Editorial

The Society of Interventional Radiology—Forging Partnerships to Support Interventional Radiology Practice

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There has been particularly significant work being done by the Society of Interventional Radiology (SIR) in collaboration with other societies, boards, and colleges during the last several months. Many of these initiatives are known to SIR members, and include initiatives with the American College of Radiology (including collaboration toward the building of an NRDR IR Registry, involvement in their recent CME meeting focusing on the value proposition, as well as resources provided by the College to support the clinical focus of IR); the American Board of Radiology (particularly with regard to the maintenance of certification [MOC] process, as well as the new interventional radiology [IR] and diagnostic radiology [DR] dual certificate); as well as innumerable other subspecialty societies within and outside of the house of radiology. The three authors of this editorial would here like to provide some feedback regarding *how* the work of our societies is done—thanks in part to a unique opportunity to attend a somewhat different type of society conference: one held by the American Society of Association Executives (ASAE).

Yes, there is an association for associations. The ASAE is a membership organization of more than 21,000 association executives and industry leaders representing more than 10,000 organizations. That may sound small, but ASAE estimates that one in every three Americans is a part of our nation's vital association and nonprofit industry—as members, donors, beneficiaries, employees, or volunteers. Perhaps the most interesting aspect of this particular meeting, which was a symposium for chief executive and chief elected officers for organizations, was that there were many attendees to this conference outside of the field of medicine. Included at the authors' table were two other organizations: one representing educational efforts for Family Medicine trainees and physicians, and the other representing Canadian jewelers (we are NOT making this up). Somewhat surprisingly, there ended up being far more commonalities than differences in the issues affecting all of these diverse organizations and their respective memberships.

The two-day symposium focused on five specific areas: leadership issues unique to associations; confidence in the competence of one's partners; clarity of roles and responsibilities, particularly as they pertain to the staff versus volunteer leaders of organizations; consensus on what constitutes success for an association; and knowledge-based decision making. Each section consisted of didactic lectures as well as discussions between the elected and staff leaders of organizations. It was the latter aspect of the symposium that the authors believed to be the most valuable—the open discussion, often coming from different perspectives, between staff and volunteers of the SIR.

Although much information was gleaned from the conference itself, perhaps the greatest benefit of attending the conference came from the halo effect of the primary conference agenda. First, it is exceedingly uncommon in today's world to have truly dedicated time for uninterrupted thought and reflection on one specific job or duty. Second, it is even less common to have the opportunity for such thought that can be immediately bounced off one's colleagues. Third, by getting both the staff and volunteer leaders of SIR together in one place at one time, not only were issues specific to the Society (and the SIR Foundation) identified, but also simple differences in leadership styles were identified. These differences in leadership style can either be assumed to be detrimental and obstructive to the individuals involved as well as the greater membership—or they can be recognized for what they really are, which is an opportunity to look at a problem through different lenses that leads to more creative solutions and further opportunities for growth and improvement.

As the organization that represents nearly 6,000 members worldwide who are daily pushing the boundaries in our field with regard to patient care, education, and research, the SIR (and the SIR Foundation) is in a prime position to set the course for IR over the next several years of impending changes in medicine. We are keenly aware that collaborative efforts—

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including those between staff and volunteers as well as engagement of industry partners, medical trainees, and other specialties—will be crucial in enabling IR to leverage its strengths to be effective in the large and rapidly evolving health care ecosystem. As this is also true at the level of local clinical practice, we encourage all IRs to find time to reevaluate their potential to engage new stakeholders in their efforts

to improve patient care, innovate, and promote the success of their practices.

ASAE calls this the “Power of A”: mobilizing the expertise and passion of millions of people to enrich lives, keep us competitive, impact our future, and seed progress.

Rest assured that the leaders of your Society will be doing the same.