



**Episode 31: Leading with Impact**  
**James P. Borgstede, MD, 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.

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Today, I'm speaking with James Borgstede, professor and vice chairman of Radiology at the University of Colorado, and immediate past president of the Radiological Society of North America. An enthusiastic supporter of international radiology, Dr. Borgstede has personally supported the purchase of ultrasound equipment and training of personnel in the Philippines and Cameroon.

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He is a past president of the International Society of Radiology, past president and board chair of the American College of Radiology, past president of the American Board of Radiology, past president of the Colorado Physician Health Program, and past president of the Colorado State Board of Medical Examiners.

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We explore his path through a remarkably diverse and impactful slate of leadership roles within the field of radiology, culminating in an exploration of the tremendous flexibility and innovation required in achieving the COVID-induced unprecedented pivot to deliver the 2020 RSNA meeting remotely.

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Jim, welcome.

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**Dr. Borgstede:** Well, Geoff, thanks for having me.

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**Dr. Rubin:** Let's start at the beginning. Where were you born, and what was life like for you growing up?

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**Dr. Borgstede:** I was born in St. Louis, at Barnes-Jewish Hospital, you know, Washington University Hospital in St. Louis, Missouri in 1948. My family was originally from St. Louis. Growing up, my dad was a blue-collar worker, a

welder, on the east side of the Mississippi River, over in Illinois, where most of the industry was.

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And he worked in the refineries, doing welding at Sinclair Refinery. So, I grew up in the Mississippi River bottom initially. When I was 11, we moved up the bluff to a town called Edwardsville, which at the time was a farm community but subsequently has become really a suburb of St. Louis, if you will, a bedroom community and a college community. And grew up there, and then went to the University of Illinois.

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**Dr. Rubin:** Yeah. And brothers and sisters?

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**Dr. Borgstede:** Yeah, I have one sister. She's three and a half years younger than I am.

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All right. And did your mother work outside of the house?

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**Dr. Borgstede:** She did. Not early on, but when I was about 11, my mum went back to work, you know, finances were tight. And she started off working in the cafeteria at the high school, and then moved up, and was the guidance secretary for the majority of her career for probably 25 years.

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**Dr. Rubin:** Wow.

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**Dr. Borgstede:** So, I had to behave Geoff. I mean, you know, in school, my mum was at the school, and she was watching.

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**Dr. Rubin:** Yeah, I'd imagine that that was unsettling at times but perhaps comforting at other times.

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**Dr. Borgstede:** Correct.

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**Dr. Rubin:** What was your first job?

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**Dr. Borgstede:** My first job was as a paper boy, delivered the local "Edwardsville Intelligencer" paper route. I did that for a brief period of time. And took a look at the economics there, and I was doing a lot of work for not much money. And so, I switched to deliver in the "St. Louis Globe-Democrat." I delivered that for four years all through high school, and actually made enough money there to buy my wife her engagement ring when we decided to get married.

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**Dr. Rubin:** Wow, that's very impressive that a paper route brought those resources.

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**Dr. Borgstede:** The engagement ring was somewhat small, Geoff.

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**Dr. Rubin:** Okay. Nevertheless, a significant outcome. And when did you become engaged?

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**Dr. Borgstede:** We got engaged in our senior year of college.

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**Dr. Rubin:** Okay.

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**Dr. Borgstede:** We both grew up same town, you know, this small town, Edwardsville. Went all through grade school from sixth grade on together, and then to college together. And decided to get married in our senior year in college. So, got married right after college ended.

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**Dr. Rubin:** Fantastic.

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**Dr. Borgstede:** And my wife put me through medical school so, as a teacher.

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**Dr. Rubin:** Yeah, truly fantastic. You know, it sounds like your household growing up was a fairly blue-collar one. Was there ever any question that you would go to college, for example?

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**Dr. Borgstede:** Well, there was no question really in my mind or, I don't really think, in my parents' mind. You know, both of them, their education ended at high school. And they wanted a better lifestyle for me. And so, they were really very supportive and promotive of college.

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**Dr. Rubin:** Yeah, marvelous. And so you, as you mentioned, went to the college at the University of Illinois in Urbana Champaign. What did you study there?

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**Dr. Borgstede:** I was a physiology major with a minor in chemistry and physics. And was into the life sciences, obviously. But little did I know in the specialty I was going into, the physics and the chemistry were gonna be pretty important.

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**Dr. Rubin:** Yeah. And when did your affinity for health sciences develop?

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**Dr. Borgstede:** That started as a child. You know, we had a family friend, a peripheral relative, if you will. His name was Carl Moore. And he was the chair of the Department of Medicine at Washington University. And my dad had grown up with him in North St. Louis. And he was an icon in our family and somebody that I really looked up to. And that's where my interest in medicine started.

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And he was probably my first mentor when I was in high school, giving me some guidance, because, of course, my parents hadn't gone to college, and advising about colleges and what you needed to do to become a physician.

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**Dr. Rubin:** Yeah, wow. That's a fantastic connection to have had. And, you know, I can't help but reflect on the challenges sometimes folks have growing up in households that are either very oriented toward professional activities versus those that might be doing the kind of work that your father was doing as a welder, and access to people of very different backgrounds. It seems unquestionably valuable to have access to somebody of such a different background.

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**Dr. Borgstede:** Yeah. It really was. And he took care, actually...provided medical care for our family. The saying in our family was, if you were sick, you went to the local doctor, but if you were really sick, Dr. Moore took care of you.

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**Dr. Rubin:** Yeah. And how did your dad and Dr. Moore become such good friends?

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**Dr. Borgstede:** Well, you know, they grew up in a similar neighborhood in North St. Louis. And my dad's brother, my uncle, married Carl Moore's sister. And, you know, it was a tight community there. And, you know, everybody kind of got together. And so, he would, on occasion, show up at, you know, the Borgstede family parties. And they knew each other. And he was a very kind man.

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And so, my dad, when he knew I was seriously interested in medicine in high school, my dad called him up and said, "Would you be willing to meet with my son and give him some advice? Because I don't have any experience like this." And Carl said, "Sure, come on over." And so, packed everybody in the car, and we went over and spent time with Dr. Moore.

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**Dr. Rubin:** Yeah, that is excellent. Now, during those years as an undergrad or even before in high school, were there any major activities that you engaged in outside of the classroom?

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**Dr. Borgstede:** Yeah, you know, I always wanted to engage more in sports, but I played a critical position on sports teams, Geoff, it was called left out. Yeah, I was the cannon fodder for the varsity and everything else. So, I spent time...I, you know, was the sports editor for the yearbook, you know, and participated in the drama activities all throughout high school. But was more a watcher on the sports and riding the bench than anything else.

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**Dr. Rubin:** What about leadership roles, did you take any of those on?

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**Dr. Borgstede:** Surprisingly, no, not in high school? You know, my wife was the leader in our high school class.

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**Dr. Rubin:** So, you headed up to Chicago from Urbana Champaign for a medical school at the University of Illinois campus there. What led you to choose staying with University of Illinois and heading to Chicago?

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**Dr. Borgstede:** Yeah, a very interesting question. You know, that was during the Vietnam War, you know. And you finished college, and you pretty much had one choice, you can either get into medical school on your first try, or the government gave you an all-expense paid trip to a very warm climate in Southeast Asia.

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So, I was pretty hard pressed, I really wanted to go to medical school. I thought I was a competitive candidate. And I applied to 10 medical schools. And the first one that accepted me was the University of Illinois. And looking at the finances at the time, it was probably the most financially viable place for me to go, it was a good school.

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So as soon as I got accepted there, I sent out notices to the other schools saying thank you so much for, you know, showing me some interest, which some of them had, and I'm gonna stick with the University of Illinois.

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**Dr. Rubin:** Excellent. So, you locked right in and just sort of, you know, decided, "They took me first, this is where I'm headed."

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**Dr. Borgstede:** Yeah. And, you know, my wife, Martha, and I, we were gonna get married. She was finishing college as well as a biology teacher. And she was a fantastic student. I mean, she wanted to be a biology teacher. She had all the credentials to actually go to medical school, but she wanted to be a biology teacher. And she could get a job in Elmhurst, Illinois, teaching, and I could go to medical school there. And everything kind of fit together, so it was a good decision.

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**Dr. Rubin:** Yeah, it sounds like it. So, you really are a born-and-raised Midwesterner. But then after medical school, you left the Midwest seemingly

for good. You made your move to Denver for radiology residency, where, as best as I can tell, you've essentially been ever since. Clearly, you chose well. How did you select the University of Colorado Health Science Center for your residency?

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**Dr. Borgstede:** Yeah, well, let me back up if I could. I was gonna be a family physician. And so after medical school, I started off in a family medicine residency at an affiliate of Indiana University in South Bend, Indiana, and did a year of that, realized that at that time, while I'd always liked radiology as a medical student, that was a big change. And so, I wasn't ready for that at that time.

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But a year of family medicine residency, and I decided I did want radiology. I liked more of the science side of medicine. And my wife and I had vacationed in Colorado, we loved Colorado. And when I decided to get out of family medicine and go into radiology, we thought this is a great opportunity.

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So, we both decided, "Let's see what the University of Colorado is like." They offered me an interview. I came out here, they accepted me. And I did the residency out here. And at the end of the residency, I still thought that we'd probably go back to the Midwest to our hometown, or you know, that area. But the allure of Colorado was too much.

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And when I went to sign a contract with a group in St. Louis, it was a very good group, my hand wouldn't work. And I just decided that...and my wife and I decided that this was the place for us, to stay in Colorado. So, we stayed here. The first job I had out of residency was at the city hospital, which is an affiliate of University of Colorado Radiology Residency and the university overall, Denver Health.

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And so I was there for a year, but the job there was pretty unstable as far as funding and everything. So, I was recruited at that time to a private practice 60 miles south in Colorado Springs, and stayed there for actually 27 and a half years. Was the president of that group for a while. But I always taught at the University of Colorado. I liked the education. I felt like you needed to give back to a place that had been very good to me as a resident. And then they subsequently recruited me back here full-time.



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**Dr. Rubin:** Yeah, yeah. No, there's a lot there, and I'm really intrigued by your commitment and consistent connection from the time that you began private practice in Colorado Springs to maintain a clinical faculty position at the university, working your way, essentially, up through the various ranks there. Talk to us a little bit about how you balanced those roles, being...you know, managing your private practice in Colorado Springs and then also being present at the university.

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**Dr. Borgstede:** Yeah, you know, well, we had a nice practice, and the folks, all of us, decided that, you know, we wanted a pretty good work-life balance. And so, we didn't hire necessarily for money. In other words, we kept enough people in the practice, so we had plenty of time off. So, the time off that I had, I would use in part to come up to the university and teach.

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And, you know, I felt like the university and Denver Health had given me a great education. And again, it's this issue of giving back. And so, I enjoyed bringing the cases, the interesting cases that we had at the university...or at the private practice back up to the university and doing some teaching there. And I did that on my time off.

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**Dr. Rubin:** Yeah. It's really nice that the university made that opportunity available to you. What were you teaching at the time?

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**Dr. Borgstede:** It was mostly ultrasound that I would show. You know, ultrasound was in its infancy, you know, back in the mid-'70s, late '70s. And, you know, I developed that expertise when I was a resident and when I was at Denver Health. And so that's what I did in my private practice. I mean, that was the area that I was responsible for, although we were all really general radiologists as well.

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But I would bring the ultrasound cases in particular up to the university, and show those. And we had a good dialog because the university had fantastic ultrasound people as well. And so, there would be a good interface there.

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**Dr. Rubin:** Yeah. Now, you mentioned you were president of the group for a while. I imagine as you look back at those days... Firstly, let me just ask you about the practice. How large was it? How many radiologists?

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**Dr. Borgstede:** When I got there, I was the 6th radiologist. And we grew up to 16 by the time I came back to the university full-time. And the system changed quite a bit. It started off, we were in a very progressive hospital in Colorado Springs, and it was an independent Catholic hospital.

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And then subsequently, they joined a Catholic hospital chain, and then that expanded into a Seventh Day Adventist-Catholic coalition that actually is the biggest hospital chain, I believe, statewide, although not necessarily in the Denver area now. But things changed, you know, when you get to be part of a big system and you have a little bit less control.

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**Dr. Rubin:** Yeah. And what is the status of the group now? Has it been able to maintain some measure of independence, or has it been merged?

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**Dr. Borgstede:** I really don't know. The group is independent. I think they're somewhere in the 20s now. And that's about all I know about the group.

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**Dr. Rubin:** Got it, yeah. I mean, it's interesting to have the opportunity to have a perspective of, you know, 30-plus years of private practice, especially since in light of the incredible trends that we're seeing around private practice mergers and acquisitions, with private equity involvement and engagement of employment from health systems. Just...

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**Dr. Borgstede:** Yeah, it really is. I didn't mean to interrupt you.

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**Dr. Rubin:** No, no. It's okay, please.

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**Dr. Borgstede:** But, you know, things did change a lot. And they have changed a lot. I think that perspective has served me well, being back up here at the university. But, you know, when I started, you know, probably a six, seven-

person practice was about average. By the time I finished, you know, in private practice, 16 people was a small group.

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And, you know, that kind of led into, you know, my leaving the ACR small and rural practice, you know, commission. So, things, you know, did change a lot, and you get different perspectives.

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**Dr. Rubin:** It's excellent. So, one thing that really intrigued me about your arc is that after 28 years in the private practice, you spent a year in San Diego completing a fellowship, the Bradley Fellowship, in magnetic resonance imaging. What led you to pursue that experience at that time?

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**Dr. Borgstede:** Yeah. So, that was at the time I was finishing up as the ACR leader, you know, chairman of the board, and then president. And I took a look at that 16-person practice. And we were, as I said, a part of a much bigger system. And there were several factors involved in that decision. Number one, I hadn't been doing MR.

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I started with MR in its infancy, you know, a number of years before that. But in our practice, we really wanted skilled people doing MR. And at that time, MR was strictly brains. And there just wasn't enough volume for every one of us to get enough cases to be an expert. The neurosurgeons and the neurologists were making a move on reading their own MR.

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And so, we brought in a physician, and she was fantastic at MR, from the university, and basically gave her all of our MR. And none of the rest of us were doing MR. Now, at that time, there were probably, I think, 10 of us in the practice. But as the practice grew, everybody who came in did MR. So, pretty soon, it got to be when I finished with the ACR, there were only two of us in the practice who didn't do MR.

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And being a part of a big health care system and a relatively small group, I got a little nervous that, you know, if our practice were subsumed, acquired by one of these big groups, how would they feel about someone who couldn't do what had become a major part of a radiology practice, magnetic resonance imaging? And I knew that I wanted to continue to practice. I didn't want to retire.

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The person who had been our MR guru was gonna retire. And I thought, "This is a great opportunity. I can get good training with Bill. I will, you know, buttress the rest of my practice, if you will, with MR expertise. I'll really become a good MR imager. And I wanted to do...I didn't want to get on-the-job training, or just run off and do a weeklong course, or anything like that.

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So, I talked to Bill Bradley about that, who was the chair at UCSD at the time. And he said, "Yeah, you know, I would give you an opportunity to be a fellow here." And then I told him, but I said, "I want a real fellowship, I don't want this to be something where I..." At that time I was still the president of the ACR for six months. And I didn't want to, you know, have what I call a gentleman's fellowship, where I drop by occasionally and look at a few cases.

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So, I was a fellow with all the people a generation younger than me, took night call with them, everything else, sweated it out. And I felt that it was just a fantastic experience. And my intent at that time, Geoff, was that I would go back to that private practice, and I would be their MR guru. Because as I said, the MR leader at that time, she was retiring.

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During that year at UCSD, I found that I really, really liked the academic environment. And at the same time, you know, when I left to do this fellowship, my colleagues in private practice told me, they said, "Now, this is marvelous if you want to do this, but we're just letting you know that if we don't need another radiologist, when you finish, you know, you'll be on your own, you're taking a chance."

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But I figured they would probably want me back. But I didn't know, I mean, there was that lingering doubt. And then I liked academics. And at the same time, the University of Colorado needed a lot of developments, shall we say, or improvement? There had been some challenges there. And so, they offered me the opportunity to be a vice chair here. And I took it.

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**Dr. Rubin:** Yeah, fantastic. And so, you became full professor and vice chair for professional services, clinical operations, and quality in the department of radiology, positions that you've held for the last 13 years. Tell us a little bit about your departmental role over these past 13 years.

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**Dr. Borgstede:** Yeah. So, when I when I joined this practice, you know, the university, full-time, the interim chair was absolutely fantastic, Jan Durham. And she'd recruited me back here. And when I got here, I was the only vice chair. And so, I did pretty much everything. But it was obvious that I was not an educational guru, nor was I a research guru. And it was the clinical operations that she had really wanted me for.

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Then when Chip Dodd came as the permanent chair, you know, he and I talked about my role. And we'd worked together in the ACR and the RSNA, so we knew each other well. And so, he really wanted me in that clinical operations role. I mean, that, from my private practice experience, was really the area that I had expertise in, with the socioeconomics and so forth.

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So, then gradually, we acquired other people who had tremendous expertise in research, in education, in informatics. And I just kept the role of vice chair for clinical operations. And it's worked out very well.

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**Dr. Rubin:** Yeah, that's fantastic. It sounds like there's been quite a transformation over these years. It's interesting you mentioned Jan. She was the interim chair here at the University of Arizona before I arrived, so we share something in common. And she is a phenomenal leader in her own right.

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**Dr. Borgstede:** Yeah.

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**Dr. Rubin:** Within the context of your role as vice chair, are there any accomplishments achieved within this role for which you're most proud?

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**Dr. Borgstede:** Yeah, you know, I think, probably the biggest thing is keeping up with the growth of our health care system, which is now one of the largest in all of Colorado. We have fantastic hospital administrators. And it's been the challenge, and I think we've met that challenge, keeping up with the growth of this system, hiring new radiologists, you know, interfacing with the department radiology managers, you know, on purchasing equipment. And I'm quite proud of that, and I'm quite proud of the collegiality that, I think, I've been a part of engendering in the department.

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**Dr. Rubin:** What steps in particular might you call out that you've done to help engender that collegiality?

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**Dr. Borgstede:** Yeah, I think it's a sense, Geoff, of teamwork. And considering everyone's perspective, and remembering that, you know, as you deal with issues, whether it's with the hospital administration, whether it's with other radiologists or other specialties, there's two sides to every story. And you need at least two sides.

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And you need to listen to everybody's perspective, value everyone's opinion. And with that perspective, when you bring a team together on whatever issue it is, if you listen to everyone, you'll come out with a better product. And I think that's what we've been able to do here. And, you know, certainly that isn't just my accomplishment, it's a team effort. And I like to think in a lot of those situations, you know, I've helped Chip manage that team.

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**Dr. Rubin:** Yeah, well, those are super important principles. And I'm really appreciative that you called them out, particularly, you know, the teamwork, getting everybody involved, listening to diverse perspectives, allowing those diverse perspectives to be heard, and making the right decisions.

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I think that for many of us going through medical education, those characteristics weren't always emphasized. And for the University of Colorado to have your leadership and emphasizing that, together with Chip, no doubt has been an important formula towards success.

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When you took the role on, the vice chair role on, you had already held many leadership positions in national organizations, which I want to unpack in a moment. But before we do that, I'm curious if there were any surprises that you experienced once you entered the university and took on this internal leadership role?

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**Dr. Borgstede:** Yeah, I would say probably the biggest surprise that I've had is the continual recruitment. And part of that is based on growth. And part of that is based on people moving, you know, up in their career. And we never had that issue so much in private practice. We would hire someone when we grew, they

would stay in the practice, it was rare. In the 27 and a half years I was in that practice, I think we maybe had three people adjourn, and that's about it.

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You know, but in a university practice, one of the big surprises is you're continually recruiting. Because, as I say, you know, people have opportunities for advancement, you want to encourage that. I never wanna thwart, you know, somebody's career advancement. But, you know, it's a challenge. And that was a surprise at how much of a challenge it was.

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**Dr. Rubin:** Yeah. Now, Jim, you've been president or board chair of more organizations than anyone I know. And that says a lot. A partial list includes the American College of Radiology, the American Board of Radiology, the Radiological Society of North America, the International Society of Radiology. Just with those four, I think that you are an N of one.

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But you know, continuing with the Colorado Board of Medical Examiners, Colorado Physician Health Program, Colorado Radiological Society, I'm not sure where to begin in unpacking this journey of yours. But perhaps, let's start with the question of, what attracted you to engaging in professional organizations? And, how did you break into leadership?

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**Dr. Borgstede:** Yeah, I mean, it was a sense of responsibility to give back. You know, I never really sought out any leadership position. And I know, people who will listen to this podcast will say, "I can't believe that." But it's true. I looked at organizations that I respected greatly and that I thought I should give back to out of a sense of responsibility.

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And I never really looked at, you know, "Wow, can I advance to be a leader in it?" It was more, "Can I advance the organization?" And then the leadership positions just kind of evolved, I mean, to be honest with you. Probably the first of those was the Colorado Radiological Society. And if you'd like, I can explain a little bit more about that.

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**Dr. Rubin:** Yeah, absolutely.

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**Dr. Borgstede:** Yeah. So, you know, it was when I was a resident, I would attend those meetings. And when I was in private practice, I would attend those. And we had absolutely fantastic educational programs. Now, this was back in the early '70s and through most of the '80s. And when they asked me to run for president, I thought, "Wow, you know, this would be an opportunity to be, you know, a part of a great educational organization," and I envisioned, you know, I could get people like Geoff Rubin to come and speak at the, you know, Colorado Radiological Society, and this is just going to be fantastic.

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And actually, the first time I ran, I lost. I lost to another radiology, they had a competitive election. So, they came back to me the next year, and they said, "Would you run again?" And I said, "No, guys, you know, I mean, I'm not sure that, you know, you really want me in this leadership role, that the organization does. But I'm happy to still support the organization, I can support it in other ways. I don't have to be a leader."

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And they said, "Oh, no, no. Give it another whirl, you know, we'd like you to run." So, the second time that I ran, I was elected. And unfortunately for the organization, the person that ran against me was a great radiation oncologist. And he took the opposite approach to that. When he lost, he said, "This organization doesn't want me, it doesn't want radiation oncologists, and I'll never be back again." And he never was.

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And, you know, that...he was a friend, he wasn't mad at me, but he was just frustrated with the organization. And I thought, you know, "We are really," at that time, "a triumvirate organization of diagnostic radiologists, radiation oncologists, and medical physicists. And we need to include everybody here." And we did.

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And we had programs for medical physicists, radiation oncologists, and diagnostic radiologists. You know, I'd lined up a great educational program, and it included everybody. And we were quite successful. But then a problem arose shortly after I was elected. And that was that in the Bush 1 administration, they changed our reimbursement from a usual and customary reimbursement to the resource-based relative value scale, the RBRVS.

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And overnight, the organization that I was president of went from becoming an educational organization to a socioeconomic one. And I thought, "Oh my gosh,



what did I get myself into here?" And not only that, there was a whole lot of anger within the society because we took a look at the reimbursement scheme around the country, and at that time, there were geographic practice cost indicators, the GPCIs, and Colorado was second from the bottom in reimbursement.

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And so, there was talk in the society that we should secede from the ACR, and the ACR wasn't supporting us, whatever. And I called the ACR leadership, that was Jim Morefield and K. K. Wallace at the time. And I said, "Guys, I mean, I need help, you know, what's going on? I mean, I don't want to secede from the ACR. What the heck are we doing here?" And they provided so much incredible support, the ACR did. And they brought K. K. Wallace out.

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And he met with the leadership, myself included. And he said, "You know, one of the problems is, you people have had a nice lifestyle out here, and you just haven't really been engaged nationally. And you kind of didn't know what was coming up." And at that point in time, I vowed, with my colleagues in leadership, that we would never allow this in Colorado to happen again. We needed to be engaged, we needed to learn from the ACR, you know, how things were going on with economics and government relations.

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And the college at that time, everybody was learning together. And the college flew me out to multiple meetings in Chicago, where the college staff leadership would explain, "Here's what this new RBRVS system is gonna be like," and everything else. And so, you know, I learned from the beginning how this new system was evolving.

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And it's sort of, like, Bridge, you know. I mean, the playing is simple, but the bidding is hell. So, I learned it, and I never wanted to give that up. So, in answer, it's a long answer to a short question, but I just kind of evolved into the CRS leadership. And that's what got me into the ACR leadership, was learning about the RUC. And I was so appreciative of what the ACR had done for me and what it was doing for radiology practice around the country.

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Then I thought, you know, again, "I need to give back to this." You can't just come and take, and, you know, do well on your private practice, and good luck. So, they needed somebody to be the ACR RUC advisor. And at that time, Bill Thorwarth was heavily involved in the economics, but, you know, he had so

much on his plate. And Jim Morefield was the RUC member, he had, you know, been with RUC since the beginning.

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Bill Thorwarth was involved on the CPT side, or had that opportunity, And he couldn't do the RUC and practice expense and everything else. They were looking for somebody else, and I said, "I'll volunteer to help with the RUC." And, you know, Bill was really my mentor there and with Jim Morefield. And, you know, we kind of learned on the job.

[00:38:03]

**Dr. Rubin:** Yeah, that is a phenomenal recounting. So happy that you took us through that. And just a couple of months ago, we had Zeke Silva on the podcast, and you know, the RUC has undergone some substantial transformation since those early days, but how amazing it is, you know, that we now have a radiologist sitting at the head of the RUC or soon will be. It's very exciting.

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And, you know, for me, personally, and a very early introduction to the college, the American College of Radiology, came in 2000 when you were serving as an advisor to the AMA Relative Value Update Committee, the RUC, and I joined you in Phoenix to help value the first eight CPT codes designated for CT angiography.

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And I learned many lessons from that encounter. But one in particular that struck me was your reverence for Jim Morefield and his contributions, who you would soon replace as the member for the ACR on the RUC. And my sense was that Jim was a really valued mentor, as you've just articulated. Many of our listeners might not know of Jim, would you care to share a little bit about him and his mentorship?

[00:39:16]

**Dr. Borgstede:** Yes, I sure would. Well, first off, Jim has become a fantastic friend of mine over many, many years. And Jim's leadership style, again, is something we can all learn from. He was brilliant, first off, with the socioeconomics. He was an extremely hard worker. And he was a very consensus-building, calm, quiet guy.

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He didn't get all hyped up when one little thing didn't go well. He was extremely well respected because of those criteria that I gave you. He was

extremely well respected by the other medical specialties on the RUC, there were 24 other ones. And his integrity was impeccable. And, you know, when I was the RUC advisor, you know, advocating for radiology, I have to admit, I mean, there were times when, you know, I wanted...you know, "Come on, Jim, you need to weigh in here and help me out."

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But Jim said, "You know, look, I am a member of the RUC. I have to take my radiology hat off and look at how everything should be for the betterment of medicine in general." You know, patting me on the head figuratively, and, you know, "Do a good job, it's yours," you know. And I learned to respect that. And it's something that I took with me when then I stepped in to being the RUC member.

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Now, nobody replaced Jim Morefield. Jim Morefield is an icon, and he'll never be replaced. But, you know, somebody will take the job. But I learned a lot from him in those areas of consensus building, integrity, and calm, quiet leadership.

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**Dr. Rubin:** Have mentors played an important role throughout your leadership journey? Have you had many mentors?

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**Dr. Borgstede:** Oh, yes, Geoff. I mean, you know, they've been so important. You know, it's hard to remember all of the mentors. You know, if I think about in radiology, probably, you know, Jim Morefield was a fantastic one. Actually, Bill Thorwarth, you know, while he and I were working, you know, hand in hand, Bill, you know, it started in the economics really before I was. You know, and I just can't say enough good things about Bill.

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You know, again, a person of integrity, a real diplomat for our specialty, extremely well respected, trustworthy, a consensus builder. I could go on and on. You know, another mentor, I mean, Harvey Nieman was a great mentor, I think, you know, Bill's predecessor. You know, he had some wise-age visionary ideas for the college and for radiology. You know, he was a great mentor as well. Chip Dodd, my department chairman, has been a great mentor.

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You know, I've just been so fortunate in all these organizations that I've worked with, you know. And I think people look at mentors sometimes as, you know, it has to be somebody who has a title more than you do, or something like that.

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But sometimes mentors are your peers, you know. I mean, Val Jackson, you know, a great mentor, you know, in how to treat people. You know, and she and I were really more on parallel tracks than anything else. But, you know, she and I, I think, have been on four boards together. And, you know, I would always look to her, you know, because I valued her opinion.

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**Dr. Rubin:** Your journey through the ACR prior to becoming president in 2006 intrigues me from the perspective of your breadth of activity, which included standards and accreditation for ultrasound, chair of the Small and Rural Practice Commission, RUC advisor, chair of patient safety, chair on membership service, task force on mammography practice issues, chair of RADPAC. The list goes on.

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And this strikes me as unusual for our college leaders, to cycle through such a diversity of roles. What are your thoughts or perspectives on that?

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**Dr. Borgstede:** Yeah, if I could, I would like to come back to something you mentioned earlier, and then we can do that. And that is, that opportunity that you and I had to work on the CTA codes early on with the RUC. And again, that was an opportunity for consensus building.

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You know, I was pretty good by that time with the economics, you know, I understood all that. But I didn't have the expertise that a person like you had on the actual technical aspects of the codes that we were taking through the RUC. And so I would tap the people who had that technical expertise, that intellectual expertise, and collaborate with them when these codes would come up. And I could provide the socioeconomics, and they, and in the case, you, could provide the expertise when the technical questions came up.

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And so that gave me an opportunity to learn, you know, a lot of radiology from gurus, you know, like you. And it also...as you've alluded to, I developed a lot of great friendships with people that...you know, like you and I have continued throughout the years. So again, it's this issue of consensus building, and you

don't walk in and say, "I'm gonna value these CPT codes on CTA." And then later on, I'd get a call from somebody like you saying, "What did you do? You know, you didn't understand this."

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So, you know, and again it was bringing in a good team was the thing. Now, with respect to the question you asked about working through the leadership and these different roles, you know, again, you know, I never particularly intended that this is, you know, climbing up the leadership ladder or anything like that.

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You know, I thought the RUC was something I could do. I understood that. And then they said, "Well, would you be the RUC member?" "Yeah, I could do that." And then the college had this controversy, you know, about small and rural practice, and underrepresentation. And at that time, Ron Evans was the chairman of the board.

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And I thought, you know, "I could help out here." I mean, my practice isn't as small as some of these practices, but on the other hand, the smallest of all practices don't have the time to really devote to the college. But I had some time, I could use my vacation time and do that. And so, I stepped up into that leadership role or made the offer, and they thought I could do that.

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And so, these things have kind of evolved, Geoff, organically. I mean, like I say, it wasn't a sense of, you know, where's the next rung on the ladder? And then it just evolved with doing these things with the RUC and doing the things with small and rural practice that the college leadership came into being.

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**Dr. Rubin:** Yeah, that's terrific that you were in position to take on these diversity of roles. You know, there is unquestionably a strong undercurrent of leadership aptitude that, you know, I think, really epitomizes your ability to engage so effectively in such a diverse fashion.

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And I will also, you know, say that during that early opportunity that we had to work together with the RUC, it just became incredibly apparent to me what spectacular things you brought to the table. In terms of being able to, you know, sit down with whomever you were bringing in as technical leaders, and putting it together in what you also showed me was a real interesting, for lack of a

better word, horse-trading type of environment between the medical specialties and practices. I think that's probably what you were alluding to a little bit when you were talking about Bridge and managing the best.

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**Dr. Borgstede:** Yeah, I think you've kind of cut to the chase.

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**Dr. Rubin:** Yeah. So, no. Phenomenal, you know. We learn from one another so much. And just being open to those opportunities, I really gained a lot from those days. I want to take some time to explore this past year during which you served as president of the RSNA. For me, this past November was the first post-thanksgiving week in 32 years that I wasn't in Chicago, racing around McCormick Place, engaging with colleagues and experiencing the largest medical meeting in the world.

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It felt disruptive to me, but I cannot imagine what this past year was like for you. Take us back to last winter. And help us understand how you guided a huge organizational and operational pivot to transition the meeting to occurring entirely remotely.

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**Dr. Borgstede:** Yeah, well, first off, I had a fantastic team that I was working with. I mean, and I can't give enough credit to Mark Watson, to the RSNA staff, and to all my colleagues on the board, and everybody who contributed, you know, material to the RSNA. So, I want to get that out there right off the bat. You know, again, it's another team effort.

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You know, I think the pandemic really shows us how adaptable we are, you know, as well as the importance of having a network of colleagues that can share information and share the best practices and help address these public health crises, like this.

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So, you know, when I began that presidential year, you know, I really envisioned a year that was gonna to be focused on quality patient care, and patient interaction, and opportunities for the RSNA as an organization to impact patient care across the world. And then here comes the pandemic.

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My goals in the year didn't really change. But the focus certainly changed, and everything became COVID focused. And we in the RSNA, I think, had two great advantages with COVID. First off, our meeting was late in the year. And so, we had time to learn from others. And we did that.

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The second advantage we had was we had been putting on a virtual meeting, you know, there was a virtual component of the RSNA Annual Meeting for about five years before that. So, this wasn't our first rodeo. It's amazing, Geoff, when the pandemic first hit, Mark Watson and I were sitting in a restaurant, eating breakfast, in Mexico City, just having finished the Mexican Radiological Society Meeting, and we were both flying back to the States.

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And there was this thing about, you know, there's COVID, and this could be a problem. And little did we know what we were getting into, right? So, we quickly found what we were getting into. And we, the RSNA...now, at that time, Bruce Haffty was the chairman of the board. And the president's responsibilities really at the RSNA are to project the RSNA's image worldwide, and the annual meeting.

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And the chairman of the board...and I'd already had that position two years before, but the chairman of the board really runs the organization, leads the organization internally, and that was Bruce. And I can't give enough credit to Bruce for his leadership over this past year. But we started meeting monthly, you know, come March.

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And at first, we were naive, and we thought, "Well, you know, this pandemic will get solved, and we'll still be able to have our annual meeting." Well, after a couple of weeks, a few weeks, we realized that wasn't going to happen. So, we had to make some critical decisions in the spring. And we had one of three choices. We could stick with that we're gonna have a face to face meeting, and that's it. We could say we're going to do a hybrid meeting, you know, virtual and face to face. Or we could do just hybrid meeting.

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And we thought about this quite a bit. And I got a lot of support from the board. But since the annual meeting is really the president's meeting, I think everybody on the board was kind of holding their breath as to, "Well, what does Borgstede wanna do here?" And there's a saying that I think is worthwhile remembering from Theodore Roosevelt, and he said, you know, "In a crisis, the best thing



you can do is make the right decision. The next best thing you can do is make the wrong decision. The worst thing you can do is make no decision at all."

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And I felt we had to make a decision. So, the idea of trying to do a hybrid meeting, you know, do both virtual and face to face, basically, was making no decision. And my fear was we were gonna burn out the staff trying to run you know parallel tracks, virtual and face to face.

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So, come the spring, you know, Bruce convenes the board. And I made the motion, and everybody immediately jumped on it. I think we all realized we have to go virtual, totally virtual, shutdown the annual meeting. And as soon as we did that, everything fell into place because now the staff wasn't getting burned out trying to do...you know, plan a face to face. They could work full board on a fantastic virtual meeting, which I think we had.

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And then we could tell all the people who were gonna be speakers, all the vendors, all of the support people that we have, "This is what we're gonna do." And everybody could work toward a common goal. That's where we went. And, of course, as the year evolved, I mean, it became obvious that, you know, there would never have been a face-to-face meeting. But we were fortunate that we had the time, the experience, and we made the right decision.

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**Dr. Rubin:** Yeah, you know, in a crisis, there is sort of a critical moment where you ask yourself, "Am I going to, you know, devise a strategy based on principles, and then let the tactics fall from that? Or, I'm just making decisions, you know, and tactics are just kind of falling out where they will."

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It sounds to me, like, you all really took a measured approach to ask the key high-level questions, the guiding principles, such as the one you espoused about considering the staff and what, you know, they would be able to do and to deliver for the whole of the organization. That's a guiding principle. And that you developed the strategy to say, "We can't do both." And then the tactics came from that.

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**Dr. Borgstede:** Go ahead, Geoff.



[00:55:56]

**Dr. Rubin:** No, no. Please.

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**Dr. Borgstede:** Well, that's true. And, you know, the staff is absolutely fantastic. But I mean, there's only 24 hours in a day. And these people, even when we decided to go virtual, I mean, I was getting emails on Sunday evenings and all kinds of weird hours from the staff. And it was obvious how hard they were working. And if we had tried to do a hybrid meeting, we would have burned them out.

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Now, the other thing that I think we made a good decision about is that we knew that we weren't gonna have the revenues that come in from the annual meeting. And this was gonna be a challenge for us. And in many organizations during this pandemic, people have had to make decisions about, do we furlough staff, or do we not?

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And I was a strong proponent, along with all of my board colleagues, that we did not want to furlough anybody on the RSNA staff. Some of these people are basically entry-level people, but their role is critical as a member of the team. And if we furlough these people, we're gonna have trouble getting our mission done. And this is their livelihood, this is how they put bread on the table. And we have to support these people.

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And maybe you've read...I have read books by Jim Collins, you know, "Good to Great," and so forth. And he made a point there that I always remembered, and that was, that organizations that come out of a crisis or a downturn the best are the organizations that did not contract during the crisis.

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And so that's why I did not want the RSNA to contract and start laying off staff, you know, furloughing them and everything else. And we didn't. Now, you know, that took some of the RSNA's resources. But I think we've made the right decision. And now we still have...I mean, I'm not on the board anymore, but the RSNA still has a fantastic staff.

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And these people, you know, have been through a real crisis, and they're working well as a team. And, you know, they're battle hardened. So, I think that that's another, you know, important concept to remember in leadership.

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**Dr. Rubin:** Yeah, excellent lesson. Were there any activities that surprised you through the course of this major pivot that were easier to accomplish than you would have expected?

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**Dr. Borgstede:** Well, I think the collegiality of all of the volunteers was great. You know, and they adapted pretty quickly as well. And, you know, just pitched in and, "Hey, you know, I'll present my talk." We had very few people who didn't get their talks in on time and just played the virtual game. So, that was an extremely pleasant surprise.

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**Dr. Rubin:** Were there any surprises in the other direction, things that were really harder than expected to accomplish?

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**Dr. Borgstede:** I wouldn't say that there were any monumental...incredibly hard or disappointing things. I mean, not having a face-to-face meeting is disappointing. But I think everything else, there were challenges, but I wouldn't say they were disappointments. You know, challenges working with all the vendors, challenges working, you know, with all of the, you know, the infrastructure, putting, you know, the virtual meeting together and everything. You know, those were challenges, but not horrible disappointments.

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**Dr. Rubin:** Yeah, no. But I mean, you know, when you think about the budget, for example, for a major meeting like this, which I'm sure, you know, is planned, and prepared, and considered in detail for a significant period of time, there must have been a time when there was so much uncertainty around what that budget would look like. I mean, to what extent, was there high levels of angst around the financial underpinnings for the meeting? Or, was there a sense of calm that, hey, we've got the resources to weather this, you know, once-in-a-century occurrence, so let's focus on executing and doing what we can and not let the finances get in the way?

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**Dr. Borgstede:** Yeah, you know, I mean, we had...and that's something I should have mentioned earlier. I mean, my predecessors and all of us had been good fiduciaries, you know, for the RSNA. So, we did have and we still do have resources to weather these kind of storms, as you're talking about. And, yeah, I mean, it caused everybody angst, there's no doubt about it, because the annual meeting is...that's the big revenue producer for the RSNA.

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But, you know, we had enough financial wherewithal to weather that meeting, and they have enough financial wherewithal to weather, you know, what will most likely be a hybrid meeting in 2021. And, you know, I think it's going to be several years before everything comes back to the type of revenues that we have seen in the past. But, you know, that caused angst, but you know, we were prepared. And to some extent, it is what it is. I mean, you know, we could have run our hands and said, "Woe is me," but it's just a matter of roll up your sleeves, and let's get to work. And that's what we did.

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**Dr. Rubin:** Yeah, absolutely. So, looking back on your years as RSNA president, or even an aggregate across your time on the board, what brings you the greatest sense of pride and accomplishment?

[01:02:04]

**Dr. Borgstede:** Yeah, I think the greatest sense of pride that I have is what I've been able to leave the organizations with, that they have had, you know, great opportunities. You know, we've made as a team some great advancements. You know, the ACR for example, you know, in international relations, I'd like to think that, you know, that was an accomplishment that I got the ACR involved in that.

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I look at some of the economics issues with the ACR, you know, where some of those codes still are now, you know, that was a sense of accomplishment. With the ABR, that I got them to thinking about a smaller board, now their board of governors. Mickey Guiberteau really was the leader when that finally got established, but I think I got them seriously thinking about that.

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With the ISR, I got them to really restructure more to be the organization that interfaced with the United Nations, the WHO, and the IAEA, International Atomic Energy Agency. You know, and with the RSNA, you know, working with them to think through this virtual meeting and being their first liaison for international affairs, that was a sense of accomplishment and a sense of pride.

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**Dr. Rubin:** Oh, that is a really impactful set of accomplishments in each of the organizations that you engaged, really, very impressive. Now, your professional contributions and formal leadership roles have extended beyond the field of radiology, and included contributions to the Colorado Medical Society, the American Board of Medical Specialties, Colorado State Board of Medical Examiners, and Colorado Physician Health Program.

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We don't have the time to delve into all of these, but perhaps you might share some vignettes as to the nature of your engagement and contributions, and how you view the importance of working in organized medicine beyond radiology, relative to your radiology leadership roles.

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**Dr. Borgstede:** Yeah, I think, again, it's an opportunity to build consensus there. And it's also a sense of respect for other organizations, other subspecialties, and other specialties. And I really learned that with the Colorado Physician Health Program, the State Medical Board, in particular, and the American Board of Medical Specialties, and along with the RUC, you know, where you're working with other people. You really have to respect these other people, look at things from their viewpoint. That was a real opportunity for me, hopefully, to help direct some of those organizations and also to learn.

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You know, in any organization, when you become a leader, I think you get more than you give. You may get into this thing because you want to give back, but when you reflect back on how it's been, you say, "Wow, you know, I really learned a lot from these people, you know, and it was a real opportunity."

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And I think good leaders, Geoff, if you... There's two different styles of leadership. One style is, "I want to climb up the ladder, you know, I want this on my CV. I got all the answers, get out of my way. And anybody who crosses me, I'll, you know, lead from a perspective of fear." And you can do that. I mean, you know, and in some situations, perhaps it works.

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But I don't think with that approach you build an organization. Everybody, the staff in particular, respond out of fear. And that doesn't work, and it doesn't advance an organization. The alternative approach is you come in and you say, "This is a great organization. I think with our team, we can make the

organization actually better. Everybody's opinion, from the entry-level employee, right up to the president, has something to offer to this organization. Now, how can we all sit down and make the organization better?

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And when we take that approach with that respect and that approach, then everybody's willing to offer their ideas, they're not fearful that they're gonna be demeaned or anything else. And we end up with a better product in the end. And that's the kind of leadership that when I was in these leadership roles, I've tried to engender.

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And certainly, when I would come into a leadership position, I realized, "Whoa, I don't know everything. You know, I don't have all the answers. And the only way we're going to make this organization better, is if we work as a team." And I view myself more in the baseball analogy as, you know, okay, you've gotten me as your manager, and I'll see what...we can put the best team out on the field. But I'm not gonna be the best outfielder, the best shortstop, the best first baseman and whatever.

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So that approach seems to have worked well for me. And I think it's important for future leaders to remember the latter approach rather than the former.

[01:07:49]

**Dr. Rubin:** Yeah, truth, really important message. And I think what also comes through in what you described is a strong sense of humility. And I think that, you know, your ability to get out of the way of the whole team around you, to enable folks to step up. And, you know, not just you, but great leaders have that sense of humility and bring it to their leadership roles. And so, I thank you for articulating that.

[01:08:19]

I understand that you have been a strong supporter of international radiology service with two big projects in particular in the Philippines and Cameroon. Would you share some details of that work?

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**Dr. Borgstede:** Yeah, you know, I'm pretty passionate about helping others in less fortunate, under-resourced areas of the world. You know, we in the U.S. have great, you know, resources. You know, we've been the beneficiaries of great opportunities. And again, it's a sense of having to give back. And so, I'd always been interested in this from the time I went to church camp with the

Presbyterian Church as a junior high school student and saw some of this going on.

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And so, in medicine, when I got a little bit established and everything else, I asked the church if there would be opportunities to work, and I presented them actually with a plan. I said, "I think ultrasound is the most effective cross-sectional imaging modality in an under-resourced area." Because if you need CT or you need MR, you don't have anybody who can treat the diseases that are diagnosed by those modalities anyway.

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So, I said, "I would like to purchase an ultrasound machine and train people to use it, and take this machine to them, and leave it for them, give it to them, and help health care in that regard." And the church kind of figuratively, again, patted me on the head and said, "Yeah, if we ever find anybody, any place that you can do that, that'll be fine, we'll keep you in mind." And I didn't know whether I'd ever hear from them.

[01:10:04]

Well, lo and behold, a few months later, they said, "You know, believe it or not, we have this place in Dumaguete City, Silliman University Medical Center in the Philippines that has two radiologists, and they actually would like it if you could train them." So, it took me... This was before the internet era, it took me a year to set up that project, snail mail back and forth, "What is it you want to do with ultrasound? What is your need?" Needs assessment. You know, "What can we do?" And everything else.

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And it looked like it was a very good fit. So, we took the machine over there. And actually, we had to smuggle a machine in. I mean, I'd never do this, and I'd never be able to do it in the post 9/11 era. But this was back in the early '90s. And I took them this machine, got it through customs, got it into the country, got it to Silliman University. And believe it or not, they've got other ultrasound machines now. But 25, 30 years later, they're still using it.

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And so, then the church said, "Wow, this thing really does work." Believe it or not, they said, "We'll buy a machine for you if you'll go to the Cameroon." And I said, "Well, I'll tell you what, I'll do you one better. If you'll buy the machine..." I realized that technologists are actually the king over there, because what they want to use the machine for, most of the time the technologists are very skilled.

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So, I said, "If you'll buy the machine, I'll pay for one of my technologists to go with me, and we'll go to the Cameroon." And this guy, the technologist, he was a fantastic guy. And so, we went over to the Cameroon. And things worked very successfully over there. Actually, we repaired a regular X-ray machine while we were over there, trained them how to use the machine. Again, it took a long time to get everything going, and left them the machine.

[01:11:59]

And so, then I kind of took an interlude while I was doing the ACR work. But when I became the chairman of the board for the ACR, to some extent, I did kind of have the bully pulpit. And so, I started the Committee on International Service with the ACR. And then shortly after that, the earthquake hit in Haiti. And we found out that we had great opportunities in Haiti. The most impoverished country in our hemisphere, and it's 90 miles away from Miami.

[01:12:33]

So, I established, first off, this Committee on International Service. But Brad Short, who's still with the ACR, really deserves all the credit. He had fantastic staff, he was as committed as I was to this thing. And he really provided a lot of great ideas. Wonderful person. And we established this committee. And it went way beyond Haiti.

[01:12:59]

I mean, we established a relationship where people who had needs could apply to the ACR. People who had resources, radiologists in the ACR, could offer their resources, and we could match these groups up. But then we made four trips to Haiti, and that expanded way beyond ultrasound. And I have to give credit to my successors in the ACR, you know, Van Moore, Jim Thrall, for example, and others, you know, who really made this thing work even more fantastic than what I ever did. So that's, that's kind of the story there.

[01:13:40]

**Dr. Rubin:** Yeah. It's a great dimension to you and your career. Do you continue to monitor the programs in the Philippines and Cameroon, and top off resources, you know, be it effort or you know, just connecting with them to help them out to keep things going?

[01:13:58]

**Dr. Borgstede:** Yeah, I've learned a lot. First off, the machine...as I said, I do keep in touch with the people in the Philippines. The machine is still being used. I think it's being used now for, you know, more biopsy guidance, that sort



of thing, because they have more sophisticated equipment, you know, 25, 30 years later. I keep in touch with them.

[01:14:20]

Unfortunately, we've kind of lost contact with Cameroon, but that's another important point. When you do these one-and-done projects, I was extremely fortunate in the Philippines that it worked, uncertain in the Cameroon. But in Haiti, I realized that you can't do these one and done, hence the reason four projects, personal projects, going back and forth to Haiti. And we developed over the years, Brad and I, a great team there.

[01:14:54]

And there are still people that, in not-too-distant past, have gone to Haiti. Now, you know, Haiti right now, we have to be a little bit careful because the political climate is pretty, you know, unsettled. And so, we don't want to get people over there, you know, under an organization's umbrella and have problems.

[01:15:17]

So, Haiti, we learned to...you know, sustainability. And so that's what we're still working on. And I'm very proud that my successors, you know, have trained a number of radiologists, reestablished a radiology residency in Haiti. And they've just done, you know, fantastic work over there.

[01:15:39]

Now, you know, the RSNA has also done fantastic work. You know, they have their spotlight courses, those are important. We established those when I was the liaison for international affairs with the RSNA. And I think those have been quite successful. You know, and now, they're working on their centers of academic excellence in the under-resourced world, you know, taking training programs over, again, with sustainability. We've developed that concept that, again, we don't just send international visiting professors over for a couple weeks and leave, you know, we're looking at a three-year program, the RSNA is, there.

[01:16:26]

So that's on the RSNA side. And then, you know, the RSNA for years, with the Derek Harwood-Nash International Fellowship, has brought faculty members from international institutions back to North American institutions for training as well. And they've got their introduction to research for international young academics. So, there's a lot of opportunities, there's no shortage of opportunities.



[01:16:55]

**Dr. Rubin:** Yeah, amazing. Jim, how do you unwind? Do you have any hobbies or activities that you pursue outside of work to re-energize?

[01:17:03]

**Dr. Borgstede:** Oh, yeah. Spending time with family is probably the most important thing, my wife, spending time with daughters and three granddaughters. That's important. We all like outdoor activities. So, you name the outdoor sport, we like it. You know, that's probably a very important way to unwind. I like to run. At my age, I can't run every day, my poor joints won't allow it, but every other day, I try and do a run. And church activities.

[01:17:34]

And, you know, right now, the big involvement with the church is, I'm on a committee that's looking at the appropriateness, or lack thereof, of reopening the church with the pandemic. So, those three things, it's the family first, and it's our outdoor activities, and our church.

[01:17:53]

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

[01:17:58]

**Dr. Borgstede:** Oh, I mean, we have so many opportunities. Probably the thing that excites me personally the most is AI, machine learning, neural networks. What's gonna be the role that that's gonna play down the road? And I think with, you know, the ACR leadership, the RSNA leadership, just as two examples, you know, they're doing really, really fantastic work here.

[01:18:22]

And I'm just so proud of both organizations, that rather than stick our head in the sand and say...you know, just say no, you know, we, radiology, have taken a leadership role. And I think this is gonna be exciting for young radiologists.

[01:18:40]

**Dr. Rubin:** Yeah. You know, you've contributed so much over the years, transitioning recently from RSNA president. What's next for Jim Borgstede?

[01:18:50]

**Dr. Borgstede:** Retirement.

[01:18:52]

**Dr. Rubin:** Really?

[01:18:54]

**Dr. Borgstede:** Yeah, I'm gonna retire June the 30th of this year. I think it's time for other people to step up to the plate. I'm 72 years old, and I've had a great run at it. But you have to get out of the way and let other people lead. And I want to do some other things in my life. And so, I'm gonna retire. I'll still be around, still, you know, willing if they ever, you know, want to talk to, you know, somebody who's had some other leadership perspectives. I'm still willing to be around to help out. But yeah, I'm gonna retire.

[01:19:29]

**Dr. Rubin:** You said you've got some other things in mind, you care to share any of them?

[01:19:33]

**Dr. Borgstede:** Sure. It's everything that's non-STEM, non-science, technology, engineering and math. I want to learn to play the piano. I've never played a musical instrument. And so, I want to learn that. I'd like to even try some painting. I play tennis, I still play tennis, I want to be able to play more tennis. I'm a horrible golfer, maybe there's a chance to even improve a little bit.

[01:19:59]

I wanna travel with my wife. She and I love to travel. Of course, the pandemic has kind of shut that down. But hopefully, things open up. I want to travel with her. I wanna spend more time with the grandkids. And I want to brew beer and raise orchids.

[01:20:16]

**Dr. Rubin:** Wow. Well, it sounds like you are gonna be plenty busy. And I can't wait to check in with you in a little while to have a piano recital.

[01:20:27]

**Dr. Borgstede:** I don't know, I don't know about that, Geoff. We'll see about the piano recital. Maybe "Twinkle, Twinkle, Little Star" with one hand or something.

[01:20:39]

**Dr. Rubin:** You got to start somewhere. You know, Jim Borgstede, I can't thank you enough for spending these 90 minutes with us and sharing such a inspiring and unique leadership journey, so impactful in so many ways. We have been so fortunate to have you leading all of our top organizations over these last 20-some-odd-years, and your lessons and perspectives are invaluable for our entire community. Thanks so much.

[01:21:11]

**Dr. Borgstede:** Well, Geoff, thank you. And really, thank you for all your work in radiology as well. This has been a real fun time.

[01:21:28]

**Dr. Rubin:** Please join me next month when I speak with Ruth Carlos, professor of radiology and assistant chair for clinical research at the University of Michigan. Born and raised in the Philippines, Dr. Carlos came to Chicago at the age of 12. A leader in the field of health services research as applied to medical imaging, Dr. Carlos has pioneered work in comparative effectiveness, health outcomes, and financial toxicity of health care, leading major clinical trials on prevention, surveillance, and cancer care delivery.

[01:21:57]

She is a recipient of the gold medal from the Association of University Radiologists, and chairs the GE AUR Research Radiology Academic Fellowship, or GERRAF, a national program supporting early-stage investigators in health services research and care delivery. In 2018, Dr. Carlos became the first woman editor in chief of a major radiology journal, "The Journal of the American College of Radiology."

[01:22:24]

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[01:23:08]

Finally, thank you, our audience, for listening and for your interest in radiology leadership. I'm your host, Geoff Rubin, from the University of Arizona College of Medicine in Tucson. We welcome your feedback, questions, and ideas for future conversations. You can reach me on Twitter, @GeoffRubin, or using the #RLITakingTheLead. Alternatively, send us an email at [rli@acr.org](mailto:rli@acr.org). I look forward to you joining me next time on "Taking the Lead."