

Marshall Hicks, MD, talks about the Leading Others and Teams

Dr. Hicks joined the faculty of Diagnostic Radiology in 1998. He served as Section Chief of Interventional Radiology from 1998-2008, department chair from 2007-2012, and as President ad interim from 2016-2017. In an interview conducted in 2019, he talks about values he implemented when recruiting new faculty, drawing on lessons learned while a faculty member in the Department of Interventional Radiology at the Mallinckrodt Institute of Radiology (1988-1998).



Shared Values in an Innovative Field

As I recruited people, I tried to look for people that were similar, that were collaborative, that had an aptitude for practice, development, and were responsible --like attracts like. Part of what I learned at the Mallinckrodt Institute was from a practice standpoint as a developing field: learning your limits. You have to be careful, I think, in a specialty that's highly technologically driven and innovative—maybe it's using a device in a different way. Learning to understand the difference between being a cowboy or a cowgirl and exploring those boundaries in a wild way versus doing it in a collaborative way. The confidence, the overconfidence that's there. In a new field, in an evolving field, you'll find those sorts of individuals --that "yeah, we can do anything sort of mentality", that this shouldn't go to surgery or this shouldn't go for another alternative, as opposed to doing it because there isn't really another good alternative. You might be pushed to do something that is out of the ordinary or a little bit beyond, but you're doing it understanding that there's a higher risk to a procedure in a certain type of situation to make sure you're exploring those boundaries in a responsible way. Everybody has understood and talked about it, and you figured out that this is the best opportunity for success for that patient.

I was able to learn that and bring that here, with faculty members who are coming right out of training. To be able to try to help counsel them and help them understand that weighing the risk benefit and the alternatives and do it collaboratively.

The best practitioners know their limits and understand their limits and understand when it's appropriate sometimes to go beyond those limits. But it's always when you're considering the best interests of the patient. Sometimes that's not the primary interest in people who are very innovative and are exploring a new field. They're driving it because they want to drive the field. I think there's a balance that you have to strike when you're pushing that edge. You really have to find it, because it's reputation, right? You earn your reputation every day on the clinical service.

About This Content

This interview clip was taken from an in-depth interview conducted for the Making Cancer History Voices Oral History Project. This ongoing project currently contains almost 500 interview hours with MD Anderson institution builders.

The transcript has been edited from the original.

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