



**Episode 36: A Leader Who Really Cares**  
**Reed A. Omary, MD, MS, FACR**

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**Dr. Rubin:** 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'm speaking with Reed Omary, the Carol D. and Henry P. Pendergrass Professor and chair of the Department of Radiology and Radiological Sciences, and professor of biomedical engineering at Vanderbilt University Medical Center and School of Medicine in Nashville, Tennessee, an interventional radiologist who has pioneered image-guided therapies for hepatocellular carcinoma, Dr. Omary serves on the board of directors for the society of chairs of academic radiology departments, and as president-elect of the Association of University Radiologists. He founded and directs the Vanderbilt University School of Medicine's Medical Innovators Development Program and co-leads the medical center's strategic planning efforts. As host of his podcast, "Innovation Activists: Designing Health Care's Future" and through an active presence on social media, Dr. Omary is a passionate proponent of healthcare innovation and fostering the next generation of radiologists and healthcare leaders through inspirational and supportive leadership.

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**Dr. Rubin:** Reed, welcome.

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**Dr. Omary:** It's great to be here, Geoff. Such an honor. Thank you.

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**Dr. Rubin:** Let's start with your earliest days. Where were you born?

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**Dr. Omary:** I was born in the oldest living city in the world, Damascus, Syria. Yes.

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**Dr. Rubin:** Wow.

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**Dr. Omary:** And I emigrated when I was all of one year old. So I do not remember Syria at all and have never had the opportunity to go back.

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**Dr. Rubin:** Well, hopefully, that opportunity will present itself at some point. Where did you immigrate to?

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**Dr. Omary:** To the Washington, D.C. area. And so I grew up in the Virginia suburbs of Washington, D.C., and spent all of my time there until college, and that's where I went out to the Chicago area and spent pretty much half of my life in the Chicago area.

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**Dr. Rubin:** So what brought your family to the United States?

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**Dr. Omary:** Well, it's interesting. My father was of Kurdish descent and had actually been of all things the police commissioner of Damascus, which was quite unusual for someone of Kurdish descent. He had come out in the 1950s to go to graduate school at Columbia in New York City, and worked a little bit at the UN, went back to Damascus, but as sort of the new leadership emerged in Syria, it really wasn't the best place to be. So I think we're kind of a classic, if you will, immigrant story of coming to the United States. And we're very grateful for that.

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**Dr. Rubin:** Now, it seems a little bit unusual for the typical immigrant story and that he had been in the U.S. attending a university. Tell me a little bit about his backstory, about how he came to study in the U.S. and then go back to become a police commissioner.

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**Dr. Omary:** Yeah, it was... And of course, all this is sort of the lore of our family. And as with lore, it's really hard to verify any of this. My dad was...you know, he came from a poor background, and apparently he had done the best on the standardized testing that was done in Syria. This certainly wasn't anything administered by the College Board in the U.S., but that had given him the opportunity I think to rise. And then in some unusual way, he was offered the chance to go to grad school, either at Columbia or Princeton in the 1950s. And so, he chose New York City. My brother was born there and then he decided to go back, much to the dismay of my mother, who was like, "We built a life in Queens. Why do we wanna go back?" But that dismay, of course, was nothing like the dismay when, after my sister and I were born, when I think my restless father wanted to come back to the States for good.

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**Dr. Rubin:** So he was in the role of police commissioner of Damascus, at the time, he decided to disengage and move?

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**Dr. Omary:** Yes, apparently. And there's a picture that I have of him in Damascus airport with his buddies. They've, like, hoisted him on their shoulders, and it's like, you know, we're ready to launch you back to the States. So that was something I've... It's a pretty powerful photo that I...

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**Dr. Rubin:** Yeah, it sounds like it's... Is your father still alive? Have you...?

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**Dr. Omary:** No, no, unfortunately, he passed away. He did have the chance to meet my oldest son about 12 years ago, soon after he was born. But unfortunately, he had a long history of cognitive decline.

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**Dr. Rubin:** Yeah, did you have a chance to validate some of these stories with him?

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**Dr. Omary:** Well, you know, my mother is still alive and she's 91 years old. And so, every time I get a chance to speak with her, you know, she'll share something with us that we had no idea. And it's one of the great things, I think about generations and us learning the wisdom of the previous generation and being able to pass it on to our children.

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**Dr. Rubin:** Yeah, a lot of golden nuggets there I imagine. Upon locating in the Washington, D.C. area, what did your father and mother do as you were growing up to help support the family?

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**Dr. Omary:** Yeah, so when my dad first came out alone without the family, he worked at a gas station and he worked as a cashier at a pharmacy. And then really what he knew was the language, so he became a translator for Arabic. And then when my mom came out with the kids and subsequently took a job, she became a teacher. So what they knew was the language. And that really is the classic focus on education. And I think that that's one of the real values that they had instilled growing up.

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**Dr. Rubin:** Yeah, I would imagine that your dad's role as police commissioner implies a substantial amount of leadership capabilities that he was able to realize during his time in Damascus. Did you have a sense growing up of his leadership and did you take any leadership lessons in particular from him?

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**Dr. Omary:** Well, that's a great question. You know, my father was an introvert. And I think we often think, frankly, incorrectly of leaders, as these, you know, these charismatic souls who enter a room and then just, you know, everybody aligns with them, and this is something that they've done since they were kids. Of course, none of that is true. There's every type of leader and I think my father was quiet. And that's certainly been a lesson for me. I tend to be much more on the extroverted side than my father, but the lesson is that there are so many leaders who are introverts, and that's great. And that's something that we really need to empower all different forms of leadership.

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**Dr. Rubin:** Yeah, so true. What was your first job growing up as a kid?

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**Dr. Omary:** Well, it depends how you find it. As a young boy, I established my own, like, lawn mowing business. I would mow a lot of the neighbor's lawns and I had a paper route for a little while. But my first actual, if you will, formal job, I was working at TJ Maxx, which is something that was drilled into me. It was not a discount store. It was off price. So I was a cashier, which really taught me to be able to speak with anyone about anything. And during the course of the day, I would meet dozens and dozens of people, and you have a little bit of time to chat with them. Who would have thought that that ever would have been a skill that would benefit me during the field of medicine? The ability to speak with anyone I think is something that as a physician, as a physician leader is really important.

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**Dr. Rubin:** Looking back, were there any particular defining moments and influences from your childhood that you consider having an impact on you today?

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**Dr. Omary:** Well, you know, I'd like to say a couple of things. So one would be my older brother, my older brother, he's 13 years older than me. And as a kid, when he was in grad school in San Diego, I used to spend my summers with him. And so, I thought it was just normal to get up in the morning, go to the lab until 5:00 p.m., come home for dinner and go back to the lab until 11:00 at night, which was pretty much the schedule that he followed. And he has advised me throughout my education process and my career. The second thing, I would just say has been my teachers, growing up, starting seventh grade and through high school, they had just a profound impact on how I think. And I'm so lucky to have had the teachers that have been...

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**Dr. Rubin:** Those teachers from public school throughout your...?

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**Dr. Omary:** Yeah, yeah. Oh, yeah. I was a public school kid and I had a math teacher in seventh grade, who the first math quiz I took in seventh grade, I got it and I was like, "Oh, my goodness, I thought I was good in math." And he was from Brooklyn. He had this expression, it was up on the wall, it was called, "Read de woids," D-E, and then woids, W-O-I-D-S. And he would always say how you have to read de woids. If you're asked to do something, just do what is asked and understand. And so, a math teacher actually expressing that, really, it taught me at a young age to care about the detail.

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**Dr. Rubin:** Yeah. Excellent. And your older brother, what field is he in?

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**Dr. Omary:** So he is a physician-scientist, you know, leader. I mean, he's a gastroenterologist by training. He actually had spent time for many years at your previous institution, Stanford, and then he became, as a physician, the chair of physiology at Michigan. So a physician leader of a basic science department. And then he ended up, you know, leading research for Michigan Medicine. And recently he's moved on to lead research at Rutgers. He's had quite a career and influenced me profoundly.

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**Dr. Rubin:** It's really interesting, the extent to which science has imbued the careers of both you and your brother. Was science particularly emphasized by your parents growing up?

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**Dr. Omary:** Well, you know, science, for me, it actually in an unusual way... I was maybe seven years old and I picked up one of those Cracker Jacks. You remember the Cracker Jacks? And they had the prize. I remember I took this little box up to my room eager to open it up and see what the prize was. And the prize was a little booklet, a little postage stamp booklet on the planet. And, you know, I saw this and I was just blown away and I went out that night, and I looked up at the sky, and I thought I could see all those planets. And that really made me hungry to learn about astronomy. And by that time I'd finished third grade, I had read every single book in our public school library on astronomy. And so of all things, it was astronomy that really impacted me, the notion of being able to look at the sky and see stuff from, like, just profound distance and time that were almost unimaginable. So, if you will, that gave me the spark that on my own, I was very interested from there, to math and chemistry. And I like the concept of trying to understand the world through science. And that has stuck with me in many way.

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**Dr. Rubin:** Despite that grade that you recounted from mathematics, you managed to recover pretty well, and you became one of the rare folks who completed your undergraduate and medical degrees in just six years. To my knowledge, Northwestern was the first

university to offer this pathway in the U.S. And as a high school student, how did you decide to commit to this accelerated pathway? And what active steps did you take to pursue it?

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**Dr. Omary:** Well, it's a great question. So remember when I said I was out visiting my brother when he was at UCSD? He was in grad school getting his Ph.D. So I watched him enter science. But then I watched a transition happen. He decided to go to medical school. And when I was in high school, he ended up going to the University of Miami, which had at that time, believe it or not, it sounds crazy, a two-year Ph.D. to MD program. So, when I was 16 years old, I went out to the University of Miami and I worked in a biochemistry lab while he was in medical school. And I first became CPR trained, along with his class. I remember I just tagged along as a 16-year-old and, you know, being exposed to all these other medical and just recognizing that there was this ability to apply the science to benefit people. And getting back to that, I am somewhat on the extroverted side, and I enjoy people and the ability to apply it in a way that can make a difference to humans was something that appealed to me. And so, as a high schooler, I was pretty intent on, could I get into a type of program that would allow me to do this? And so I was really lucky to find Northwestern.

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**Dr. Rubin:** For many, the undergraduate years are a time of exploration, both academic and social. Help us understand your undergrad experience within this context.

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**Dr. Omary:** So, my undergrad experience objectively was shortened because it was two years. Subjectively, it was also expanded. And it was expanded because I didn't need to worry about getting into medical. So, all I needed to do was... You know, we used to have an expression, that C equals MD. I just needed to pass and then I would be assured of a spot. So, I was able to explore through my nonscience classes, a lot of other courses in humanities, philosophy, and especially in art history. So I ended up... I took five different art history classes, including a graduate-level course. Who would have known that the visual, sort of, the connection between observational astronomy, art history, it would then also go right into radiology? I had... You know, some people call it, which I think is perhaps...it's not so accurate, the photographic memory, but boy, could I look at an image of a single image and it would just etch it in my mind during my art history classes, and that ended up being a skill that I think was translatable into radiology, the whole pattern aspect of it.

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**Dr. Rubin:** That's fascinating and absolutely fantastic. So, as you progressed into medical school, what did you identify as the factors that led you to radiology?

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**Dr. Omary:** Well, I had a... I'll answer it... I entered medical school thinking about another visual field, that was dermatology. You know, I got to know my dermatologist as a teenager really well. I was one of the first people on Accutane. I mean, I had acne and so I was very grateful for everything that he had done. And I went probably within a month of starting

medical school and I went to meet a dermatology faculty member. And sometimes in ways, we have no understanding in the moment we can influence people positively or negatively. And in one fell swoop, this faculty member in dermatology, I'm sure without knowing, completely turned me off to dermatology by saying, "Why would you ever...? How would you even know that you wanna go into dermatology?" I'm like, "I don't know but that's why I'm here." And then I thought a lot about the surgical field and it ended up being the opposite of my dermatology experience by going to an information session on radiology. I was taught by Bob Vogelzang who's like the head of interventional radiology. And unlike the dermatologist where I instantly knew I didn't wanna be like him, I heard and I met Bob Vogelzang and I was like, "I wanna be exactly like him." And I set up a time to meet with him and he, a big music fan like I am and was, and we started trading vinyl records. And I found that I just fit into that culture as kind of a surgical culture and interventional but different, a lot more laid back, if you will. And so, that's what sparked me.

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**Dr. Rubin:** That's a great recounting. And I know Bob well, a fantastic mentor to have. I have to recount, at least reflect on the fact that the aesthetics of some of the images that I saw as a medical student, drew me toward radiology and, in particular, I will call upon two types of images, air contrast, barium enemas, and arteria grams, particularly, like mesenteric arteria grams that just seemed so visually striking. Were there any images in particular with your art history mind that you saw in those early radiology days that just said, "Yeah, I wanna make some of those images?"

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**Dr. Omary:** Well, it's interesting. One of the basic tenets that Bob Vogelzang would imbue us as fellows in interventional radiology was that we own the quality of those images. Like, you know, we damn well better take a good set of images because they reflect us. And, you know, you mentioned the mesenteric arteriogram, those are indeed stunning. I think arteriography is...there's something so powerful about that, the tree-like structure. And when we take those images in real-time, I mean, then we become photographers of the human body. Pretty amazing.

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**Dr. Rubin:** Before attending the University of Virginia for radiology residency, you completed an internship in internal medicine in Albuquerque, New Mexico. What attracted you to Albuquerque?

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**Dr. Omary:** So what attracted me to Albuquerque was, I knew I had a year to spend between medical school and residency. And I chose Albuquerque based on essentially what would give me area under the curve, the greatest set of new and I didn't know anybody. It wasn't like Northwestern was a feeder system to Albuquerque. They were like a completely separate entity. I remember my first rotation was the ICU. And on my very first day, there was a patient in the ICU, who was Native American, you know, indigenous, and they had a medicine doctor come in, and I was just like, this would never happen in Chicago. This



would never happen. And even the way the residents carried themselves, there was...you know, the senior resident in the ICU, she was dressed in... Like, everything was formal in Chicago. This was like...it's just so different. And then the bolo tie, like, what's up with that? That was just so...so it ended up being an incredible experience. I'm so glad I did it. I'm very grateful to the University of New Mexico for providing that opportunity. I learned a ton. And then my co-residents, people who live in Albuquerque and around New Mexico, they taught me so much.

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**Dr. Rubin:** Do you have a collection of bolo ties to this day?

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**Dr. Omary:** You know, I have one bolo tie. That's... And I realized the different types and I was drawn to the Hopi types.

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**Dr. Rubin:** During your residency in Virginia, you were awarded an RSNA research award to use MR spectroscopy to measure brain metabolites after gamma knife irradiation in rats. As a resident striving to learn the finer points of radiology, why pursue a small animal imaging project?

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**Dr. Omary:** I was given the opportunity by one of my mentors, Bruce Hillman to take a year off to engage in research. And so I decided to do that. And of course, my co-residents thought I was absolutely nuts, what? And I could not express in word why I did. It felt right. I wanted to do it. And Bruce Hillman was really practical. And he said, you know, so you'll get involved with research, I'd like you to get a master's degree. And I got a master's degree in this shooky field that for about 25 years, nobody paid attention to. It was called epidemiology. It was like, you get a Master's of Public Health? No, I got a master's degree in epidemiology. What's that? And so now, of course, everyone knows what epidemiology is in this post-COVID world. And so, getting involved with animal research, there's the opportunity I think to control a lot of the factors compared to a clinical trial. And I ended up... You know, a lot of my research career was based on animal research that then translate to human, and then trying to answer the questions that we had from our patients through animal research, you know, it was a flywheel. So I think it was really helpful for me to be comfortable in both animal research and clinical studies. And that helped me I think, with my career a ton.

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**Dr. Rubin:** Yeah, I mean, I couldn't help reflect on, you know, what almost seems like polar ends of a spectrum, where, you know, you're imaging metabolites in a rat brain and then you're studying populations of humans through epidemiology. Of course, translating basic and translational research into clinical trials doesn't necessarily involve population-based considerations. Where did you see the synergies at that moment in time and what led you to sort of pursue what almost feels like diametric ends of a spectrum?

**Dr. Omary:** Well, I certainly...I didn't do it consciously. I thought that it would be helpful to get a master's degree. That's what Bruce Hillman had taught me. And then looking at where the opportunity was for research, of all things, I was essentially in...I was a radiology resident in a neurosurgical lab. It's just one of those things like, there was the opportunity and I went there, and I remember, a lot of the studies that I did were with either biomedical engineers or with neurosurgery. I think that cross-fertilization has been something that's always been a part of me since being a kid and feeling comfortable working with other disciplines and other spheres. And so whether it's animal research or population, there is a connection if we take time or even if we don't understand it, if we just trust that it's going to lead to something, I think that's...every time I've ever, sort of, embedded myself with individuals who think differently, I've been lucky. They have helped me understand the world using a different framework. And that's something that I think is really important for leaders to understand that there are different mental models. There's not only one. And the more we can understand different mental models, the more I think we can try to understand what is going on at a particular time and place and try to influence it to make it better.

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**Dr. Rubin:** As a radiology resident, were there any strong epiphanies that you realized while studying epidemiology?

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**Dr. Omary:** What I realized fairly quickly was that in setting up a study design, you had to really think how to simplify it and focus on what was most important because otherwise, the statistics would get too complicated, the sample size would get enormous. And so, what I learned from epidemiology was the importance of thinking critically about how we wanna design a study, which then gets back to the most important question, which is, what are we trying to accomplish and how can we accomplish it as fast as possible?

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**Dr. Rubin:** Amongst destinations for radiology residency, what led you to the University of Virginia?

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**Dr. Omary:** Well, you know, I grew up in Northern Virginia. And so I didn't... I mean, I had a lot of friends who had gone to college in Charlottesville, or in Williamsburg, or elsewhere in the state, I wanted to get away, which, fortunately, going to Northwestern offered me that, but I was always curious, what would it be like to be in Charlottesville? And so, it was one of those things, once again, hard to express in words. When I visited UVA, during my interview, I really liked it. And maybe we can consider omens as good or bad. I had a used Toyota Tercel that was my parents'. And it actually broke down in Charlottesville. I had to get it towed to the shop. And I think that was telling me something. It was a sign for those who are willing to pay close enough attention.

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**Dr. Rubin:** And what drew you to interventional radiology?

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**Dr. Omary:** That was the ability to try and the technology and the ability to fix things that blend of what was really almost like science fiction. And, like, wait, you mean we get to deploy these science-fiction devices to help someone write, you know, immediately. And wait, and then we get to, like, try and develop those science-fiction devices? We get to use all this fancy stuff right at our fingertips? You can actually, like, right then and there just feel like we're making a difference. And the culture, I love the culture of interventional, and the notion of working as part of a team, that was something that really drew me.

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**Dr. Rubin:** Now straight out of residency, you moved to Madison, Wisconsin, and became an assistant professor of radiology. But just two years later, you are back at Northwestern. Would you take us through that part of your journey?

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**Dr. Omary:** Yeah, so I felt really lucky at Madison to be mentored by Tom Grist and by Fred Lee. And they helped me so much. They helped me, you know, with research. They helped me with growing a clinical practice. They helped me understand how to link them. Once again, that whole concept of learning from others and then being able to bring it into my own field. And so, my time in Madison was really critical to my development as a clinician-scientist.

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**Dr. Rubin:** Why did you leave? What drew you back to Northwestern and why not have just gone straight back to Northwestern from UVA?

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**Dr. Omary:** Well, it was such a struggle for me, should I just stay at Northwestern after my fellowship or should I go to Madison? And what drew me to Madison was the ability to get involved in this nascent technology, interventional MR. And the research infrastructure at Northwestern at that time wasn't as built up as at Madison. So I felt I could go to Madison... And I didn't think I would come back so quickly to Northwestern. And I remember when I was... After a couple of years, I remember Bob Vogelzang, you know, the opportunity to go work with the person who had ultimately inspired me to choose my career. And, you know, Bob had, like, a really supportive way of mentorship. And I remember, he asked me, "Are you ready to run your own?" And I was, like, taken aback and I was like, "Yeah, I'm ready. Like, how could I not be? Like, hell, yeah, I'm ready." And he just said, "That's all I need to know." And then I went back to Northwestern and Dieter Enzmann, you know, helped me. And then I was connected to more mentors. I was connected to Debbie Ali, Ph.D. And he helped me a ton. And so I kept finding these new mentors who would imbue me with a different way of thinking and some really concrete, practical knowledge, how to write, how to write a grant, how to come up with a specific aim, how to collaborate with others who might have the resources that I didn't have. And as an early-career faculty member, I didn't have all the funding, but I was a quick learner. And I realized, if you partner with somebody

who is a successful researcher and you bring a skill set that they do not have, so me, I was an interventional radiologist, that was the skill set that I had, that my research partners didn't, so I could help shape the research by thinking how might we apply this to patients. And then I just became a sponge to learn all the research methods from the experts who understood that. And that was something that I just continued as a flywheel to grow and grow my research career.

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**Dr. Rubin:** So it sounds like collaboration, both within the department and beyond the department really, were critical to helping you build your programs and influenced your work. What steps did you take to nurture those collaborations?

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**Dr. Omary:** Yeah, so it's collaboration with an asterisk. It's collaboration specifically, with people who have entirely different skills and may be located even in different areas. And so, I was...I would just say, through my whole life, I've been fluent in the language of connecting with others, just something as a soccer player, I'd hang out with the baseball players. I mean, it's just one of those things that I've always done. And so, in trying to grow my career, recognizing the value of working with biomedical engineers. And then at Northwestern, the medical campus was in Chicago, the university campus was in Evanston. And, you know, I'd gone to undergrad at Evanston. I'd gone to medical school in Chicago. I felt really comfortable going back and forth. And I was able...as my career continued to grow, I became the... If you were on the Evanston campus and did anything related to imaging and you needed to connect with somebody at the medical center, it would be me because, like, I knew the...so I, like, made it easy for others because if you're on the Evanston campus and you wanna do something that could benefit patients, well, you need to connect with somebody who understands patients. And so, recognizing and advocating for what value I would bring to a research collaboration was something I just did and I felt comfortable doing that. And it was like developing a network and using that network to benefit the entire network. I think that was the key. It wasn't transactional. It was relation. And we know from all the work in the neurosciences when there are synapses that aren't really used, they become pruned. And so we need to grow those new connection. For those connections to be meaningful, we need to actually to continue to use and work together. That I think, was my...I couldn't express it in words at the time, but it just felt natural.

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**Dr. Rubin:** It sounds like that tendency, that characteristic of yours to constantly seek these connections, and to take the steps to travel between Evanston and Chicago to help nurture those connections was something that feels innate, as opposed to somebody pulled you aside and said, "Hey, Reed, this is how you're gonna be successful. You go over there and come back and meet these people." Is that an accurate characterization?

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**Dr. Omary:** Well, I think the comfort of working with others has always been innate. I remember, sort of mid-career, I remember Nick Bryan came, he was the chair at Penn at the time, and he came to do an external review of our Department of Radiology in Northwestern. And he had given me some advice that I believe he had gotten it from Alan Elster. I don't even know where he got it. But the advice was, get out of radiology. And it wasn't that radiology isn't good. It was quite the opposite. It was to help radiology, we need to step outside of it, and learn, and bring something back. And so that gave me...you know, he gave me that advice, and that gave me in words and helped me understand that, yes, this actually is a viable and useful strategy. It's not just something that I kind of... It's like hanging with the baseball players as a soccer...but it's just like, there's actually some legitimacy to this. And there's an intellectual reason and there's a social reason. And there's fundamentally a reason to benefit patients why we need to do this. And that's been something that I've continued, frankly, throughout my career, it's the fun. It's at those interfaces is where we can make a difference, and it's at those interfaces where we change, and it's at those interfaces where people are unsure who we are. Is that a radiologist or is that an epidemiologist? Is that a radiologist or is that a computer scientist? Is that a radiologist or is that a neuroscientist? You know, all of those, that's where we wanna be in radiology because that's where we know we're making the most difference.

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**Dr. Rubin:** Well said. You know, as an interventional radiologist, much of your research has a diagnostic imaging focus, particularly using advanced magnetic resonance imaging techniques. Is this paradoxical or logical?

[00:43:43.906]

**Dr. Omary:** Oh, it's completely logical because once again, I had partnered with Andy Larsen, just a brilliant MR physicist. We've learned interventional oncology together. And we taught each other and we blended our lab groups. And so having grad students who could do pulse sequence design and we would test them in the animals and then move it over into clinical studies. So that just... As an interventional radiologist, you're not supposed to be comfortable with MR. And that's exactly... You know, it's like easier...pretty much for anything, it's easier to succeed by linking two fields than it is by being central within one because if we're central, like, they're already giants there and with central, it has already been done. It's hard to... Like, we reach an inflection point. when we go to the map's edge, that's where we can start changing our fields and over time, when we go to that map's edge, and we start building settlements there, that slowly becomes the center of our field. And then it's kind of this insidious concept. And after a while people are like, "Well, that's just radiology." That's what we do, or, "That's interventional radiology."

[00:45:20.721]

**Dr. Rubin:** Yeah. Marvelous visual imagery. And I couldn't agree with you more about being at the map's edge. Fantastic. As your time evolved at Northwestern, what was your approach to administrative assignments and which did you pursue that were most gratifying or taught you the most?

[00:45:39.307]

**Dr. Omary:** One of the leaders of research within the Department of Radiology at Northwestern was recruited away, and he was an MD. And I was still maybe, like, five years. And I remember being asked if I wanted to be director of research for the Department of Radiology because it was important to have an to help foster that. And I remember not really wanting to do it because I thought it would pull me away from my own research. And I still was young. And then so, Eric Russell was the chair, very supportive. Eric taught me so much. He just said, "Well, you know, why don't give it a try?" And so, I did get along with people. And I think that was critical. And so I remember... So I, like, kind of reluctantly, "All right, I'll do this." And then it was announced at a faculty meeting. And then right after the faculty meeting, I ran into one of the body who point blank looked at me and said, "Oh, so there's nothing that will destroy a promising academic career as much as administration?" I was like, "Oh, I made the mistake." I was here... Like, I was worried about that. But then I realized, in trying to grow my own research, I was also learning how to grow a research portfolio for the whole department. And I learned a ton, much of it by trial and error. And we ended up growing and growing, growing. I'd say maybe 2008, Eric Russell, who was so deeply supportive of my was supposed to go to the Kellogg School of Management, one of the story business America was putting on for the first time ever, a course called Business for Scientists. And they were having it, it was gonna be a 90-hour course over three long weekend. And they were bringing together the deans and institute directors and chairs from across the university and medical. And Eric couldn't go and he kindly suggested that I go play. And so, you know, I went to this...I felt like I was...you know, I was like featherweight and they were like all these heavyweight fighters. Oh, my goodness, I'm totally outranked.

[00:48:37.734]

I felt like I was the youngest person, that I just didn't belong. And I'll tell you, Geoff, that was transformational for me in understanding leadership. It was not only what was taught, and I learned a ton from the professor. But did I learn... But it actually gave me the confidence to actually think of myself as. Until that time, I thought there was something magical. It was a mystery that was passed through a secret language to others and I didn't know how to...I didn't understand that language. But I realized being at this course, that all the other chairs and deans, they're just like the rest...they're just like anybody. And they've got senses of humor. They don't know everything. They think they know everything but they don't know everything. No one knows everything. And so that gave me I would say the confidence to recognize that there wasn't anything magical. It could be learned. Here was this... Like, people would go to business school to learn how to manage people. They'd learn how to lead. And going back to that whole, like, frankly, the BS of the natural-born leader, like, that's what I had been...I had been raised with this concept and it seemed weird to me that you would learn about leadership. That's how everybody does it. Everybody learns.

[00:50:25.247]

**Dr. Rubin:** Amongst your administrative roles, you served as chief of interventional radiology at the Jesse Brown VA hospital in Chicago. What leadership competencies did you gain by leading in the VA system?

[00:50:38.105]

**Dr. Omary:** That was... Leadership really involves, I think, a yin-yang blend of patience and impatience. And you need both. And being in the VA system, if you're not patient, there's just zero... There's zero possibility of succeeding in that. And when we took over interventional at the Jesse Brown VA, there were so many unexpected challenges. It took us over three months to get paid. And I was the last person. For me it took me even more than that because the VA had transposed my social security number. And so, they were like cutting checks to this...like, whoever is, like, transposed with my social security number, you might have a check, waiting for you from the federal government. So it taught me how we can navigate when there are these structures, that may be designed for a very good reason and yet feel that they're impeding what we want to do and trying then to bring others along. So it's one thing for me to understand that but then to bring others along, who naturally as a interventional radiologist, super impatient, and like, "Come on, let's get this done now, now." "What do you mean we have to...?" So it taught me a ton. And I learned a lot from my colleagues, outside of radiology. Once again, the chief of anesthesiology and the chief of staff, they taught me a lot.

[00:52:53.667]

**Dr. Rubin:** After 12 years on the faculty at Northwestern, you moved to Tennessee to become the chair of radiology at Vanderbilt University. How did you know it was time to move?

[00:53:05.236]

**Dr. Omary:** I was very comfortable at Northwestern and very grateful for everyone. I would say I had reached the point in my career where I took far more joy in helping careers of others than I did with my own career. I think fundamentally, the concept of I have a low threshold for boredom and I just need to shake things up, and it was very comfortable there, and I think that was my cue that I wanted to take on, you know, a bigger challenge that could help support the careers of others.

[00:53:52.174]

**Dr. Rubin:** Did you look at other chair positions at the time?

[00:53:55.509]

**Dr. Omary:** You know, I looked at a few but I only wanted to take a position where I felt that I could be successful. And in choosing a chair position, what interested me the most was the area under the curve in terms of impact. So I wanted to go to a place where I thought everything was there and in particular, there was a lot of opportunity that was, like, right there outside of radiology or outside of what was being harnessed. And I would just serve as a link. And this was such a stellar, stellar opportunity for that.

[00:54:50.088]

**Dr. Rubin:** What characteristics did you recognize during that early evaluated phase that gave you the sense that there was a large area under the curve?

[00:55:00.107]

**Dr. Omary:** Well, the people across Vanderbilt were amazing. The culture here is described, and it almost sounds hackneyed when you hear it, you know, it's collegial and it's collaborative, and it's creative. And, you know, that sounds like a platitude. And I tell you, it was unlike any place I've been. And the willingness of people outside of radiology to want to help radiology, that's really what stood out for me, as a potential incoming chair, to realize, wait a minute, there are people here who would like radiology to be successful, who would like me to be success, instead of coming from a perspective of maybe people wanting to take, take, take or turf battles or whatever, it was this almost like utopia, like, "Hey, we're here to help you." I was really taken aback.

[00:56:09.925]

**Dr. Rubin:** Tell us a bit about your department as you encountered it upon your arrival, and what priorities have you pursued over the almost 10 years that you have been chair to realize the potential that you saw?

[00:56:23.361]

**Dr. Omary:** So, I think what struck me upon arriving here was the bimodal age distribution of the faculty. There were a lot of early-career faculty and then there were a lot of very late-career faculty close to retirement. And so, what became abundantly clear was the way to change the department was through recruiting. That's how we changed the direction of the department and culture in the department. So, fast forward now... And honestly, Geoff, I think I probably... We have about 130 faculty. I think I've recruited about 100. That was my biggest surprise when I landed, how much time it takes and how it's... Obviously, it's vitally important, when we recruit, we bring somebody with a different perspective and, hopefully, has the energy to want to change things to make them better. And so if I were to distill that, you know, the strategy is, you recruit great people and give them the resources to be successful, have their success in mind, give them something to focus on, align people and then, you know, get out of their way, essentially let them go and then they develop this culture of wanting to have an impact and then they wanna recruit others who are like them, and it becomes this positive feedback cycle.

[00:58:13.766]

**Dr. Rubin:** Aside from the COVID pandemic, have there been any other periods of crisis for your department that necessitated focused engagement and solutions?

[00:58:24.867]

**Dr. Omary:** My first year after I arrived, the medical center went through, a number of other medical centers had to go through subsequently, which was a reduction for us. So, kind of, you know, a nice way of saying that we were, as a medical center having to let go of maybe 8% percent of the staff across the medical center. And that was really, really difficult. It didn't directly affect faculty in that we weren't letting faculty go. But it meant that when we're having to let people go, it meant that there wasn't the funds available to do the other stuff that we needed. And the other stuff that we need in radiology is very expensive, capital.



And so for a number of years, we weren't replacing capital at the rate that we would have liked. And so that meant as we would need to scan more and more patients on older equipment that would break down that would end up in this vicious cycle. Unfortunately, things are so much better now and we're in the process of infrastructure redesign, but for a number of years, it was really difficult.

[00:59:53.818]

**Dr. Rubin:** What strategies and tactics did you bring to bear to manage through that?

[00:59:59.032]

**Dr. Omary:** Well, I think soliciting the input of others and as much as possible, empowering leaders to manage their own areas, allowing them to set goals. And then for us until COVID, we took a pause during COVID as did everybody with kind of in-person leadership meeting. Since I started, we had had strategic retreats where we would have our section leaders come together and propose their section goals. They'd have five goals and then they would have to share how they were doing target threshold reach on their goals, share it with all the other sections. Sometimes the goals between sections would be shared. And then I would also share the goals that I had as a department chair with the healthcare system. So as much as possible, aligning us on what we were trying to accomplish and being transparent about what those goals would be and how we're doing, I think was quite helpful. There's a statement that if you can't measure it change it, that's not entirely true. In fact, I don't think it's true at all. I would modify it to say that if you can measure it, it does give you a much greater chance of trying to change. That was I think one of the critical steps.

[01:01:36.040]

**Dr. Rubin:** Along those lines, as you articulated, when times are lean and capital budgets get trimmed and, you know, portable units are stuck in repair or CT scanners are down and it's starting to impact the operations, you know, there seems to be a really compelling argument for mobilizing some resources, yet there are many other departments in the hospital that have the same concerns. And so when it all rolls up into a capital allocation committee and it's been lean for a while, how do you, sort of, approach the balance of data availability to somehow articulate how to prioritize capital allocation when it's limited versus, you know, helping to, you know, essentially, holistically meet the needs of the medical center?

[01:02:26.660]

**Dr. Omary:** Yeah, that's a great question. And that was something that took me a number of years to realize, Geoff. You hit on, I think, what was the critical piece that I had missed early on with trying to advocate for our department. And what we ended up doing was comparing weekly update of how many outpatients were impacted by down... And so there was the numbers of patients, and then we tied that also to...we gave it through a formula of what we estimated the loss in revenue was. So we had... And we just...weekly, I just send that to the CEO, not in a like take that but in a, "Hey, we just want you to understand the effects. This affects the experience of patients as the data will show over time. It's actually more patients than you had considered." And it fundamentally affects...it affects revenues because, you

know, we're losing all those revenues that would have happened and would have been available had our equipment been functioning. That was the single most important thing.

[01:03:54.001]

**Dr. Rubin:** You currently serve as the chair of the board for the Vanderbilt Medical Group. What does that role entail?

[01:04:00.901]

**Dr. Omary:** That role entails advocating for the interests of our clinicians and it's essentially what are the operations that we can include to enhance the care of patients and I think to improve the practice of our clinicians.

[01:04:21.082]

**Dr. Rubin:** And who are you advocating with or to?

[01:04:25.637]

**Dr. Omary:** Well, in the practice itself at Vanderbilt, there aren't any clinicians who have privileges within the main medical center who are not faculty. So we have what would be a closed system at our main campus and outpatient centers. So that presents a lot of opportunities, say, compared to other hospitals that may have an open system in trying to standardize the care. So, as the chair of that board, in many ways, I represent the interests of all of the clinical departments at Vanderbilt and for the clinicians who are really trying to deliver the best care that they can.

[01:05:17.520]

**Dr. Rubin:** Well, I think it's fantastic that you have that position. How did you attain that appointment?

[01:05:23.482]

**Dr. Omary:** Well, you know, I've been here at Vanderbilt for a little over eight years. And I think coming in as a new chair, the first responsibility is always, you know, how do you help the department? And I think as we spend time in that role and try and help our department, there comes a time after a few years where the deans or the CEOs may ask chairs to start taking on new responsibilities. So we go from what would be a classic, maybe freshman in high school or college and you become a sophomore. And, of course, the sophomores are kindly known as wise fools. So, you know, we know a little bit more and we can help. As we spend more time in an institution, we understand the culture. We make all of the important interpersonal relationships. And I think radiology, in general, is a field where so much travels through us. We affect everyone. And I think that's an important opportunity for us in radiology to consider how can we benefit our health system?

[01:06:37.700]

**Dr. Rubin:** In what ways specifically has the role been synergistic with your role as chair of radiology?

[01:06:44.844]

**Dr. Omary:** Well, I think some of the areas that we're trying to advocate include well-being. And so when either as an institution or as a department chair, we sometimes are asked...we ask our clinicians to do certain things, some of those are externally imposed. If CMS has new compliance requirements for those of us who have ever worked at the VA, a great example of there can be new regulatory requirements of the practicing of physicians. So, when those happen externally, we have to figure out how do we navigate that and what we might do to mitigate, if you will, the external institutional burdens placed on our clinicians. There are other times where with the best of intentions, and I think faculty affairs offices are terrific at this, with the best of intentions, we try to develop guidelines for promotions. And we may ask our faculty to submit their dossier and, you know, these really meticulous ways that don't really add value to the process. They don't really help the reviewers. They certainly don't help the faculty that are trying to prepare these really complex educator portfolios. And it's counter to the well-being of our faculty. So, it's important for us to discern, are we asking a faculty member or a clinician to do something for an external requirement or is this something that we're self-imposing? And being able to understand that difference allows us I think to target some of the institutional well-being...I would say, institutional well-being. Maybe I'll explain it a little different. It allows us to understand what we can control that might enhance the well-being of our faculty.

[01:09:03.250]

**Dr. Rubin:** Within the role, do you ever find yourself at odds with your department's interests?

[01:09:10.656]

**Dr. Omary:** Well, Geoff, you know, that's a great question. And I think leaders always are faced with times where they have to ask, what I'm going to ask our team to do is for the greater good, even though it may not be in the interests of the smaller team. So, as a radiology chair, we may ask a section chief to do something that's not in the interests of their section, but it's in the greater interests of the department. As a department chair, we may need to ask our department to do something that doesn't benefit the department directly, but it benefits the greater good of the institution, which then indirectly will benefit the department long-term. That's actually a pretty standard requirement of leaders. And that's actually an area where I think with the best of intention, emerging leaders may choose to die on the wrong mountain. You know, everything needs to be assessed through a series of lenses, the individual, the team, and more broadly the institution. And as we've seen, with COVID society, what is important for all of us? How can we contribute to the greater good?

[01:10:37.406]

**Dr. Rubin:** Do you have a specific example you can recall that was hard for you to ask your team to do in the interest of the greater good?

[01:10:46.985]

**Dr. Omary:** Well, in terms of the pandemic, I think all of us were navigating that on the fly in the early days of the pandemic when we really didn't know, you know, what were the factors for contagion from the virus, just the practical issues. If we were going to do a procedure on a patient with COVID, do we or do we not do the procedure? And we set pretty clear guidelines. If a patient shows up, we should do the procedure. And in the moment, that certainly led to a lot of potential angst, but fundamentally, the patients needed us. If we weren't there, who would do it?

[01:11:36.298]

**Dr. Rubin:** Amongst your administrative roles outside the department, strategic planning seems to factor prominently. Tell us about your efforts to set strategy for your medical center.

[01:11:46.033]

**Dr. Omary:** Well, in 2016, the Vanderbilt University Medical Center formally transitioned to be a separate entity from Vanderbilt University. And it was one of those things if we look, many medical centers are actually vastly larger in terms of revenues, and size, and staff than their accompanying universities. And we at Vanderbilt University Medical Center, the board recommended that we become a separate entity because we wanted to continue to grow, to meet the healthcare needs of our entire region. And if we continue to be part of the university, the ability for us to go out into the bond markets and try and use that investment to fuel growth was limited. So, in doing that, we had the opportunity to develop a, on one hand, might be considered a strategic plan for the medical center. We chose to call it the strategic directions and think of it as a compass. You know, what were the directions that we wanted to take, recognizing that healthcare and the nation in many ways were changing so fast, that's something that might be a traditional five-year plan would be outdated shortly after it was inked. I was really fortunate to co-lead those efforts for the medical center, and try and bring together our faculty, our staff, our trainees in developing the future of our medical center.

[01:13:34.585]

**Dr. Rubin:** Was it challenging to achieve alignment around priorities?

[01:13:37.199]

**Dr. Omary:** Well, I would say there was a lot of anxiety during the transition because, you know, different stakeholders had with good reason, one, the wonder, how would this affect them? And I remember one thing I learned from doing this is that inclusion is, you know, a core value. I think that a lot of us aspire to as we think of diversity, inclusion, when we think of equity, inclusion, by its very nature means to include the voices of those who maybe weren't at the table. And the process of inclusion and how to operationalize that is actually really challenging. What many faculty felt during that transition was, "Hey, would I be losing the ability to have an academic focus? Would I be working for "a hospital?" And so we had to guide them through that actually, they're continuing with their faculty. And this is a way

that we wanted to enhance the academic mission by being able to grow, which then would lead to more funding that could be thrown into our academic mission. So I learned a lot about how to bring people together from different areas and to have them have a voice and to include the voices of people who were not traditionally considered as part of an academic strategic plan. So we purposely, when we would bring together people for our annual strategic retreat, we would remove all titles. We didn't want to have a hierarchy, somebody would have a title over somebody else. And that was one of our core principles.

[01:15:49.281]

**Dr. Rubin:** With about five years since establishing that initial strategic direction, has the planning led to tangible actions and outcomes that you can identify?

[01:16:01.274]

**Dr. Omary:** Yeah. So it's been an amazing ride and the journey continues. And, you know, we've established new... Our strategic directions, I'll just say are quite easy to remember because there's only three of them. So one is designed for patients and families. The other is discover, learn, share. And then the third is to make diversity and inclusion intentional. For all of our departments, as we've developed our own strategy for moving forward, instead of thinking of it as clinical research and teaching, to think of it in terms of these directions has allowed us to grow in many ways. We've developed new institutes. We developed a new institute for infection and immunology. And we did that well before COVID. Who would have known? Who would have ever have predicted that that would have then played such a seismic role in the vaccine and the antibody development that Vanderbilt has taken such an important lead in nationally? And then we have redesigned our clinical practices, I think to really to focus from the attention of our patients and their family needs. And a lot of that has moved our practices off of what would be the traditional main campus and going to these placing clinics, out into the community, where there's non-covered parking, there's places...and expanding our geographic footprint, that's another very clear, tangible outcome.

[01:17:51.964]

**Dr. Rubin:** You are a deeply committed mentor. What is your approach to mentorship?

[01:17:58.680]

**Dr. Omary:** So mentorship is something that I would say, for me, I am the product of all of my many mentors. It's my responsibility, I think then to serve as a conduit for their many teachings to me and to share that with mentees. And I'm really like a transmission vessel. I think we had talked earlier, I have, you know, perhaps what might be called a visual memory or a photographic memory, but I also have the ability to remember exactly who and when someone taught me something that actually has become part of me. And I remember Eric Russell, one of my mentors from Northwestern, the chair of radiology at the time, you know, he told me something that's very...it sounds so simple, that it's almost like cliché, that you have to care, you have to really care. And so I think the perspective of our mentor-mentee relationships is to really care about the success of our mentees. And when we look out for our mentees, we have to understand, are we asking them to do something that is in our own self-interest as a mentor or is it really in their interest? Really tangible right now as new

faculty are coming on board, it's early July, I share with our new faculty, don't write book chapters. There isn't the academic credit from them for that investment of time. And so recognizing that the success of our mentees is often based on helping them make the choices that will advance their careers. If they have 100 CHITS of effort, our role as mentors should be to help guide them, where to allocate that effort because when we start off, we may not know where... Everything seems great. It's like, we're a kid in a playground. I try and teach mentees the value of developing important social networks and meeting as many people inside and outside of radiology, then really focusing on their own output. And so whatever that might be, understanding their goals, and then recognizing that there is also a difference between mentorship and sponsorship.

[01:20:47.798]

**Dr. Rubin:** Do you adapt your mentoring style to the mentee?

[01:20:53.508]

**Dr. Omary:** Absolutely. I think when my mentees, when we start out, we'll tend to meet more frequently and spend a lot of time looking at what their overall career goals are. And then I really try to get them...I have what I call the existential index card. And I'll give them a little card that says, "I want to be known for..." And there's just...you know, you have just a little room to write down, "I wanna be known for..." And whatever that for is, the more...in trying to mentor someone, you know, it can be like, I wanna be known for being a leader in radiology or I want to be known for being a clinician-educator, or I wanna be known as the go-to interventional radiologist. You know, those are different paths. We need to be careful as mentors to not look at our mentees, as you know, earlier career versions of ourselves because they may have very different goals. And we need to understand those goals as opposed to trying to genetically create a whole bunch of, like, you know, new versions of ourselves.

[01:22:19.445]

**Dr. Rubin:** Yeah, that's a terrific vehicle. You taught me something valuable there. I really appreciate that, Reed. What have been some of your most valued mentoring relationships? Any in particular that you might call out? You mentioned Eric Russell. Any others you might share?

[01:22:37.713]

**Dr. Omary:** Oh, my goodness, there have been so many. I can run through a series. Bruce Hillman, who was chair of radiology at UVA, when I was a resident, he taught me so much in terms of doing research, how important it was to have the outputs and try to use, you know... You have to cross the finish line. When I moved to Wisconsin, you know, Tom Grist, you know, he gave me this advice for grants, apply early and often. Oh, my goodness, I applied to so many grants. Most of the time I failed, but sometimes I was lucky. And you know, Fred Lee really, really taught me so much about leadership and how to try and rally people. And Bob Vogelzang at Northwestern taught me the value of, you know, you hire the best people, give them autonomy, give them the resources and get out of their way, and they'll create great things. And I go for it now at Vanderbilt, and I've had so many mentors

there. It just keeps going and going. And I try to take all of that with immense gratitude and give it back to others so that it becomes something beyond us as individuals. It's like, you know, the wisdom learned, it becomes outside of the body. It's like a spirit, if you will. It's a soul. It's something that cannot only be passed on but should be passed on and outlive us.

[01:24:21.724]

**Dr. Rubin:** As a department head, do you strive to create a culture that encourages mentorship, and if so, how?

[01:24:28.152]

**Dr. Omary:** Well, I think as you mentioned, culture, culture's a funny thing. We had talked earlier about, you know, measuring how... You know, culture is like the personality of a department, of an organization. And yes, we can give these longer definitions, but fundamentally, culture is like when you land in a place, how does it feel to work there? I was speaking with somebody at a very prominent tech company and he was describing their culture. And, you know, he described their culture as this was the exact word, it was aggressive. Oh, my goodness, I'm glad you're working at...I just wouldn't wanna be part of a culture that is considered aggressive. But I would like to be part of a culture that, you know, is collegial, is collaborative, is creative, a culture where people are willing to try something and maybe it won't work and people are willing to support one another and recognize that we're not all the same person. And if we want people to succeed, we need to spend some time developing that empathy and that EQ and understanding what they might be good at, where there is a need, and try and match that. And so setting a culture that wants to cultivate leaders, I think that's really important. And that goes back to our mission statement of Vanderbilt radiology. It's to design and apply technology that benefits patients and to cultivate leaders. The notion that when we finish our training we're done with learning is bonk. Here you and I every day, we learn. The moment we stop learning, why get out of bed?

[01:26:36.123]

**Dr. Rubin:** You will become the president of the Association for University Radiologists next year. Amongst your current duties as the president-elect, you have selected the theme for the 2022 annual meeting as sustainability, climate change, and radiology. What is your vision for how this meeting will reflect that topic?

[01:26:54.260]

**Dr. Omary:** What a great question. And to be honest, it's kind of a softball because it's just so viscerally something I care about. And, you know, let's just take a step back and recognize what the pandemic has taught us. And we in academic medicine, we in higher education, we cannot have the impact that we strive for if we place these walls around our campuses. And what is clear as day from the pandemic that really the big, thorny problems need to be tackled everywhere and we need to all contribute in ways that we can. And so, maybe as a radiologist, you know, we can't help with vaccine development. But what we can do is we can try to convince our neighbors and our friends outside of medicine, the importance of getting vaccinated. That's like a really tangible thing. And I know in my own neighborhood, one of my neighbors would say, during the height of the pandemic, they would always...they

would look and watch when I would be out with my kids and my wife and my dog walking, and they were trying to watch us and we were like a biomarker for how the pandemic was going. And so, if they would see us, like, laughing and having fun, they're like, "All right, we're not all going to croak because of coronavirus." And so, we actually can influence others by our behaviors in ways that we hadn't considered. And I had never thought about this. I just go out with my kids and my wife, my dog, and we'd have some fun. We'd throw the Frisbee, throw the football, what have you. So climate change is one of those areas where we all have an opportunity to make a difference in the choices we make. And we also have... It's getting back to the mentorship standpoint. You know, climate change, it's not just about now. It's about our mentees. It's about the next 500 generations, our grandchildren's grandchildren. You know, so we need to think about the equity of the planet in the broadest terms and getting back to the values that we hold. How can we create a world that is sustainable for others that extends beyond ourselves, that is something that can flourish, and what opportunities, and this moves into the leadership, do we have as radiologists to try and make a difference?

[01:29:51.043]

And what ways can we understand how to reduce fossil fuel usage personally at our own medical centers? What ways can we think about ordering imaging equipment based on its energy utilization and what algorithms might be more efficient than others? How do we develop a curriculum for radiologists around climate change? What sort of support might there be for research? Are there other places outside of NIH that we might seek funding? Are there ways to make an impact? We had talked about leading medical groups. Well, what about developing chief sustainability officers at medical centers, and we as leaders in radiology, we should be committed to... Because every medical center is going to have a chief sustainability officer in the future. Radiology, let's make it a goal to have 10 radiologists in those positions nationally. That's how we can have an impact. And so for the AUR meeting, the goal, I think, is to try and build that sense of, you know, what is the art of the possible here? What might we do collectively? How might we think differently and how do we tie this even to the broader concept of equity, diversity, and inclusion because we know that climate change is a public health issue. It is an equity issue. It is a social justice issue. And so there's so much opportunity moving forward, for us to serve and to lead.

[01:31:41.756]

**Dr. Rubin:** Yeah, that is so well-articulated and such a tremendous vision. You know, at some level, some folks might wonder whether there's a goal to put a carbon footprint in the balance against value of information related to diagnostic imaging, and that somehow, you know, we need to weigh the two against each other. But what I just heard you articulate is no, this is about taking the leadership position that physicians are in, the leadership position that radiologists occupy and using it as a platform to show the importance of the topic of sustainability, of attentiveness to climate change and all of the other associated issues and less about, you know, balancing against healthcare.



[01:32:25.257]

**Dr. Omary:** Yes, I think really well said there, Geoff. I think with the best of intentions, many people fall victim to what I would just call binary thinking. So, viewing things as a trade-off and therefore, we just don't wanna do it. I think we need to go in the improv mode of "Yes, and..." and recognize in leaders...I think it's important for leaders to feel comfortable holding simultaneous ideas that might oppose one another, seemingly. And if the world is structured that way, life is structured that way, if only things were simple enough, that we do something good and it's good for everything, if only. But you know what? Life would be a hell of a lot more boring if it was that way. And I think that's what the world needs. That's what radiology needs. We need leaders to feel comfortable with that ambiguity, with that uncertainty and leaders who can inspire others to feel comfortable with that and recognize that the more we can feel comfortable in that area of discomfort, I think the more impact we can have.

[01:33:47.661]

**Dr. Rubin:** In preparation for our conversation, you sent me a two-page bio. And the first line of the bio is written in boldface type and reads, "Audience: radiology." What are the audiences does Reed Omary play too?

[01:34:04.378]

**Dr. Omary:** You know, I'm a citizen. So, I'm just one person like anyone else out there. I have a lot of interests that are inside and outside of radiology. And they're a part of me and who I am. And I think I really enjoy working with anyone who is trying to do something creative, is trying to do something new, is trying to do something unknown. I classify it as similar to being a parent. When we see our children have their innate curiosity, we need to do everything we can to continue to catalyze that and have it grow. And the problem is that many of our institutional structures end up trying to curtail that curiosity. So, how secondary education works, you gotta, like, show up in a non-COVID world, you show up in school and you sit down at this desk in, you know, 45, 50, 52 minute aliquots, the bell rings. So, you know, it's like this Pavlovian thing. And then we gotta go to another. We sit down again and then do it over and over. So, after a while, we kind of, you know, beat out the curiosity of our children. And it's done because, you know, they've gotta learn a lot. So it's done with the best of intentions. What we need to do fundamentally is keep that curiosity because that curiosity is... That's the key, I think, to a fulfilling life, a life of constant learning. It's also... I mean, nowadays, we're concerned about well-being, which is fundamentally having a curious mind. It's something to be, you know, coveted. It's something to be... And we're all born curious. So it gets beaten out of us. Let's make sure we can find it again, as adults.

[01:36:15.210]

**Dr. Rubin:** You list acting as an interest on your CV. How have you pursued your interest in acting?

[01:36:23.169]

**Dr. Omary:** This is a great example of landing in something fortuitously. So, I hadn't really considered... Maybe a couple of years ago, I realized for about... Ever since I graduated from my fellowship training, I've been taking like nighttime classes. I didn't even realize I was doing it. It was so insidious, I didn't realize that I've been doing it for two decades. And so, you know, anything from like bike repair, to film studies, to songwriting, to vocals to, you know, guitar playing. And then as I moved to Nashville and had really young kids, it was really hard to find the energy taking on a, you know, new position as chair with really young kids, and getting them situated. There was a point probably after four years here, where I was like, "All right, it's time. The kids are a little bit older, I have some energy. So what the hell am I gonna do?" And my wife knows me really well. And she's very supportive of that. So, it was over Christmas break, I was like, "All right, start the new year, and I'm getting back into my class mode." And so I just went online and it was like, what is available? And there was this acting and improv. I've never done that. My wife was a drama major. And her brother is a filmmaker. I'm like, "All right." So I emailed the head of the acting program and I said, you know, "I've never acted. Is this something that I could do? And I just wanna learn." And she had worked at the Cancer Center at Vanderbilt as it turns out, like a decade before. She's like, "Sure." I joined, we learned this technique, the Meisner technique, and it was built initially on improv. It really taught me...I would say, as one of the most practical leadership gains that I've had is from the acting and improv classes. It's helped me pay really close attention to others, very tangible, what are the physical manifestations of emotions. And, you know, within a second, I can generally look at someone and determine their mood, give them a few seconds to speak, and I know even more. And I use that every day in meetings to understand...it's harder with COVID, mind you, because of the Zoom stuff, but in-person meetings, I can generally tell the mood of someone before they've even said one word. In terms of public speaking, acting is incredibly helpful to give the confidence. And improv, frankly, that is one of the most portable skills for leaders and recognizing, it's not no, get rid of the word "but" from our language. That's a horrible word. "No, but..." means, essentially, that I...or "Yes, but..." neither of those are good. It's "Yes, and..." we'll figure it out.

[01:39:54.170]

**Dr. Rubin:** That's superb. It's really intriguing that after so many years of leadership experience and so many roles played within the context of healthcare and academia, that exposing yourself to some of the fundamentals and rudiments of acting, had a profound impact on how you approach your leadership.

[01:40:19.673]

**Dr. Omary:** Yeah, I cannot overemphasize that. And I'll say that that's been as important to my development and my personal fulfillment as anything else I've ever done. And actually, I think as a way of trying to develop leaders, I think it's incredibly underutilized in medicine. Yes, every now and then, there may be like, a 90-minute, you know, some career development session where they bring some improv person but then, you know, it's promptly forgotten. But the application of the principles of acting and recognizing, it's the emotions. And I think one of my, like, epiphanies, and I think I told you that I always remember exactly when I got it, we were in the...one of the acting classes, we were supposed to select a

poem that was a character. So we had this book of poetry, you know, I selected one of the characters, and I told the teacher, "I wanna do this one." And she said, "Why?" And then I said, "Well, you know, I think this," you know, a good academic, "You know, I think this." And she just stopped me and she said, "I don't give one lick of caring about what you think. The only thing that I care about is what you feel. Now, I want you to start over and you tell me how this poem makes you feel." Oh my goodness, like, that encapsulates...everything in medicine, is we try to take away the emotions, you know, caring for ill patients, well, we can't get too attached to them because it'll make us feel awful, trying to, you know, motivate a team where we... Let's give them the data. Let's give them the facts. Let's tell them why we're doing this. It's actually...the emotions is what makes us human. And it gets back to we beat the curiosity out of kids in secondary school. And I think our medical training, often in an unintended way, can beat out our natural emotions. And so with acting, we have the ability to kind of reconnect with that primal human condition of feeling. And that goes to EQ and empathy. And it all is interconnected.

[01:43:04.625]

**Dr. Rubin:** That's beautiful. It makes me feel warmth and joy. You mentioned your family and young kids. Tell us about your family.

[01:43:16.274]

**Dr. Omary:** So my wife is a psychiatrist, who is...she's the psychiatrist for transplant surgery at Vanderbilt. And so, she is, you know, super, super-specialized. And she's just been an incredible partner for me. And we met when I was in Charlottesville. I was a resident. She was a medical student. We have three kids. And, you know, my oldest will be starting seventh grade and then I've got twins that will be starting fourth grade. I feel really lucky to be a husband, to my wife, and to be a father to my kids. And I think all of us who are fortunate enough to have partners and/or to have kids, it's part of what makes life great.

[01:44:11.801]

**Dr. Rubin:** Yeah. Yeah. It's a busy life and raising kids, particularly multiples, you know, we have triplets.

[01:44:19.926]

**Dr. Omary:** You have triplets? Oh, my goodness.

[01:44:21.393]

**Dr. Rubin:** Yeah, we do. But, you know, certainly, respect the challenge of raising twins. It's kind of triplets-like. But that being said, you know, how do you balance? You know, you've got so much going on, you know, not only, you know, professionally and you're taking on all of these extra-dimensional leadership roles and such, and your personal development, and learning, and education, you know, how do you give to your family? How do you balance that?

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**Dr. Omary:** Yeah, that's the million-dollar question. And I think that's something that we... I would answer it by saying that there's things that are puzzles and there are things that are mysteries. And, you know, the puzzles are we know exactly if a piece is missing and we know exactly when we're successful. And, you know, most people treat every challenge like a puzzle. And many things in life are mysteries. You don't know if you're doing it right. You'll never be, like, fully complete with that. And the issue of how we spend time with our families is one that I think just like how we want to reflect on our own spiritual sides or how we want to reflect on why we're here, you know, existentially, we wanna constantly really mull over. There really aren't any answers. I'm not evading the questions. I'll give you some tactics that I employ. But fundamentally, I'm always trying to reflect how would I have done this differently? How would I spend more time or...I think the key is really to constantly think, you know, what can I do with my family? How do we do something together? I like to go hiking. So, you know, each week, we'll go on a hike, in the summer to go to a pool. So an activity that is shared, I think is, you know, for some people it might be going, in a post-COVID world, going to a baseball game. For others, it might be going to a movie theater. And I think doing things together, that can help make those links that glue with the family. And, you know, pre-COVID, something that I would do with my kids every weekend is we'd go to the library. We'd go check out books. And, you know, reading together as a family is something. It's important. We all know our kids, just like us as adults battle screen time. And I'll just tell you point-blank, we don't have that one solved. We do not have that one solved.

[01:47:16.124]

**Dr. Rubin:** Yeah, as you point out, it's a challenge that everybody faces in this modern world of ours. Innovation is a topic that factors prominently in your speaking engagements and in the podcast that you host called "Innovation Activists: Designing Health Care's Future," how do you define innovation?

[01:47:36.135]

**Dr. Omary:** That's a great question. And you ask a hundred people, and they'll give you a hundred different... And so I think of innovation as delivering something new. It can be a product, a service. It can be a field of study that is adopted by others. I don't think of innovation as, like, it's just something new...just because it's new, it's innovative. I would consider going back to the COVID era, masks were an innovation, that the launch of that innovation failed. And it wasn't treated as an innovation. And if it was treated as an innovation, we would have considered, how do we build adoption of it? Because in the United States, it wasn't standard practice to wear a mask. And so, I think if we could have a do-over and rewind, I think that would have been a great mindset, to use an innovator's mind, because the way we promote adoption is then getting back to our understanding of social networks, our understanding of influence, our understanding of different identities and needs. So as an innovator, we can't be comfortable with just, "Hey, here's something new or I think this is good." If somebody isn't adopting it, yeah, I don't really consider it an innovation.

[01:49:13.860]

**Dr. Rubin:** And in developing a podcast dedicated to the topic of innovation, what do you seek for your audience and what outcomes do you wish that you would achieve through this podcast?

[01:49:26.472]

**Dr. Omary:** I think the ability for people to understand that we all can innovate and we all can have a mindset of asking those important questions and thinking that we're not comfortable with where we are, and it should be iterative, and we constantly need to strive in every way we can to make the world better. And through healthcare, there are so many opportunities we have inside and outside of radiology.

[01:49:54.021]

**Dr. Rubin:** Looking ahead, what excites you the most about radiology?

[01:49:57.855]

**Dr. Omary:** I think what excites me most about radiology are the medical students and residents who we are recruiting into our field. I think our future depends on people. And we have such a dynamic group of medical students and residents in radiology. And, you know, if you recruit the best players and we as coaches can help form them into this highly functioning team, we will win. And in the best possible way, I do have a competitive spirit for our specialty. That's who we are. We will play and we will play to win because that's who we are in radiology.

[01:50:45.342]

**Dr. Rubin:** Well, Dr. Reed Omary, I have really enjoyed spending this time with you. You are both inspirational and introspective in all of the best ways and passing along as such insightful thoughts about leadership in our field. Thank you so much for joining us on the podcast.

[01:51:04.755]

**Dr. Omary:** It's been a real honor. Thank you so much, Geoff.

[01:51:15.073]

**Dr. Rubin:** Please join me next month when I speak with Dana Smetherman, a breast imager who serves as the chair of radiology and associate medical director for the medical specialties at Ochsner Medical Center in New Orleans, Louisiana. Dr. Smetherman chairs the Breast Commission of the American College of Radiology and is a member of the Board of Chancellors of the ACR. She has served as president of the Radiological Society of Louisiana, board member for the National Accrediting Program of Breast Centers, chair of the Technical Exhibits Committee of the Radiological Society of North America, advisor to the Current Procedural Terminology Panel of the American Medical Association, and board member and schools and scholarships chair for the Harvard Club of Louisiana. "Taking the Lead" is a production of the Radiology Leadership Institute and the American College of

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