



Episode 20: A Humble Leader
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Geoff: Hello and welcome to "Taking the Lead," a podcast from the Radiology and 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 Pek-Lan Khong, Clinical Professor and Head of the Department of Diagnostic Radiology at the University of Hong Kong. A native of Singapore, Dr. Khong received her medical education at the National University of Singapore and radiology training at Hong Kong. Dr. Khong has pursued research in her subspecialty field of pediatric neuroradiology, as well as Hybrid PET imaging in oncology and radiological protection in medicine.

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With the recent opening of the 2000-bed, University of Hong Kong Shenzhen Hospital in 2012, she served as the founding chief of service for its department of medical imaging for five years. As an international leader for Chinese radiology, Dr. Khong brings unique perspectives to a range of topics, including the management of COVID-19, radiation protection, and radiology education, and leadership within the highly dynamic environment of 2020, Hong Kong. Our goal in creating the "Taking the Lead" podcast is to support your leadership journey. And with that in mind, I'd like to tell you about a new sponsor, Carnegie Mellon University's Master of Medical Management program. Carnegie Mellon offers this degree exclusively to experienced physicians to build expertise in evidence-based management, business strategy, and technology for the future of healthcare leadership.

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We'll put a link on the page for this episode. Be sure to visit to learn more about Carnegie Mellon University's MMM program. Before we dive into the podcast, I have a quick favor to ask you. After you've listened, please take a minute to subscribe to the series, share it with your colleagues, and rate the episode with five stars. It really makes a difference. Now let's get started.

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Pek, welcome.

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Dr. Khong: Thank you, Geoff. It's indeed a pleasure for me to be here. Thank you for inviting me.

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Geoff: You were born and raised in Singapore. Can you tell us a little bit about what your life was like growing up?

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Dr. Khong: I grew up in a two-child family. My parents were really supportive of my education. I grew up with one younger brother. And I was supported and encouraged to excel in Singapore. We were encouraged to study two languages as a bilingual education. I was put through a Chinese school to start with, to study Mandarin and subsequently, I went into an English-speaking medium. And then I did medicine in the National University of Singapore. And it was a very comfortable childhood, I have to say. My dad was a professional, an engineer, and he worked in the public service, and my mother was a school teacher. So I grew up in a very happy household and had this fight, in a way, having only one sibling, we had an extended family of a cousin that I grew up with. So it was all in all happy memories.

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Geoff: Did you have any hobbies growing up, that you did outside of your schooling?

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Dr. Khong: My dad taught me tennis from a very young age, which I've recently... Well, I've picked it up intermittently, again, through my adulthood and, again, recently. And we did swimming. I was also taught piano, but mostly I played a lot with my cousins.

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Geoff: It's nice to have had the opportunity to grow up close to family. Now Singapore these days is a modern metropolis. Is that how you remember the city when you were growing up? Were you in the midst of these huge high rises?

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Dr. Khong: It had developed a lot, you know, through the last 20, 30 years, and it's changed from the time that I left Singapore almost 30 years ago. But at that time, yes, it was still, of course, a modern city with high rise buildings, but a lot more developed now than it was before. And especially in the cultural scene, I would say there's a lot of development in the food scene, the cultural scene.

And I think the number of [inaudible 00:05:08] population has also increased. So, you know, the demographics is just a bit different from the time when I left.

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Geoff: I see. Meaning, that there's more cosmopolitan flavor today than when you grew up?

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Dr. Khong: Yes, definitely, much more cosmopolitan than before.

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Geoff: How about your first job? Did your parents ask you to go find a way to earn some pocket change when you were a kid?

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Dr. Khong: Well, I was fortunate to grow up in a household where, you know, that wasn't a necessity. But I did do jobs in between studies after graduation, partly just for the experience and just to try something different and to, you know, make good use of the time. So what I did first was I did teach in my mother's school that she taught in and... I taught some primary school children, which I would say was a new experience, and challenging in some ways. And I also worked in an office. I remember doing some auditing work. And it also taught me something that, you know, this job's probably not something that I would do in the future.

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Geoff: Other than those jobs telling you that you probably should get some more education so that you can do something that you enjoyed more, are there any other lessons that you take away from those days teaching primary children or auditing in the office?

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Dr. Khong: I think teaching primary children did leave an impact on me.

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Geoff: In what way?

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Dr. Khong: It required one to assert oneself to get the class in order, for example. But, you know, the interaction with the children was also very refreshing in that, you know, they were constantly also quite amusing. But then, again, I felt it was, you know, something different. But teaching primary school

children in that situation was quite challenging I have to say to get your message across to them. I think I probably was not properly trained and slightly unprepared, probably.

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Geoff: Looking back at your childhood, growing up in Singapore, are there any defining moments that you can recall, that really influenced you today?

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Dr. Khong: Well, certainly, my parents are a very big influence on me. My dad always taught me integrity, do an honest day's job and to do your best at what you do. He was a competitive sportsman. And I think that also made me focus as well and to concentrate on achieving and team spirit. So, I think my dad had a lot of impact on me, to this day. I think of him as a very gentle but strong person, and with a lot of integrity. My mum is a pillar of strength. And she's also...you know, has certainly a lot of impact on the way I do things now. And whenever I face any challenges, I think of my mother and how she would respond and how she is so strong.

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Geoff: That's marvelous. Clearly, you respect your parents a lot and you gained a lot from them. What do you recall being your first experience as a leader?

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Dr. Khong: I was in the Girl Guides growing up, and I think that did instill some team spirit and leadership qualities. I'm trying to recall now. I was also in school as a council member in junior college, and that was probably then an experience in leadership. It was nice to work in a team of fellow leaders of our pre-University days. So that possibly then would also be another memory of leadership from a younger age.

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Geoff: Marvelous. You know, both of those examples you highlight, the team aspect of being involved as a leader in the Girl Guides as well as in the council of junior college, is that what attracted you to leadership? What would you say was it that you found in leadership that you most enjoyed or resonated most with you?

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Dr. Khong: I think it was nice to be able to lead an organization and make some headway with changes. But I would say that I don't think I'm a natural-born leader as such. We have done various exercises where, you know, it usually

turns out, and I think it's true, that I'm not really a natural-born leader. But I think I do have a very strong sense of responsibility, and duty, and I like to do the best at what I do. And it's nice to see the fruits of success, so to speak, as you try to make changes and to improve things. So that is how it's worked out for me.

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Geoff: I'd like to ask you a little bit about your days in education. You obtained all your education through medical school in Singapore. What led you to Hong Kong and Queen Mary Hospital for radiology residency?

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Dr. Khong: There were opportunities in Hong Kong, which I felt were unique to Singapore. And I felt that it was a great opportunity to live away. And I had friends in Hong Kong and also, the opportunity arose. It was during the time when there was a bit of a brain drain in Hong Kong as the population...many were leaving Hong Kong due to impending hand over to mainland China. And there were good opportunities that would advertise to overseas candidates. And, of course, you know, the training in Hong Kong is renowned, especially in certain sub-specialties of medicine. And I had thought it would be a nice move, and I then interviewed for a medical officer job actually with surgery. And that was the main draw for me to come to Hong Kong.

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Geoff: At what point did you decide it wasn't gonna be surgery, that you were going to be a radiologist?

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Dr. Khong: About one year into the job, I realized that this was probably not for me. And I have to say it's one of the best decisions of my career to have made the switch to radiology. And it was really quite a fortuitous move, that this job came along and I made that change. And, you know, I've never looked back since.

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Geoff: Fantastic. And at the time, you mentioned that there was the impending transition of Hong Kong to mainland China from British oversight. It doesn't sound like, at the time, you were particularly concerned about that. You saw opportunity, and the fact that the transition was gonna occur did not deter you.

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Dr. Khong: No, not at all. I think, you know, from a perspective, at that time, obviously, someone who was not from Hong Kong, that was not a factor in my consideration. And besides, I did not realize that actually I might end up having stayed so long. At that point, it wasn't exactly in the plan. So no, I did not have that concern at all, and I looked at it as an opportunity.

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Geoff: Life's twists and turns, we certainly can't predict the future. You subsequently performed additional training in pediatric radiology, particularly overseas. What is interested you most about pediatrics?

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Dr. Khong: I think, at that stage, what was the most attractive was that one didn't have to decide on a particular organ system. And also, I was encouraged, at that point, by a mentor who also steered me towards pediatric radiology. I had set up quite easily soon after a registrar's post in the UK to spend six months in pediatric radiology in a children's hospital. So then that I considered a great opportunity so I took that up as well. And then it was just nice to be able to specialize in a specific subject and have the opportunities laid out for me. And it was hence, you know, quite a natural option for me, at that point in time.

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Geoff: Was that kind of specialization common for people in Hong Kong, for radiologists?

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Dr. Khong: It was encouraged to have a specialty that you could have a special interest in. As you've pointed out, it's not so common for us to be entirely specialized in one specific field. And many of us still practice some general radiology, but it was encouraged to take on a special interest in a subspecialty. So, yes, I mean, it was fairly practiced that people, after getting their radiology degree might spend a few months at least in an overseas institution to experience and to train a little bit more in a specific subspecialty.

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Geoff: You stayed on at Queen Mary hospital after your training in 2000. Can you tell us a bit about the hospital and radiology department at the time that you joined?

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Dr. Khong: It was very different, it was a lot smaller. And I would say that there was possibly also more interaction between radiologists and clinicians,

face to face, than it is now. But it was a very comfortable environment. I think, in general, radiologists are very warm, friendly, and approachable. And after having dropped in from surgery, I did think that to be quite refreshing. And so, Queen Mary Hospital has 1,000 over beds, more than 1,005, and the department at that time was much smaller, probably about 30 radiologists and I suppose there were fewer modalities that one needed to do reporting with. So, during those days it was CT ultrasound, plain film reporting, fluoroscopy, and IVUs, I remember. And we had fewer tools to play with, so to speak. It's, of course, changed now substantially.

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Geoff: MRI wasn't a part of the practice in 2000?

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Dr. Khong: Oh 2000, sorry, I thought you meant, like, when I first trained in radiology. So I joined Queen Mary Hospital as a trainee in 1991, at the end of 1991. Yes, from 2000, that's when I already had received my qualifications as a specialist in radiology. And then that was when MRI started. And I had the privilege of, I have to say, as a specialist take on MRI and, of course, that was really exciting times. I remember how amazing it was to do functional MRI from the time, I think around 2000, it came in and there was diffusion imaging, and we started to learn it in a different way. So, yes, from 2000 on, and even just before 2000, that's when we started to have MRIs in our hospital.

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Geoff: Yeah, now as a pediatric radiologist, it's interesting that you were doing functional MRI. Was this functional MRI on children?

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Dr. Khong: Diffusion MRI, meaning that was the first experience with something outside of anatomy and looking more at physiology as well and, you know, cellular functions. So, diffusion MRI was interesting to me at that time. And then I actually did pursue that as a subject of research subsequently as well.

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Geoff: Six years after joining the University of Hong Kong faculty, you were appointed an assistant dean for external affairs and fundraising. How did you come to that role?

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Dr. Khong: Our Dean of the Faculty of Medicine suggested that I could participate in that role. It was interesting because that was the role where I had to have some experience with being exposed to the press and other public relations. So we worked as a team. We had an Associate Dean who would sometimes organize some events where we would meet external parties and introduce them to the work that we do in the faculty.

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Geoff: Why do you suppose amongst all of the faculty, from all the departments at Queen Mary Hospital, the dean chose you to fulfill this role of External Affairs and Fundraising? Did you have particular expertise?

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Dr. Khong: Hopefully, he thought I was quite articulate and was able to sell our faculty. And I think it wasn't that difficult as I was very committed to the faculty and I was interested in meeting outside parties. So possibly that could be the reason.

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Geoff: And what was involved in this role? What were the expectations that were placed on you for raising funds?

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Dr. Khong: It wasn't hard expectations, it was really having regular meetings at that time with different groups, that were either potential donors or were able to provide our faculty with some publicity. And so, I remember that we had regular meetings and discussions about the work that we do in the faculty and how we have advanced research or medicine in that sense. It wasn't specifically for the subject of radiology as such but for the whole faculty advancement.

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Geoff: So less than a year after that appointment, you became the acting head of the department. Did you have any other leadership roles within the department, prior to that, or was it just, you went from kind of associate professor, faculty member to department head?

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Dr. Khong: Yes, that's because our department was in fact very small. So, prior to this, we were slightly left to our own devices, to fend for ourselves. So, it was a rather unusual situation where the department was very small and there was a gap in the leadership. So, I actually, in a way, volunteered and I expressed my interest when the situation arose, that the Dean was looking for

new leadership for the department. So you're quite right to say that, yes, I stepped into it quite, one could say unprepared and incidentally, in a sense. So no, I did not have a specific leadership role. I think I mainly led my own research team, I think, and that would be as far as it went. So, I had a small group of postgraduate students and I led the research in my own group.

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Geoff: And after you sort of put yourself out there to the Dean and essentially volunteered to be the head of the department, and he appreciated your interest and appointed you so, what did you find most surprising about becoming department head? What did you find unexpected?

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Dr. Khong: Well, the Dean did have a search process, and the Dean had external consultation for the headship, and he was advised by eminent international radiologists to review the situation in the department. And I remember that process very well. In fact, Professor Joseph Lee had come to review this request of the Dean that time. And subsequently, I was then appointed to be the acting head first, for a year, before I took on the headship.

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Geoff: And during those early days in your leadership, in that role, was there anything that you can recall that was particularly surprising to you about being the head of the department?

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Dr. Khong: Yes, certainly, it was quite an impactful experience, as you alluded to. There was no specific training in that sense. But I remember having a very strong vision for what I wanted for the department. And as it was a small department, basically, I could build it more or less from scratch, so to speak. I did have a very strong vision of how I would like an academic department to be. Other departments in the faculty were a lot larger so, you know, I could learn from those departments of what one would like an academic radiology department to be. But what was challenging in this process, of course, learning to manage staff and to deal with certain external forces when forming this department. So, I did find some challenges along the way, but, you know, my vision was quite clear.

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And I had then approached our new Dean and I requested some training in leadership, in fact, and he was very supportive. He then suggested that I would

take up kind of, like, a management course, and that was really refreshing. So, I signed up and I joined the NCI course, the management acceleration program it's called. And that was very beneficial to me, to understand how organizations could be managed in an objective and methodical way. So it was a very big learning process, and I have to say a lot of it was learning on the job. But I think what really kept me going was the positive changes that I could see happen along the way, as well as having this vision that, you know, you're not quite there yet, and it takes time to build. So it was a process. You know, looking back, I really have enjoyed and so much has happened.

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Geoff: Now, you've mentioned about the vision that you had, at that time, a couple of times. I'm curious, how would you articulate that vision? What was your vision for the department, as you took over as head?

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Dr. Khong: Well, as I mentioned, you know, we started from a very small base. So, it was a vision of setting up a platform that academics would have the opportunity to excel. Prior to this happening, it was always a little bit challenging because we didn't have our own equipment. We had a teaching hospital where the scanners were very fully utilized for clinical services, and understandably so because it's a public institution where imaging was clearly in high demand. So, patient wait times are often just a bit too long. So, there was no infrastructure within the department to encourage prospective studies. And we didn't have an environment that would also be very attractive for others who were interested in academic radiology to want to participate in.

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So, the vision was really to build an academic department that we could be proud of and that would require certain factors that would attract persons who will be able to excel in an academic field to want to join us. So, that would include an infrastructure, a setup where one could really do prospective studies, or to actually build programs, and then also to set up a non-clinical team of scientists. Obviously, being a radiologist, we needed multidisciplinary collaborations and...you know, that these scientists were collaborative and important in the development of research and the departments. So, the university has a very long history of research and the structure to actually recruit such people, students postgraduate, we have a very well-structured postgraduate school. So basically, to make an environment where other radiologists who were interested in academia would want to join, and at that

time was not very high profile to do academic radiology. So, that was what he was hoping that we could do.

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Geoff: That was your vision, to build academics. And if I recall, I think you described the department as containing just one to two academic radiologists at the time and that there was no imaging equipment dedicated to research. Jumping ahead to today, what is the status of the department, from the point where you took it over with one or two academic radiologists and no imaging equipment, where have you taken it? What's the state of today?

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Dr. Khong: Yes, so soon after I became the head of a department, we were donated our first equipment in the form of a PET/CT scan that was actually a donation from a grateful patient who wanted to donate to oncology or to cancer medicine. And in fact, that was the first scanner that we took under our department, as our own. And the Dean had the vision and the foresight to build an imaging facility in the university that was able to self-sustain and also provide opportunities for the academic staff in terms of research and working with advanced imaging modalities. So I was, previously before that, you know, quite happily working on pediatric neuroimaging. But when the PET/CT arrived, I quite quickly changed tracks to focus on hybrid pet imaging. And then we set up our first academic imaging unit under our own department. And subsequently, we then also was given a 3 Tesla MRI. So, from then, you know, it was two big imaging tools that we managed under our own department, that we provided clinical services as well as earmarked research time on this equipment, and therefore a lot more could be done. It was nice to have our own equipment to manage.

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And with that revenue from those equipment, we also then started to recruit a lot more staff, both academic staff, as well as technical staff to run the equipment. And we've come a long way since that. Now we have two MRIs. We are about to install a new MRI. We've actually just upgraded our PET CT scan as well. And we've also then got a grant to get a cyclotron. So we built a cyclotron and we started to really do molecular imaging. Because one of the visions with the 3 Tesla MRI and the Hybrid PET is, of course, you know, one would step into molecular and functional imaging. And the cyclotron was really good, of course, a critical equipment for that.

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So, then the cyclotron came on board. And then, you know, I had also dabbled with some preclinical imaging using double sets of the MRI that time. And then when the opportunity arose for us to have our own... So, subsequently, now we have a micro PET-MRI. We've started doing translational imaging as well. And we've got several labs doing translational work with the clinical imaging. And I think this was really how our department started to build. And we do have now a very strong team of non-clinical scientists as well and multiple Ph.D. students, and many more academic staff.

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Geoff: That's an amazing success story. There's a couple of things in it that I'd like to unpack with you. The first being these donations, which seem to just sort of seed the development. You first had a PET/CT and then you had a 3T MRI donated, was the donation somehow related to your prowess as a fundraiser gleaned from your time as an assistant dean or were you just a natural fundraiser? How did you become fortunate enough to be connected with these donors, to acquire such valuable equipment?

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Dr. Khong: I have to say, you know, I couldn't take credit for the donations, in that sense. We had a lot of support from the faculty. In terms of donations to imaging equipment, I have made multiple attempts, but it's not been very easy as most donations would more easily and endowments for that matter, seem to go to more of the clinical departments. So, the first PET/CT scanner was donated through a grateful patient who wanted to remain anonymous, but it was through the Department of Medicine. And the Dean, at the time, you know, suggested that some of this donation could be used for a scanner. And so, that's how that happened.

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And with the MRI, actually, we took it over from another faculty that needed some assistance to sustain the equipment. It was meant to be 100% for research at that time, but the sustainability issues came up. And so, it was then transferred to us within the University. And then the cyclotron was actually a grant. It was a one-off equipment grant from the government. But, of course, you know, the grant needed a lot of matching from our faculty as well as universities. So, it was various means. In fact, I have to say that opportunities just arose. I mean, things just came along and, you know, we grabbed it. But they came from various sources and it wasn't a donation upon donation although it would have been nice.

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Geoff: Yeah. But you know what they say, that you make your own opportunity. And clearly, you had a relationship with the Dean that made it so that he would support you in your role as a new department chair and essentially telling the Department of Medicine that this grateful patient's donation was going to partly go to support the PET/CT in your department. That's great. That social capital that you built with the Dean probably was a very important prerequisite to getting these donations, as well as the grant and the way that this all came to you.

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Dr. Khong: Yes, I mean, for sure. Every Dean that I've had the pleasure to work with and the privilege was fully supportive, I have to say. It would have not been possible without the support of the Deans in the faculty. And, you know, we're talking multiple Deans because I've worked for several Deans, and every Dean I had a really good relationship with them. And they were always supportive, and it would have been impossible, otherwise.

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Geoff: So, actually, I think that's really remarkable Pek, because radiology, as you pointed out, is not one of the high profile departments in a lot of academic centers. And maybe you get one Dean who gets it, who understands the value of radiology and wants to invest in it. But to have all the Deans supporting you, I think is more reflection on you and the relationships that you have forged with what are, undoubtedly, diverse personalities, diverse individuals who have served as dean at your institution. What tips do you have to offer around establishing those relationships, and what have you found most productive?

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Dr. Khong: I think, for sure, being very collaborative is critical. And I think I do come across as that very collaborative person. And I think people understanding that you have every good intention for the institution, and for the department, and your agenda is quite clear, that it's not self-serving in that sense, I think it's difficult, in that case, for people not to support you. And if you want it, for the sake of the institution, and for the right reasons, I find that works. I've never had difficulties in that sense. And, you know, my colleagues have always been supportive of me, from various department heads and in the leadership of the university, from the Dean and beyond. So, that has really made my work also so much easier. And I understood every time that they had done their best, as well, for me. So, of course, you know, there are constraints within the university, which we all have to face, but other than that, I feel that

people have done their best, and so have I, you know, in that sense. Yeah. So, I think that's really helped.

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Geoff: Gaining the trust of the other faculty leaders and the Dean, and showing that you're a team player or a collaborator, as you said, clearly was an important pathway for you. Are there any instances that you can recall, where you needed to make a sacrifice on the part of either yourself and your aspirations or on the part of the department, in order to show your commitment and to gain that trust from the rest of the leadership team?

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Dr. Khong: I think the one thing that I had to give up was the focus on my own area of research, and it was difficult to have a handle on so many areas, you know. So, I am quite clear that my first aim is for the department's advancement rather than my own research portfolio, for example. And every time the opportunity arose, because the department's also quite young, I had to kind of take the leadership of developing each new platform, so to speak. Which, you know, was challenging, in some sense, because I had to learn it myself first. But I always put that first in setting things up. And I always thought I could come back to pediatric neuroradiology again one day. I still do keep a handle on that, but juggling isn't it with multiple other areas that one has to develop. So, I think the department's development was my priority. And one could say it was a sacrifice, but I don't really feel that because, you know, after all, that is my aim and vision. So it is also very satisfying for me to see that happen.

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Geoff: Yeah, absolutely.

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Dr. Khong: And I do make sure that they know that their interest is of my primary concern. So I try to uphold the principle of what I think the leader should be. And I do always think that their career advancement is a reflection of the department's achievements and their success is my success, so to speak. So then that, you know, makes it quite clear.

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Geoff: Absolutely. Definitely the right attitude to have. One of the other aspects that was clearly a contributor to your success was the ability to leverage the donated equipment to generate revenue, as you said, from scanning clinical patients. Now I have to say that in the United States, income derived from imaging equipment is highly coveted by hospitals and health systems. And it

makes it a challenge for academic departments in the U.S. to image clinical patients and realize revenue to support their research equipment because the hospitals rely on that revenue for their operations. So, can you help us understand, how are these dynamics different in Hong Kong, that the leadership at Queen Mary Hospital was comfortable with you using your research equipment to generate clinical revenue?

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Dr. Khong: Yes, I think that is really key. And we have a unique situation here in the sense that the healthcare in Hong Kong is provided by government in a very highly subsidized way. And 90% of the population uses the public healthcare system here, which works really well, and I think most patients are happy with. But because it is highly subsidized, the wait time can be very long. So then the hospital authority encourages a public-private interface where the public patients have an option of doing...especially attractive would be imaging scans on a one-off basis, where they could choose to pay for their own scans in the private sector, and then have a very quick service. So, the hospital is quite happy that they could reduce their caseloads and the hospital budgets don't depend, to a large extent, on individual revenues through the revenue stream of private income. That works out quite well. So, we pitched ourselves as another private facility, that the patients would have a choice to elect if they needed to do some private scans. So that worked very well for us. It was a win-win situation.

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Geoff: I see. And so, the hospital is essentially a public hospital, and it's not possible for the public hospital to essentially be entrepreneurial and to have a business for private patients and public patients. They just have to use all of their resources for public patients, and that's what left the opportunity for you to develop the private practice.

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Dr. Khong: Yes, more or less so, yes. I mean, the private income for these hospitals is not their primary incentive. I think their main KPIs would be wait times, and what loads, of course, there's plenty for imaging. So, yes, I mean, that is essentially the case.

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Geoff: That's interesting. I would say finance is a major key performance indicator in American hospitals, so really a fundamentally different relationship. You've also built out small animal imaging as you started to mention, and that can be notoriously difficult to support, especially when there's

very few paying mice around for clinical care. So, what is your model for sustainability there? Do you basically subsidize that part of your research program through clinical revenues derived on the human scanners?

[00:43:27]

Dr. Khong: Yes, you're right, because there's no clinical income, you know, from small animal imaging. So, it does take a different kind of approach and different interactions with outside groups to bring the revenue in. But the moment we are depending on grants, so we charge, you know, the cost of the scanning, we serve a bit like a call facility as well, but... It's a lot cheaper as well but we do subsidize it from the clinical scanners and the cyclotron is doing quite well also, because we do sell our radio traces to a few institutions. So, we have a healthy budget at the moment from these revenues.

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Geoff: You're very entrepreneurial, and it's fantastic that you have such a wide runway to exercise your entrepreneurial instincts in academia. I'm sure that a number of American academic chairs would be jealous. Have there been any bumps along the way, that you can recall?

[00:44:34]

Dr. Khong: Yeah, the major challenge is human capital and that is also, you know, the most important resource that one can have in any organization. So, that has always been a challenge, to recruit and to retain the best in the faculty. So, human capital, I would say, was and still is our main challenge.

[00:45:00]

Geoff: With all of the program building and research focus, I was intrigued that you took on the role of a service chief for the newly christened University of Hong Kong Shenzhen Hospital. What led to that appointment and what was involved in that role?

[00:45:17]

Dr. Khong: Our faculty took the management of this new reform hospital that was built by the Shenzhen municipal government as the faculty to run. So that was a very interesting and unique project. And as the head of the department in the University of Hong Kong, the Department of Medical Imaging in the Shenzhen Hospital was then under our management as well. So, that's how it started and we had to go up to Shenzhen to set up this department and this hospital.

[00:45:59]

Geoff: Even though the cities are just 19 miles apart, the governance of healthcare is vastly different between Hong Kong and Mainland China. Can you explain some of those differences?

[00:46:12]

Dr. Khong: The hospital in Shenzhen is a public hospital that is nominally supported by the government, but they are required to actually top up their finances and their budgets with revenue streams because imaging indeed is a very big revenue stream in Mainland China. So the income from imaging and other high-end modalities would help to top up the budgets. And so, it works quite differently from Hong Kong. And so, there are many differences, in that sense, between Hong Kong and China.

[00:46:49]

Geoff: So, as you describe it, in Hong Kong, it almost seems like the hospital is more completely a public service organization with its mandate purely focused on providing to the public and not generating revenue. Whereas in Mainland China, there is a little bit more of an imperative to generate revenue...there is presumably less complete support by the government, and that revenue tends to get generated through imaging, among other things. So, do the patients actually pay for their imaging in Mainland China, whereas in Hong Kong, they wouldn't be paying?

[00:47:34]

Dr. Khong: Yes. So in Mainland China, patients will often have to do co-paying. There is a general insurance scheme that the government provides, but it varies between provinces and municipalities as to how much the government covers. So, there is a fair amount of co-payment. And in that case, actually, it is cheaper, certainly for the patient in Hong Kong. But in Shenzhen, it's a wealthy city, so the insurance from the government, I believe, covers quite a lot of the patient's payments.

[00:48:11]

Geoff: I see.

[00:48:13]

Dr. Khong: But otherwise, in general, most hospitals in China are quite keen on generating revenues. And imaging then is driven by, you know, different drivers that drive the need for imaging, or the requests for imaging.

[00:48:31]

Geoff: Were there any cultural differences in particular between the institutions that influenced your approach to getting things done? I would imagine that between Hong Kong and Mainland China, things are run fairly differently.

[00:48:46]

Dr. Khong: Yes, there were many differences. And cultural, as you rightly pointed out, is one major difference as well that we had to accustom ourselves with. I think for one, it's more hierarchical in China than in Hong Kong. So that has a lot of impact on how department functioned. And it was quite a big difference for me, coming from a department that I did not actually have a lot of hierarchy with. I feel that our department is quite flat in the way we operate. China is quite different, in that sense, culturally.

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Geoff: What kind of challenges, in particular, can you describe that resulted from those cultural differences?

[00:49:39]

Dr. Khong: I think to direct the department in China, you realize that the junior staff are very respectful of that and sometimes this hierarchy may limit their development, as they are quite dependent on the leadership, in a way, to provide every opportunity. So that is one aspect. Of course, you know, working in Shenzhen, you know, not to mention the language issues as well, but it was always quite challenging to speak and to think in three languages at one time, and to communicate in various languages depending on the situation. Yeah, so, I think that there were many cultural differences in the way that we communicate.

[00:50:34]

Geoff: How so, with respect to communication?

[00:50:37] Dr. Khong: I think because of the cultural differences, sometimes it would be quite difficult to understand what was the real intention or what is the message, you know, what is the intended message. And it might take longer to understand that than normally would.

[00:50:57]

Geoff: Independent of the language itself?

[00:50:59]

Dr. Khong: Yes.

[00:50:59]

Geoff: I mean, you mentioned that you grew up bilingual and that was English and Mandarin?

[00:51:08]

Dr. Khong: Yes, Mandarin. So that came in very handy. I started to have a lot of practice and luckily, you know, one recalls, so it was good in that sense. I could pick it up, at least, conversationally quite easily. Prior to that, we have a lot of postgraduate students from Mainland China so already, you know, I had started to speak a bit more Mandarin occasionally with them, although, of course, English is the medium of instruction in the university. But that was an opportunity for me. But not until I went back to Mainland China that I had to use it again in daily conversation. So, that came in very handy. I was very grateful that I had learned it as a child.

[00:51:49]

Geoff: Do you think that you were able to bring some of the sensibilities of Hong Kong, the lighter touch, the flatter organization, to the department in Shenzhen during your time there?

[00:52:07]

Dr. Khong: Yes, I think so. I mean, from the start, we emphasize how opportunity should be spread across the department and that meritocracy would be key, and that will generate opportunities. So, that was certainly the way that we preferred the departments would be run. And I think it was very much appreciated. Other things I feel that we emphasized was appropriate use of imaging and more awareness towards radiation protection as well. So, with appropriate use to imaging, I had alluded to the fact that there were slightly different drivers for imaging in these institutions. So, we had to readjust that a bit, to go back to basics of actually the medical and reasons behind appropriate use and appropriate choice.

[00:53:05]

Geoff: And was that difficult?

[00:53:08]

Dr. Khong: Yeah.

[00:53:09]

Geoff: You know, essentially going against hospital administration that was all about wanting to generate revenue, and you were needing to convince them,

"Hey, not all the revenue is best for the patient. We need it to be appropriate. We need to manage radiation exposure."

[00:53:25]

Dr. Khong: I think that administration was in the same wavelength as us because, you know, this was easy to justify as its international practice. But what I found more challenging was actually educating or changing the mindset of the doctors in the hospital, the reforming clinicians as well as my Mainland radiology colleagues. So, it was really having to inform and to educate, again, even our own department Mainland staff.

[00:53:59]

Geoff: I imagine that wasn't popular with everybody.

[00:54:03]

Dr. Khong: Yes, but as I mentioned, there were quite hierarchical so they were receptive.

[00:54:11]

Geoff: I see. Hierarchy has its benefits.

[00:54:14]

Dr. Khong: Yeah. But also, I think it's just bringing it to awareness. Once people are aware...again, and it's very logical and reasonable thinking, so it was not too difficult to accept. But I think it's just the changing of the mindset in practice.

[00:54:29]

Geoff: Yeah, well, clearly, you accomplished a lot there. That's fantastic. Now, at the time of our conversation, much of the world is struggling to contain the COVID-19 pandemic. The word that we're receiving from China is that the new cases have been on a sharp decline and that the disease is under control. Can you take us through the past few months, as a healthcare leader in Hong Kong, and talk about the local experience with COVID-19, and the extraordinary steps needed to contain it?

[00:55:03]

Dr. Khong: I think we responded very quickly. So, we put in infection control very early and in a very strict manner. So, patients were all very properly screened. And in Shenzhen, actually, even more so in the hospital where... I know the staff of the hospital actually feel very safe being in that hospital because, you know, everything is very well-screened before anybody enters the

hospital. So, we were fortunate, to this point, to still have it fairly well contained. And I think my colleagues and I, we feel safe in the hospital, we have sufficient protection. We had seen a bit of the light until recently where there was a slight turn of second wave. So, we are quickly just becoming, again, very cautious with infection control.

[00:56:01]

Geoff: So, in Hong Kong, for example, what are some of these steps that are being taken with respect to infection control? I mean, are people being asked to socially distance themselves, to remain in place? Is the city partially shut down to avoid local transmission?

[00:56:24]

Dr. Khong: Well, yes, I mean, we're not in a lockdown as such, but we are very highly encouraged to keep social distancing, not to have large gatherings. Many events from the start of this epidemic have been canceled. And at this point in time, there is discussion about whether alcohol should be restricted in restaurants and in bars. And basically, people wear face masks most of the time. A lot are working from home at the moment but, of course, not in the hospital.

[00:57:02]

Geoff: But the restaurants and bars are open?

[00:57:06]

Dr. Khong: I think not as many are open at the moment. Yeah. And many might start to elect to close, in fact, because...especially if there is, you know, alcohol restriction.

[00:57:18]

Geoff: I know that the World Health Organization really celebrated China's approach and highlighted the strategy of having fever clinics that were outside of the normal hospital clinic environment where patients were screened, and then if determined to be positive for COVID, they were immediately transferred to dedicated wards that were outside of the hospital but were dedicated to all COVID patients. That is a very direct and specific containment method. Was that practiced in Hong Kong as well?

[00:58:03]

Dr. Khong: We have one hospital that was the first taking in the patients. So, the patients were channeled to one specific hospital in Hong Kong until there is an overflow and then, you know, the other general hospitals also took in COVID patients.

[00:58:20]

Geoff: I imagine that accessing professional organizations within North America and Europe can be a challenge from Asia with timezone differences and long travel distances, yet, you have managed to be quite involved, becoming a fellow of the International Society for Magnetic Resonance in Medicine, the International Cancer Imaging Society, a member of the International Commission on Radiological Protection and the International Society for Strategic Studies and Radiology. Why do you prioritize these activities?

[00:58:53]

Dr. Khong: I think that it's important to elevate our visibility in international organizations. And this is one of the aims that I have and wishes I have for me and my department staff to be International. And so, definitely, this is a priority within the university and in the department. And, of course, above all, I enjoy it. So, it's key as well in wanting to participate. But yes, certainly, it is in the aim of the university to have this for the faculties and the departments.

[00:59:33]

Geoff: There's nothing wrong with doing something you enjoy. That's fantastic. Now, you are a passionate advocate for women in radiology and women in leadership, in particular. How do you view Asia, relative to other parts of the world, for developing women leaders in radiology?

[00:59:53]

Dr. Khong: Yeah, I think in Asia, in general, women can be given a larger voice and especially growing up, culturally, that may have an impact on how women are comfortable with asserting themselves in leadership roles, so therefore, have a strong sense of wanting to support this endeavor.

[01:00:17]

Geoff: What efforts do you anticipate being effective or that you think need to be advanced to help women as leaders in Asia and China, in particular?

[01:00:33]

Dr. Khong: I think more mentorship and more role models being seen. Having said that, I've been told as well that China, actually, there is maybe even a stronger sense of equality there between the genders, than perhaps outside of China, I believe, in this sense, as well. But general, I think for women, I think we need to see more Asia role models for them to aspire to. And then with the

mentorship and awareness, I think are important, that they should not settle for less.

[01:01:10]

Geoff: What role have mentors played in your leadership journey?

[01:01:16]

Dr. Khong: Oh, it's been critical to me. I have been just so lucky, and fortunate, and blessed to have so many mentors that I've had the fortune of meeting and who have taken me under their wings. So, it's been critical for me, and therefore, you know, the sense of paying back and giving back makes me want to continue this. So, it's been critical for me.

[01:01:41]

Geoff: So, you are an active mentor of others?

[01:01:44]

Dr. Khong: Yes. Whenever I have the opportunity certainly, and I do reach out and within the department as well, you know.

[01:01:51]

Geoff: Certainly. Leadership can be stressful. What do you do to unwind and recharge?

[01:01:59]

Dr. Khong: Well, I think that exercise is very important. I do make an effort to be active and to get my endorphins going.

[01:02:12]

Geoff: How do you do that?

[01:02:16]

Dr. Khong: I do whatever cardio exercise that is interesting or fun to me at that point in time so it could vary. But now I'm back into enjoying tennis again, and I find that a good workout. And I walk quite a lot with the dogs. I hike on the weekends. And I might go for PT and to the gym. In the past, I used to do a lot of spinning. And, of course, you know, a good meal and drinks with friends is always nice to end the day with and a few good laughs.

[01:02:48]

Geoff: Definitely. What advice would you give to a young radiologist who is inspired by your journey and would like to pursue leadership?

[01:03:00]

Dr. Khong: Well, I would say that they would not regret making that choice, and that it's a very rewarding career, and it's something very unique that if you can do it, you should go for it. There is certainly not going to be any regrets. And I found it to be extremely rewarding. And I've felt privileged every time I think of how things have worked out.

[01:03:30]

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

[01:03:36]

Dr. Khong: How dynamic it is and how, you know, we will have changes in such a quick way that there is never a dull moment in the things that we do and what we can look forward to. It's very exciting.

[01:03:58]

Geoff: Well, Pek-Lan Khong, I wanna thank you very much for your willingness to speak to us today on "Taking the Lead." You are a great example for radiology, in general, but for Chinese and Hong Kong radiology. It's such a privilege for us to hear your perspectives and to hear your experiences.

[01:04:21]

Dr. Khong: Well, thank you, Geoff. It's really been an honor for me. Thank you for inviting me.

[01:04:34]

Geoff: As we close this episode of The RLI's "Taking the Lead" podcast, I want to once again thank our new sponsor, Carnegie Mellon University's Master of Medical Management program offered exclusively to physicians. This professional degree from Carnegie Mellon builds expertise in evidence-based management, business strategy, and technology for the future of healthcare leadership. To learn more about the MMM program, please be sure to check out the link on the page for this episode. Please join me next month for a very special episode of "Taking the Lead," recorded just five weeks after the initial surge of COVID-19 in New York City.

[01:05:14]

I speak with four radiology department chairs on the topic of crisis leadership and their experiences leading through the surge within the earliest epicenter of the COVID pandemic in the United States, during a time when there was little

precedent from which to prepare, and shortages and critical supplies were at their most acute. Our conversation includes Robert Min, Chair of Radiology and President of Weill Cornell Imaging at New York-Presbyterian and President and Chief Executive Officer of Weill Cornell Medicines Physician Organization, Sabiha Raof, Chair of Radiology and Chief Medical Officer at Jamaica and Flushing Medical Centers in Queens, Michael Recht, Chair of Radiology at NYU Langone Health, and Judy Yee, Chair of Radiology at Montefiore Health System in the Bronx.

[01:06:03]

We discuss their approaches to leading through a highly disruptive period and how they rapidly adapted to overcome shortages, enhance the effectiveness of their organizations, and set a new vision for the future after recovery. If you've enjoyed this podcast, I invite you to do three easy things, subscribe to the series so you need never miss an episode, share the link so your peers can listen too, and like or rate every episode, so more people will discover it. "Taking the Lead" is a production of the Radiology Leadership Institute and the American College of Radiology.

[01:06:42]

Special thanks go to Anne Marie Pascoe, senior director of the RLI and co-producer of this podcast, Peg Helminski for production support, Linda Sowers for our marketing, Bryan Russell for technical support, and Shane Yoder for our theme music. Finally, thank you, our audience, for listening and for your interest in radiology leadership. I'm your host, Geoff Rubin, from Duke University. We welcome your feedback, questions, and ideas for future conversations. You can reach me on twitter at G-E-O-F-F R-U-B-I-N or the RLI @RLI_ACR. Alternatively, send us an email at rli@acr.org. I look forward to you joining me next time on "Taking the Lead."

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