Leading Change with the Patient at the Center

Nina S. Vincoff, MD

Nina S. Vincoff, MD, is the editor-in-chief of *Applied Radiology*. She is the Executive Medical Director of the Radiology Care Division at Prisma Health and Clinical Associate Professor of Radiology at the University of South Carolina School of Medicine Greenville. She can be reached at nina@appliedradiology.com

This fall marks the beginning of two new chapters in my professional journey. In September, I began my tenure as Editor-in-Chief of *Applied Radiology*. That same month, after 26 years of practice in New York, I moved to South Carolina to become the Executive Medical Director of Radiology at Prisma Health. Change can be exhilarating, but it can also be unsettling and sometimes scary. It asks us to let go of what is familiar and to trust in what is new. Throughout my career, I have found that keeping a focus on what is best for the patient makes it easier to embrace change and to lead others through it.

Radiology has transformed dramatically since I was a resident. Many of the technologies and tools I use every day as a breast imager—digital mammography, tomosynthesis, computer-aided detection, artificial intelligence, wireless localization, and contrast-enhanced mammography, to name just a few—did not exist when I was in training. Learning to use these tools has been challenging at times, but the reward has always been clear. Each advancement has enabled me to provide higher-quality care for my patients.

As a leader, I have had the privilege of introducing many of these innovations to my teams. Even more importantly, I have challenged the radiologists I work with to expand the way they think about their role in patient care. I believe that the role of the radiologist extends beyond identifying and reporting imaging findings. For a breast imager, that might mean identifying women at increased risk for developing breast cancer and connecting them with preventive services, ensuring that newly diagnosed cancer patients are guided quickly and compassionately to treatment, creating patient-friendly reports that promote shared decision-making, or noting the presence of breast arterial calcification on mammography to alert women that they may be at higher risk for heart disease. For some radiologists, this expanded, patient-facing role felt uncomfortable at first, but the reward for our patients ultimately eased the decision to embrace change.

Leading change successfully requires empathy, communication, and purpose. New technologies and processes can only thrive when people understand why they matter and how they improve care. When we keep the patient at the center of every decision, we find clarity amid uncertainty. In imaging, contrast helps reveal what might otherwise remain unseen. Leading through change works in much the same way. By viewing every transition through the lens of the patient, we can distinguish what matters most and move forward with confidence, compassion, and shared purpose.

https://doi.org/10.37549/AR-D-25-0137