



Editorial

# The 7 Habits of Highly Effective IRs: Keynote Lecture at PAIRS2023 Annual Meeting

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First of all, I would like to extend my sincere congratulations to the Residents/Fellows/Students (RFS) team who made enormous efforts over the past few years, which materialized into a great collaboration across several global societies and resulted in a remarkable increase of awareness about the specialty among medical students and the public alike. I am truly honored to give this keynote speech to this crowd of future and current colleagues.

Today's talk is inspired by the book by Stephen Covey, *The 7 Habits of Highly Effective People*. But, before I get started, I would like to share with you a personal story that happened to me when I was a resident doing a difficult gastrostomy tube insertion in a patient with very large hiatal hernia. When we started the first puncture with my mentor Dr. Aghiad Al Kutoubi, the needle went into what appeared to be the celiac axis!! As a resident, I just freaked out, while he simply withdrew the needle and said to me: "If you live as long as I lived, you will puncture every single vessel and every single organ in the body." This truly was a very inspiring and eye-opening moment for me, when you think about how vast interventional radiology is, and how much knowledge you should acquire to have the same level of confidence. The current challenge nowadays is that many medical students, interns, and even residents are not exposed to the real practice of IR and the majority of health care providers are not even aware of the capacity of IR and what kind of help they can offer to patients. It is certainly a great blessing to get in touch and work with a giant like Dr. Al Kutoubi and many other giants in the world. Definitely, you get to know more about interventional radiology and you get inspired by their words to further explore it. This is why, we

in PAIRS, have established the RFS section to engage the residents, fellows, and students with colleagues in the world and in the region to make sure that they get exposed to interventional radiology in the proper way, so they can consider it a career for themselves.

## Habit 1: Be Proactive

Being proactive is a common character between the Giants of IR in the world or in the region. IR did not stop at them; they actively tried to spread it everywhere around them, in the department, in the institution and the community, in the region, and across the globe. They shared it with everyone to make it look the way it looks today. Highly effective IRs are educators, scholars, researchers, innovators, collaborators, administrators, advisors, and mentors. They went beyond everything they can do to make sure that they delivered the message of IR to everyone in the medical and public community. This is why we have PAIRS today. PAIRS was established back in 2006 as part of the Pan Arab Radiology Society. Then it became independent in 2014. The Arab Journal of Interventional Radiology (AJIR) was established in 2017. And here we go now in 2023, we have so many people here in the crowd including medical students, interns, residents, and fellows. PAIRS is attended by delegates from across the globe, and membership nowadays is a true representation of the weight of interventional radiology among other specialties and among other societies. Being proactive means providing timely clinical care, being available for consultations anytime whenever needed. Being proactive means introducing new procedures, new techniques, and new ideas to the department,

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to the institution, and to the community. Being proactive means to participate in institutional and societal activities and to collaborate with others to have proper IR presence in administration. It is quite important not to just stay in the IR suite or the dark room; go outside and be proactive. Otherwise, your voice will not be heard; you will not be known. This is the key. Awareness is the key.

### **Habit 2: Begin with the End in Mind**

Most of you are now at crossroads of choosing a career, whether it should be interventional radiology, radiology, or some other specialties. It is necessary to think and set long-term plans. Where do you see yourself in 10, 20, or 30 years? It is quite important to know that interventional radiology can be physically, emotionally, and psychologically demanding and you have to be ready for this. Do you see yourself here in 20, 30 years? Are you physically and emotionally fit for this? The choice of private versus academic practice is determined by personal capacities, attitude, and long-term plans. Positioning yourself on the right path makes you more effective and more productive. If you find yourself in 10 or 20 years in a place that you really don't like, you ultimately become less effective and less productive.

### **Habit 3: Put First Things First**

Patient care is the key and the crux of our specialty, and we cannot deal with procedures as catheter technicians. Taking ownership of patient care entails taking full longitudinal care prior to and postprocedure including management of complications. Putting first things first means to learn and focus on the basics. As a student, resident, or fellow, trying to learn and mastering the basic skills and procedures paves the way to start developing your career and reputation. My fellowship program director at the University of Michigan, Dr. Kyung Cho, used to say: "If you don't master the basics, even PICC line and the simplest skills, no one will trust you in complex cases." Mastering a vascular access case is the key to make you a referral for complex peripheral arterial cases, central venous reconstruction, or any kind of complex procedures.

### **Habit 4: Think Win-Win**

Collaborate; do not compete. Try to avoid competition with colleagues and other services. Help colleagues in your department and other departments. You will definitely need help some day!! Avoid turf battles with other specialties. Do your job and provide good services. Then everyone will refer more cases to you. Patients don't care who does the procedure; they need someone to do it well and take good care of them. As Dr. Charles Dotter, the father of IR, says: "If we do the job well, we'll keep it; if not, we will lose the techniques we have developed." To win-win, develop a niche of excellence and area of interest. This frees some space for others to shine and rise and allows them to focus on other aspects of the specialty as well.

### **Habit 5: Seek to Understand, Then to Be Understood**

This is a key component in quality improvement. You have to analyze and understand the problem before you start acting on it. You have to learn how to listen to patients, colleagues, juniors, and administrators, and understand them before you try to improve on the quality of the service that you provide. This will make you more effective, more productive, and a better quality care provider. Learn how to "learn." Be humble, put ego aside, and just learn. The more you know, the more you know how much you do not know.

### **Habit 6: Synergize**

IR is not a "one-man show." It's absolutely not a one man show. It is "We R," NOT "I R." Work with team members; try to deliver the best care you can. Listen and learn from every single member of the department, and from every single member of the team. They can seriously save you and save the patient. Try to incentivize and encourage others around you. They truly deserve it. Acknowledge, motivate, and promote your team members. It's not you who has done the job. It's everyone else who participated in the procedure. Encourage them to present in meetings and teach them how to do so. Just try to lead them into success.

### **Habit 7: Sharpen the Saw**

It is quite crucial to bear in mind the work-life balance. Don't be drowned in the oceans of IR work. Sometimes we get excited; we get up and start work at 7 o'clock and we go back home at 10 or 11 p.m. All of sudden, you find yourself completely drained in a few years, with no family life, no social life, and no self-care. This is something that we should pay attention to and fix it before it's too late. Sharpening the saw means to stay updated and learn more techniques, learn more procedures. It's quite important to advance yourself in parallel to Interventional Radiology career and specialty.

### **The 8th Habit: Be a Clinician**

These are the seven habits that make you a highly effective IR. Steven Covey has published another book discussing the 8<sup>th</sup> Habit that takes you from being effective to becoming great. I would say the only habit that makes you effective and great is being a clinician. You have to be a clinician to be great. Remember you are a clinician; you have graduated from a medical school. Training in IR has shifted significantly over the past decades to focus more on clinical aspects of the practice and to equip trainees with the necessary clinical skills to deliver proper clinical care for inpatients and outpatients. Do not be the "hired gun" who does the procedure and just leave the room. Being a clinician enhances your clinical skills; it helps you make better informed decisions about the procedures of when to do and when not to do. This will broaden your referral service, as more referrals will trust you. Better interaction with patients will increase patients'

awareness. This will enhance the position of IR among other specialties. When they see you in the wards and at bedside, they interact with you as a clinician rather than as an operator or just a service man. Being a clinician will increase your administrative power. When you keep providing

excellent timely clinical care, the administration will have more respect for you as a powerful clinician.

I would conclude with this: “Be a Clinician” to become a great Interventional Radiologist rather than a “skilled catheter mechanic,” as Dr. Dotter said. Thank you so much!