] you bring it not only to the organization you serve, but bring it to your community, your state, the nation, and the world where you have to have side by side the innovators, individuals whose business, whose passion is to take those ideas and bring them to discovery, to bring those to products, to bring those to transforming health.

And it was bringing an idea forward that really called out that because we are in [01:16:00] seven communities and every single day we're identifying what our people need, where they live so that they can have health and they can have hope. But then if you're a startup, if you're an innovator, if you're an existing company to be side by side in that ecosystem will help you be successful in your mission as an innovator, as an entrepreneur, as someone trying to help your business be successful. We put that idea out [01:16:30] there. And what I believed was that the idea would be so compelling that somebody else would wanna fund that 250,000-square-foot building and that we could inspire that trust by getting different groups saying, "I wanna be in that building. I wanna be in that ecosystem." And so, what we did is we put together this idea that transforming health is one of the biggest imperatives for our state, for our nation, and that we had [01:17:00] brought together the clinical care, and the education, and research that you should be a part of that ecosystem if you wanna be successful in your mission. And that's what's happened. It's called a public-private partnership. It's generated great energy and I see it as one of the great futures in academic medicine where it mobilizes the resources of other partners as we seek to fund our clinical and research mission in a really exciting [01:17:30] and transformative way.

Geoff: This is a really exciting and innovative program that the whole community should wanna get behind given the positive economic impact that's likely to result. Do you think that efforts like this are beginning to flip the narrative at Michigan State University, particularly in the wake of the Nassar tragedy?

Norman: Another aphorism I like is that, "If your actions or words inspire others to dream more, learn [01:18:00] more, do more, and become more, you are a leader." That's John Quincy Adams. And what is so important is, focus one has to be safety and fixing the care that we deliver, but at the same time, every single day, there are people that are coming here to transform health, to provide the best education, and we have to make sure that we are [01:18:30]

sending a message to communities and partners that all of that work continues every single day, and that in partnering with us, you can have a scalable impact. And if we let the damage that was done by this individual affect our mission across all that we do, then we're actually enabling [01:19:00] and empowering the damage that the person has done.

So, what I would say is that it is really important. And I'll share that I did get up... We got an award for our transformative impact in the community. It was called the Newsmaker of the Year Award. And when I got up to give that, I started with an apology for the tragedy that happened and I talked about how our mission now is to get it right for Michigan State, but [01:19:30] then to transform health in all the communities across the nation. So, it's really taking this tragedy and saying, "This then gives us the responsibility to transform." And then I committed to the community that we were gonna put our shoulder behind all aspects of our mission, critical care, education, discovery, and innovation to make sure this never happened again as well as some of the other injustices in health. So, again, a long answer, I'm sorry, but, [01:20:00] yes, the answer is yes. This is super important in reinstilling faith and confidence.

Geoff: Dr. Norman Beauchamp, you are amazing. That was such an inspirational conversation for me. I've learned so much. I feel so good for having been able to hear your thoughts around some really complicated and difficult topics. Thank you so very much for being our [01:20:30] guest today on "Taking the Lead."

Norman: And I thank you, Geoff. What I'm so proud of you and your efforts and this effort is if we can inspire, you know, all the listeners that every single one of them, they're leaders, and they can be the change they feel needs to be seen in the world as Gandhi said. Man, what an impact. So, thank you and your team for this work, and for giving me an opportunity to contribute. [01:21:00]

Geoff: Please join me next month when I speak with Van Moore, a radiologist from Charlotte, North Carolina whose leadership was forged prior to attending medical school while serving as an engineer in the U.S. Navy Nuclear Submarine Service. Following a brief stint in academics, Dr. Moore has spent the bulk of his clinical career with [01:21:30] Charlotte Radiology where he served as its president for 16 years. An avid contributor to organized radiology and medicine, for the past 23 years, Dr. Moore has represented radiology as a member of the ACR's delegation to the American Medical Association's House of Delegates and has provided extensive service to the ACR including Chair of the Board of Chancellors and ACR President. Ten years ago, Dr. Moore founded [01:22:00] Strategic Radiology. He continues to serve as CEO and board chair of this coalition of over 1,100 private practice radiologists,

providing service to more than 250 hospitals across 40 states and focused on improving clinical quality and operational efficiencies as a 100% radiologist-owned alternative to health system employment or private equity ownership.

Taking the lead as a [01:22:30] production of the Radiology Leadership Institute and the American College of Radiology, special thanks go to Anne Marie Pascoe, senior director of the RLI and co-producer of this podcast. Chupke Helminski for production support. Megan Giampapa for our marketing, Brian Russell for technical support, and Shane Yoder for our theme music. Finally, thank you, our audience, for listening and for your interest in radiology leadership. I'm your host, [01:23:00] Geoff Rubin from Duke University. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter @geoffrubin or the RLI @rli_acr. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on, "Taking the Lead."

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