

A Dark Daily
Special Report



Change Your Working Culture or Lose Your Medical Laboratory

*How to Understand and Improve
Your Lab's Working Culture
to Achieve Your Goals*

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Preface

The following paper is a synopsis from a DARK Daily special presentation given May 6th, 2008 by two distinguished faculty, Jeffrey Smith and Leo Serrano. Jeffrey Smith is a well-known consultant on leadership development, and consults with laboratories across the U.S. on ways to enhance productivity and increase teamwork. He is Vice-President of Leadership Development for Slone Partners, and previous to that worked five years in HR and Operations for the growing Carillon Labs company. Leo Serrano brings more than 40 years of administrative and technical lab experience. He is Director of Laboratory Services & Lean Initiatives at the Avera McKennan Hospital in Sioux Falls, SD.

Work culture is often bantered about as vital to success in business and organizations. But what does culture mean? What kind of a culture do you work in? Given the culture of your workplace, where does your lab fall on a scale of leadership styles? Aided by examples and the experiences of the two speakers, a better idea of your organization's current culture will emerge. Additionally, a series of problems commonly encountered by the speakers will be discussed, along with various culture-changing solutions. References for those seeking more information and tools are available in the appendix.

1.

Defining Culture?

‘Culture will drive strategy, or it will drag strategy.’

So that we all start with the same definition, what does culture mean? The dictionary-type definition of organizational culture is the attitudes, experiences, beliefs and values of an organization. But Jeffrey Smith proposes a simpler definition: “*The way things get done around here.* This is what makes us unique and this is the way things get done around here.” Bob Murphy, president of Baptist Hospital in Pensacola, had a great quote. ‘Culture will drive strategy, or it will drag strategy.’”

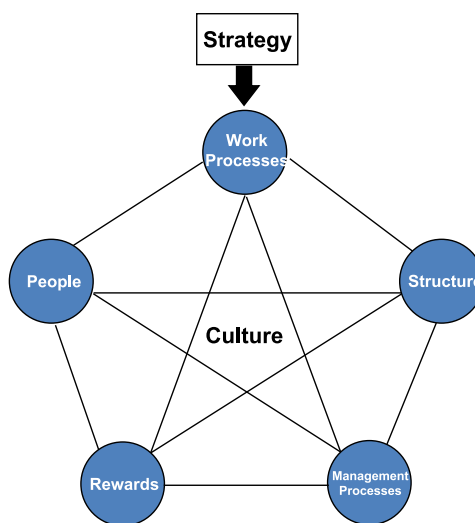
Another important concept about culture is an organization usually contains more than one culture. There may be an overriding culture, such as shared value statements about mission and visions and respect, but there may be a culture that exists on the corporate level, and another that’s specific to each clinical laboratory in your health system.

First, let's get a better understanding about the culture of your laboratory's workplace. In addition to laboratories containing more than one type of culture, the different types of labs often present unique characteristics. "For instance, many smaller, hospital labs require their employees to be more generalist to cover multiple types of testing. Furthermore, the hospital lab employees may identify with the hospital mission of serving patients more than considering themselves laboratorians," says Smith. In contrast, a commercial laboratory employee may consider him or herself a microbiologist who specializes in certain types of tests. Or an anatomical pathologist laboratory employee may be conducting leading edge testing and may not ever interact with a patient. While each laboratory may use the same type of equipment and have similar types of staff, you can walk into the laboratory and tell the difference in the culture.

Understanding Culture through the Star Model

Star Model: Organizational Design Elements

Organizational Design Elements



Adapted From: Galbraith (1994)

The Star Model is one way to understand culture. The following elements of culture are adapted from Jay Galbraith's *Designing Dynamic Organizations*. (<http://www.jaygalbraith.com/resources/books/9.html>)

The best approach to use this is to ask yourself what your laboratory does for the following elements, and see if you're facing some issues with your culture.

... a common mistake is changing leadership when the structure you have is not aligned to your strategy.

Strategy: This one is on the top. What have you defined at your organization that differentiates you from your competition?

Work Processes: How your laboratory uses the strategy to do work processes. Based on your strategy, should you be doing something different, or are there activities you do that are no longer needed?

Structure: Thinking of your strategy, what product, customer, and geography is your laboratory organizing around? What should be centralized and what decentralized? According to Smith, a common mistake is changing leadership when the structure you have is not aligned to your strategy.

Management Processes: How are decisions made, who has the authority and to what level? How do we communicate? Are we a more formal or informal organization? All these shape the lab's culture.

Rewards: This includes base pay, incentives, recognition, and promotion. Rewards can help shape culture but can also be a challenge. For example, instituting an incentive plan is not always easy as it can create some disparities and struggles within your organization.

People: These are the types of competencies you want and need, how you select and train them and if employees have a career path.

“The hospital lab may feel like one large family, whereas the reference laboratory may feel like one large team with several sections of very tightly knit groups.”

All of these shape the culture. “So, when we talk about how to change the culture, you don’t really change the culture,” says Smith. Instead, you go about changing things like your strategy, or your structure, one or more of the other elements above.

An example: Here are two lab scenarios – a small hospital laboratory and a reference laboratory. To help understand the Star Model above. If you are in small hospital lab, your **strategy** may be on how to best serve the physicians and patients in the hospital. This laboratory will probably need more generalists to cover a wide array of testing, who sometimes leave the laboratory to go draw patients. “The type of **people** needed in this laboratory will be different than a reference laboratory. Additionally, the **reward** system should probably be based on quality and customer service to meet the hospital’s mission,” says Smith.

Now let’s contrast this to a reference laboratory. While the **strategy** may be similar in supporting physicians and patients, most reference laboratorians rarely interact with physicians or patients. This means that under the **people** section, customer service is not as important of a competency as in the hospital lab. In addition, the **structure** of the laboratory may be different. Instead of generalists, you may have a microbiology section, a hematology area and a chemistry section. This will lead to different **processes** being used, such as an automated line that would be less beneficial in the hospital example. Finally, the **rewards** in the reference laboratory may be more focused on quality and productivity.

The culture of the two laboratories contain significant differences. “The hospital lab may feel like one large family, whereas the reference laboratory may feel like one large team with several sections of very tightly knit groups,” adds Smith.

Tribal Leadership: Where do you fall?

Table I - Tribal Leadership - the graph as is plus source at bottom

<i>Stage</i>	<i>People's Relationships</i>	<i>Theme</i>	<i>Description</i>
5	Team	"Life is great"	Innocent Wonderment
4	Partnership	"We're great"	Tribal Pride
3	Personal	"I'm great"	Lone Warrior
2	Separate	"My life stinks"	Apathetic Victim
1	Alienated	"Life stinks"	Despairing Hostility

Source: **Tribal Leadership: Leveraging Natural Groups to Build a Thriving Organization** by Dave Logan, John King and Halee Fischer-Wright, 2008

Another way to identify what culture you have is by listening to the words people are using. This is from a book *Tribal Leadership*, (<http://triballeadership.net/book.php>) which came out in early 2008, and stems from a ten-year study of 24,000 people in more than two dozen companies. A tribe is defined as somewhere between 20 and 150 people – so if you are part of a large laboratory you might need to break it down into smaller groups.

The study showed workplaces fell into the following stages. As you read the descriptions, ask yourself where your laboratory lands?

Stage 1: 2% of the U.S. workplaces fall in this level.

Generally, people's lives stink and they think it stinks for everybody. Despair and hostility rule. The example most people conjure up is the Department of Motor Vehicles (DMV). Not all DMV offices fall in this group, but you get the idea.

“
Typical
comments:
What are you
going to do
for me?.....
I'm entitled
to this....
This will
never work....
We tried this six
years ago. This
really stinks that
you're making
me change.”

Stage 2: 22% of US businesses land here.

Relationships are separate. While team concepts exist, people work as individuals. The difference between Stage 1 and 2 is that you think “my life stinks” but you see that other people have more success than you do. “Typical comments: What are you going to do for me?..... I'm entitled to this..... This will never work..... We tried this six years ago. This really stinks that you're making me change.”

Stage 3: 49% - nearly half of businesses

There are some personal relationships, but mostly one-on-one relationships. The typical lone warrior in this stage thinks “I'm great” but the undercurrent is “maybe you're not.” Physicians, lawyers, CPAs, salespersons, university professors often fall into these types of workplaces.

Stage 4: 25% of businesses

Your laboratory features partnerships. “We're great” is the theme and there's a lot of tribal pride. You take great pride in your organization and try to recruit other people to work there. If you're hearing that kind of language you're in this stage. Smith finds many labs today are moving up into this stage.

Stage 5: 2% of workplaces

“
*The key here
is to have the
desire, get the
involved, define
the culture
you’re really
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and then
go about
executing it.*”

You’ve got a true team, life is great, work brings you “innocent wonderment”: Examples include the Apple folks when designing the first Mac or iPhones, where the focus wasn’t on the competition but how the company could be world class. Smith cites Griffin Hospital in Connecticut as a healthcare example. “It’s consistently rated one of the top 100 places to work, eight years running now. And you go there, and there’s just a different atmosphere and a different feel than there are in a lot healthcare organizations,” he says.

See Table 1 for a summary of these stages. Visit www.triballeadership.net for more info, including a survey to determine your type of leadership as well as your type of culture.

What’s next? Since you’ve chosen this topic, you obviously have the desire to work on improving the culture of your medical laboratory. Smith has found in his consulting that a certain order is required to be most effective. Too often organizations start the execution phase before they have really defined the laboratory management leaders culture they want. “The key here is to have the desire, get the involved, define the culture you’re really working towards and then go about executing it,” says Smith.

Case Study – Reworking Strategy to Change Culture

“The spirit started to change the culture from ‘this stinks or they are doing this to us’ to ‘we are better than our competition.’”

During Jeff’s time at Carilion Laboratory Services in Roanoke, Va., they used both the Star Model and Tribal Leadership Models to evaluate their culture. Originally, they knew they needed to focus on improving employee morale. However, they realized they needed to back up and re-work the strategy first. Using some resources discussed later they better understood strategies and determined that they wanted to be known for superior customer service, or what they called customer intimacy. “We reviewed the Star Model and determined we needed to make some adjustments to our structure, change some core processes, such as customer intimacy meetings and using salesforce.com to better track our customers. We also recognized our rewards were out of balance, which led us to using the Balanced Scorecard (discussed in chapter 6) more effectively and not just focusing on financials and quality,” he says.

When they got to the people part of the star model, they encountered challenges. “We had a lot of people in Stage 2 of the Tribal Leadership Model. We worked with the directors, managers and supervisors of the clinical laboratory to determine what we wanted the culture to be. We knew that to be customer intimate meant different behaviors than the normal lab,” says Smith. So they began to teach the team what type of behaviors were needed to become successful. They knew it took off when some staff members and supervisors started to express pride in the type of service that they provided to their other departments. “The spirit started to change the culture from ‘this stinks or they are doing this to us’ to ‘we are better than our competition.’” Additionally, the management team reinforced the key concepts in town halls, quarterly meetings and the laboratory staff created an employee engagement team to help spread the culture.

Problems and Solutions

Over the years Smith and Serrano have encountered similar problems that involved changing the culture of their clinical laboratory organization. Here are seven of the most common issues, along with potential ways to address them.

*“Start simple,
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One caution: Smith warns that there’s a tendency to get overwhelmed with all the solutions presented. “We’re throwing out a lot of ideas. The goal is to not take all these ideas and implement them immediately in your laboratory. In fact, you probably only want to take a couple to do in the next quarter,” he says. “Start simple, be consistent, and you’ll start to see the changes happen as your laboratory staff sees the benefits.”

2.

How to lead Baby Boomers, Gen-Xers and Millennials

Problem: *“Why your Boomers, Gen-Xers and Millennials don’t play well in your medical laboratory’s sandbox?”*

Table II Summarizing Generations

	Traditionalists	Baby Boomers	Generation X	Millennials
Birth Years	Before 1945	1946-1964	1965-1976	1977-1998
Business Focus	Quality	Long hours	Productivity	Contribution
Motivator	Security	Money	Time off	Time off
Company Loyalty	Highest	High	Low	Low
Money is	Livelihood	Status symbol	Means to an end	Today’s payoff
Value	Family/Community	Success	Time	Individuality

This is a fun topic. First let’s ground ourselves in the definitions of the various generations. You can refer to Table 2 as we go along.

Traditionalists: This is the oldest group you likely have in your workplace, those born between 1925 and 1945 so folks between ages 63 and 84. There are 44 million nationwide.

“
[Traditionalists]
are a very proud
generation, and
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for help, so you
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do to help
you?'"

“These are your patriotic, loyal types, heavily influenced by the military. They're very used to the hierarchical management culture. They have a lot of faith in institutions,” says Smith. They are typically one-company career type folks and may have been at your lab for 35 years. Their focus: quality work. Major influences include the Roaring 20s, the Great Depression, World War I and II, and the GI Bill that provided many with education.

At this stage they're looking to build a legacy. They often make great subject matter experts or members on a Lean or Six Sigma team because they understand how the laboratory got to the place where it is today. They're excellent mentors to younger generations to help them understand the medical lab industry and the laboratory medicine profession.

As someone who borders between the Traditionalist and the Boomers, Serrano believes the challenge with Traditionalists in the clinical lab is keeping them engaged and making sure their knowledge and experience are appreciated. “All too often they begin to feel that their input and influence is waning because of their increasing age,” he says. They may need flexible schedules to accommodate their personal family health issues. Smith adds that they are a very proud generation, and don't like to ask for help, so you need to be proactive and ask ‘what can I do to help you?’

Baby Boomers: Born between 1946 and 1964, they're 44 to 62 years old. At 80 million they are the largest generation the U.S. has ever had.

“
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This is the idealistic group that challenged authority with thoughts of ‘we’re going to change the world’ and ‘we’re going to make things different.’ Throughout their career, money, title and recognition are important. They want to be known for their stellar career. “This is probably the most competitive of the generations,” says Smith. “They absolutely believe in hard work, paying dues, and if they do a good job, they’ll be recognized. So, they have a hard time, however, when some other generations don’t want to pay dues.”

Budgets present a common hurdle with boomers, so instead of promotional rewards you need be creative in other types of recognition. Opportunities to show they’re accomplishing and contributing to your laboratory’s success might include special assignments, or becoming a subject matter expert and recognizing them for that.

Gen-X: At 51 million they’re the smallest generation. These are the 32 to 43 year olds who changed the dress code, brought us earrings and casual clothes in the workplace.

They’re creative, but skeptical as a generation. They tend to be flexible and motivated but not in the typical way of the Boomers and Traditionalists. They’re motivated by what is the next cool project? Or, how do I build my knowledge base? “Gen-Xers are not always interested in straight-line promotions, going straight up. They’re more interested in work/life balance,” says Smith. Time is an important value, with time off a primary motivator.

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Some ways to utilize Gen-X laboratorians include having them do one or more of the following: research and offer suggestions on new technologies; create tools for teaching other laboratorians as they are an extremely creative generation; and as they obtain lab experience, to review core processes and offer suggestions and potential solutions. In addition; when you groom Gen-Xers for management roles, ask them what types of learning works best for them versus dictating to them what they need to learn.

Millennials: Many of this group are still in school but they also make up the new grads in your laboratory staff, age 10 to 31. At 75 million, they're the second largest generation. Other names for this generation: Echo Boom, Gen -Y, Internet generation, Nintendo.

Millennials expect to find jobs. They've been recruited from day one and have always known that they're going to be needed in the workplace. They can handle any sort of technology and do it fast. They're constantly instant messaging and likely have a FaceBook or MySpace account.

Many Millennials are returning to some Traditionalists values: they're very hopeful and confident as a generation. They're also very inclusive. "They grew up with Tiger Woods as having a sort of a multinational background, and Mariah Carey as a singer. They don't have to be taught about diversity; they know it," says Smith. Their challenge is working with the different generations and figuring out their place in the workplace and how they contribute.

“
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Most Millennials were raised by Boomer parents, and some Gen-Xers. They're also referred to as the Trophy Generation. "It used to be when you were a Boomer, only the first-place team got trophies. This is the generation where everybody gets a trophy for participating. So, they expect a lot of feedback and recognition and promotion of what they've done well — which can be a little exhausting as a leader," says Smith. Serrano adds that mentoring them is a challenge because they learn so rapidly. "Frequently they learn more rapidly than we as mentors can teach them," he says.

Key ways to leverage the strengths of the Millennials include: use them on Lean teams since they have fresh ideas and are used to working in teams; have them offer suggestions on new ways to connect with customers as they understand all the new communication forums; rotate them to various parts of the laboratory as they love to learn new things; let them head up team-building initiatives with their team and other teams in the laboratory as they are the best collaborators.

More Solutions:

It's most important to use different management styles. Be more flexible and involve each person in their development. By knowing the strengths of each generation you can leverage them and match them more effectively.

Keep in mind the following 'clash points' as you work with the different generations.

Traditionalists view it as 'tell me what I need to do'. Boomers want to make sure they're on a path to promotion. Gen-Xers and Millennials want to know the time frame.

Feedback: If you're a Boomer or Traditionalist manager, annual feedback is probably plenty and you likely don't need to give it more often. But for the Gen-X or Millennials, they want to know constantly how they measure up. The Gen-X thinks: "I want to know how I'm doing so I can decide is this still the place for me. The Millennial might think "I'm willing to stick it out for a long time, but I need to see that you're investing in me."

Rewards: For Boomers, money has been the primary motivation. While the Gen-X and Millennial still need money, they want to feel rewarded and whether there are advancement opportunities, or is there a cool new project. "What this speaks to is that you're going to have to be more flexible in your management style and adapt. There's not going to be a one-size-fits-all. You're going to have to flex it for each individual," Smith says.

How a company is viewed? Whereas Traditionalists see institutions as very important, Gen-Xers are skeptical. A Gen-X may come in and say "what can I learn and grow in five years? And if you get five good years out of me, I may stay six."

Career Path: Traditionalists view it as 'tell me what I need to do'. Boomers want to make sure they're on a path to promotion. Gen-Xers and Millennials want to know the time frame. Whereas the older generations think of a job as five or six years, a Millennial or Gen-X may be thinking one to two years. Have a discussion about realistic expectations for promotion. Serrano likes to ask during interviews with the younger employees 'Where do you see yourself in three years or five years?' "I'm actually excited when one of them comments, 'I see myself in your job in five years.' I keep trying to give it away and no one wants it," he says.

Other tips for this issue:

“If you spend time in the laboratory with your staff, you will accomplish many of the things that we have talked about in this presentation...”

Management by Walking Around: Serrano invokes this phrase a lot in his consultations, and is amazed how it solves many of these generational issues. “If you spend time in the laboratory with your staff, you will accomplish many of the things that we have talked about in this presentation, simply through your normal interaction with them. And that goes a long ways towards helping you get these different generations engaged and cooperating,” he says.

Mentoring: Another way to help Boomers and Millennials get along better is matching them up from a mentoring perspective.

“Encourage them to talk about what were the keys to each generation, so they can better understand the major things that have happened in their lifetime,” says Smith, adding that Millennials’ expertise with technology and how to stay on top of trends might be scary to Boomers or Traditionalists. “So have a Millennial help on technological things, and perhaps how to create a more fun, interesting workplace.” In return, the Boomer can give advice on political situations and help the Millennial understand how things are done in organizations.

3.

Create a Motivated and Engaged Workforce

“If you get your staff motivated and engaged, they’re much more likely to stay, and to not do just the minimal.”

Problem: *“My lab staff does just enough to get by.”*

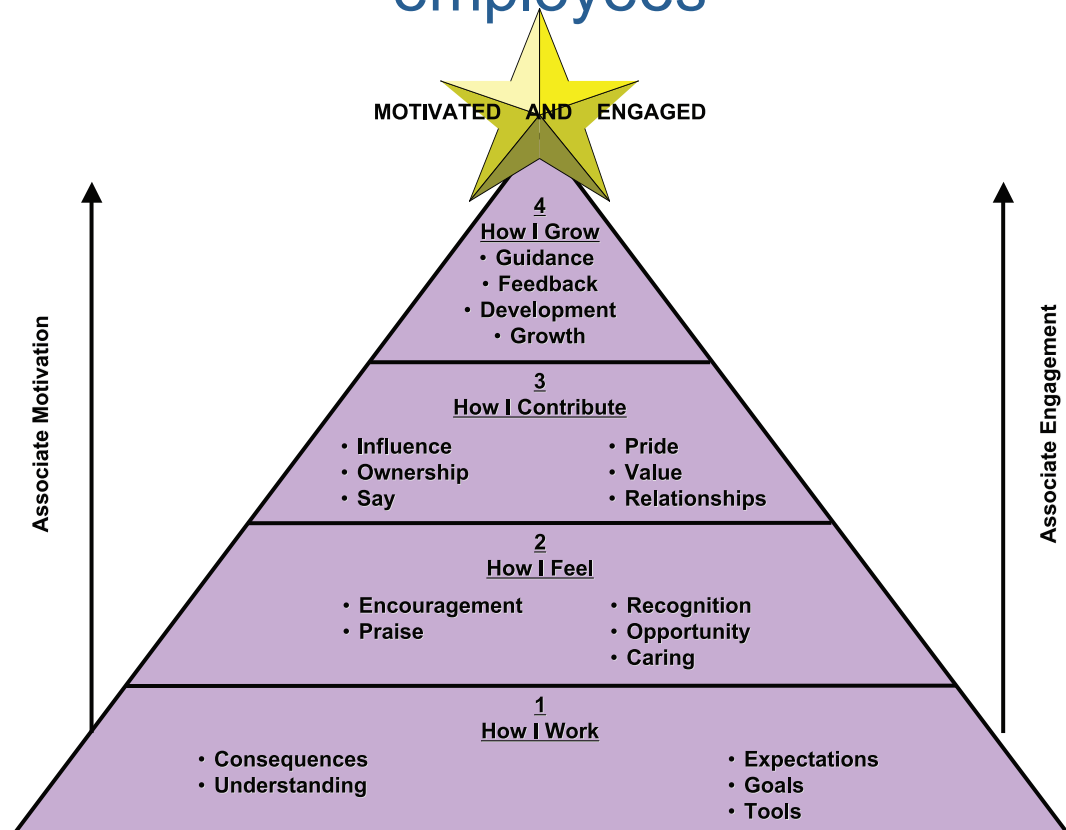
A clinical laboratory director told Jeff Smith about recently asking a new medical technologist to work overtime as they had heavier than normal volume. His reply: “No thank you. I am planning to go out with friends tonight.” Another manager can’t get people to assist other departments when the need arises. Her medical technologists had become specialized in various areas of the laboratory and won’t go help the automation area. Does this sound like some of the challenges in your laboratory? If so, this section will provide some ideas to help tackle these challenges.

What comes up with this problem is often the differences between generations discussed in the last chapter. Smith finds many complaints involve the younger Gen-X or Millennial generations, with typical comments being “These young kids today just don’t know how to work hard” or “They just do enough to get by.”

As leaders who shape the culture, we need to ask ourselves how we contribute to our staff ‘just getting by?’ As a leader, have you set up an environment of a culture where that’s accepted. The solution is getting your staff more motivated and better engaged. “Because ultimately that’s the goal. If you get your staff motivated and engaged, they’re much more likely to stay, and to not do just the minimal,” says Smith.

Solutions:**Using the Pyramid**

The goal is motivated and engaged employees



Smith and Serrano recommend studying the pyramid format (see above), which was translated from the psychologist Abraham Maslow's Hierarchy of Needs (http://en.wikipedia.org/wiki/Maslow's_hierarchy_of_needs). At the very bottom are the physiological needs, which need to be met before focusing on the higher ones.

How do I work? This is the lowest, most basic one for an employee. If a person is just doing enough to get by, you need to first ask yourself if you've laid out the expectations well, and are they specific? Are the goals reachable and motivating? Remember that if it's too much of a stretch it can be a demotivating goal. As important, do they have all the tools they need?

“Have we outlined opportunities and recognition so that they can be successful. Do we care about them – truly care?”

Example: Smith worked in lab where they had several broken stools at the testing bench. “Management was preaching a vision of where we're going to head and how we're going to be having service excellence. Well, the medical technologists at the lab testing bench were like, ‘Well, how am I supposed to buy into that if we can't even fix our lab testing station and the stools we sit on ? How am I going to buy into the vision?’” Once the benches, the tools of the job were solved, then the lab staff were more willing to listen to the higher level needs. It's important to give employees the opportunity to tell you the things that are keeping them from being productive.

How do I feel? For the second tier, listen to the words that people use – do they feel pride or do they feel like the place stinks? If you hear negative messages, ask yourself the following: Have we outlined opportunities and recognition so that they can be successful. Do we care about them – truly care? Do we ask how their weekend was, so it's not just about work? Are we offering encouragement? Especially for the younger generations, you want to engage their whole person and understand what's happening in their life. In contrast, the older generations are more okay with work.

How do I contribute? This next level is where the employees feels proud to work at Lab X and tells others to come work there. This is where the relationships blossom, and where the med techs regularly volunteer to help make a difference.

“The staff let me know when I came in to do some consulting. They were like, ‘They don’t really care about us. They won’t fix the door.’”

How do I grow? Finally, at the top of the pyramid is where employees are provided guidance and feedback. For some, it might be they’re not interested in this as my career, but can you help me figure out the right career path? “When you have folks approaching you and asking about career pathing, and they’re really serious about it, then you know that you’re looking at a highly motivated, engaged workforce in your clinical laboratory.” Leo Serrano adds that one thing labs don’t do a lot of is succession planning: “Identify who your shining stars are, help develop them, mentor them – that gives your staff an incentive to want to do more.”

Here are four other suggestions if you encounter this problem in your laboratory:

- **Do you say what you mean and mean what you say?** Are you walking the walk and talking the talk?

Smith gave another example from a hospital laboratory whose motto was to be the employer of choice. The problem was a front door, which most of the lab folks used to arrive and depart the medical laboratory. It had a badge swipe system that was broken so everyone had to walk an extra 250 yards to another entrance to get in. This didn’t inconvenience the administrative director of the lab, however, because he had a key to come in. It took three months to repair the door. “The staff let me know when I came in to do some consulting. They were like, ‘They don’t really care about us. They won’t fix the door.’ Over on the other side, the laboratory management was talking about, ‘How do we make ourselves an employer of choice?’ Well, it starts with fixing the staff’s entry door into the laboratory. Do the small things first, and then people will start to buy in that you really care.

- Use the Gallup Questions

Gallup 12 Questions

- Do I know what is expected of me at work?
- Do I have the materials and equipment I need to do my work right?
- Do I have the opportunity to do what I do best every day?
- In the last seven days, have I received recognition or praise for good work?
- Does my supervisor, or someone at work, seem to care about me as a person?
- Is there someone at work who encourages my development?
- Do my opinions seem to count?
- Does the mission/purpose of my company make me feel like my work is important?
- Are my coworkers committed to doing quality work?
- Do I have a best friend at work?
- In the last six months, have I talked to someone about my progress?
- Have I had opportunities to learn and grow?

The Gallup Organization conducted 80,000 in-depth interviews with manager in over 400 companies. They believe that measuring the strength of a workplace can be simplified to these questions.

Ask your staff the Gallup questions above at a staff meeting, or more informally by pulling up besides an employee on the bench. One is “Do I have a best friend at work?” Turns out if you have a best friend, it helps retain you. Use them as often as you like. Some use it as a check-in at a team meeting, others once a quarter at a larger meeting.

- **Survey your staff**

Both speakers said one of the important things a leader can do is periodically survey your lab staff. If your medical laboratory does not do at least an annual employee survey, then conduct an annual one with your department. “And take it for what they mean. They’re going to let you know, especially if they realize that you’re listening to them and trying to make things better. It becomes a very valuable tool for letting the med techs and all employees understand that you do care,” says Serrano.

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- **Make sure you’re having some fun**

“This is important. Your clinical laboratory can’t just be a sort of workplace that you come and put in your eight, 10, 12 hours, you pay your dues, you get paid some money,” says Smith. “Folks really want to have fun.”

4.

Deal with the Entitlement Mentality

Problem: *Too many “I’m entitled” workers in my lab.*

It first helps to recognize how this shows up. Similar to examples in the problem “My lab staff does just enough to get by” in Chapter 3, you may hear it as “My life stinks” or “What’s wrong with all the other people in the lab.” Or you might find someone like the employee who told a manager client of Smith’s that he couldn’t come in for training at 9 am because that was his workout time. “Mind you, they were supposed to be at work at 8, and they were trying to work out at 9.” Another response to a work request was ‘I cannot work overtime because I go biking right after work every night.’

The overall solution is creating accountability that generates enthusiasm and collaboration. Some tips for doing this follow:

Solutions:

Highlight key behaviors and reinforce core values.

In reviewing your recruiting process, did you outline what it takes to be successful – and did you interview for that? If you did, did you test for that in the interview process?

“Quite often, employees complain because they’re not being heard when they make a constructive suggestion. Either they’re ignored or, even worse, they may not be directed to provide that complaint or that issue in a constructive manner.”

Then, during the first 90 days of your employee’s sojourn, did you reinforce the key behaviors? If you saw something go askew, did you nip it in the bud and highlight it? Or, maybe you saw someone with an attitude problem during the interview or early on as a worker in your lab but said you’ll just deal with it because there are not enough med-techs. “If you started to sacrifice on the front end, then you’re going to pay the piper at some point. So, my recommendation is, take a look at your laboratory’s selection process as well as your on-boarding process (first 90 days),” says Smith.

Hire for attitude.

Serrano cited the Baptist Health Care Leadership Institute program as a great model (see appendix). “They encourage you strongly to hire for attitude and then teach the skill. Because if you can hire people with a positive, assertive, supportive attitude, they’re going to carry that attitude. It becomes infectious within your departments,” he said.

Is it a cry for help or feedback?

There’s a difference between a constructive request or information, and complaining for the sake of complaining. “Quite often, employees complain because they’re not being heard when they make a constructive suggestion. Either they’re ignored or, even worse, they may not be directed to provide that complaint or that issue in a constructive manner. So, their only solution is to complain,” says Serrano. Keep in mind that especially the newer generations are used to constant feedback, whether it’s from a video game, or instant messaging.

Smith also suggests being direct. Ask everyone on your lab's staff 'If you were in my seat, what would you like me to do to motivate you?' or 'why don't you give me some solutions.' "You're not going to be able to handle all of their suggestions, but if you implement one or two, their engagement level goes up quickly," he said.

*Ask 'if you
were in my seat,
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or 'why don't
you give me
some solutions?'*

Defuse the Complainers

One possibility is taking on your complainers with the "No Complaining Rule." Smith instituted this in his last clinical laboratory organization, and it changed the culture. Basically, it establishes a standard of 'no complaints during meetings'. Instead, people are to talk of a success. For one med tech who was a constant complainer, after three meetings she was no longer complaining. "But it took until the seventh meeting for her to come with a success story. And after that, every time, she came with a success story," says Smith.

5.

Break Down the Silo Mentality

Problem: *My laboratory staff works in silos and won't collaborate.*

Smith has worked with a number of laboratory organizations with this issue. For example, the core lab is staffed with medical laboratory technicians or recently graduated medical technologists. The blood bank, microbiology and chemistry areas are staffed with experienced technical staff who have chosen to specialize in their areas. “While this is good for long-term retention, the challenge is that the groups can become their own little villages and do not really interact with the groups from the other areas. When there is a need in the core lab, the other groups do not feel like it is their responsibility to go help them,” says Smith.

Solutions:

The obvious solution is shifting the culture to encourage teamwork in your laboratory. But first, it's important to understand why this is such a challenge. Whether it's your lab or your parent hospital or healthcare system, staff trains on the job to become experts and work in specialized silos.

“Think back to how you learned. When first starting in elementary school you learned reading, writing and arithmetic – all working the left side of your brain. Then came high school with instruction in math, science, research papers, again left brain,” explains Smith. As science majors your study was rational: scientists build the case and test the hypothesis.

“
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throughout the
laboratory
organization.”*

You get your first job and work on the bench performing lab tests. Again, left brain. Now all of sudden you’re promoted to a leadership role or asked to take on a special assignment. You have to partner with others, build relationships, share your vision – all right brain skills. So, first off, recognize that for most of you, and for the people you’re leading in your laboratory, these are new behaviors. “In the past you were trying to be the best that you can be. Now you’re trying to grow your whole lab team and have them all be the best they can be throughout the laboratory organization,” says Smith.

Another challenge is incentive systems that usually reward the individual instead of the entire laboratory organization. Smith recommends looking at your laboratory’s incentive system to make sure you’re rewarding managers who share talent as well as employees who are team players.

Some specific things to consider to help break down the discipline-oriented lab (such as “I only do hematology” or “I only do microbiology”):

- **If you’re busy in one area of the lab, loan employees to another area.** Silos tend to break down in labs that routinely do this.
- **Rotate managers and supervisors into different areas of the lab.** This gives a new perspective and helps with succession planning.
- **Walk a Mile in My Shoes:** Let your staff go and observe another department in your lab. You determine the right time frame: one or two-hour sessions, or perhaps a whole day. For example, salespeople who have done this in organizations come away with a much better sense of how operational breakdowns occur.

- **In newsletters, let a staff highlight their lab section.** Feature a different section each month so people have a better sense for what goes on other parts of their lab.

- **Recognize people who work across the laboratory.** “The folks that are generalists and go help in other areas, celebrate them, and let the whole entire laboratory know that’s the right behavior,” says Smith.

“we have forgotten that when we all trained, we trained as generalists. You can still be a subject matter expert, but you should be able to at least function in other areas.”

Leo Serrano likes to remind laboratorians that we all began as generalists. Whether an employee ends up specializing in pathology, microbiology or histology, “we have forgotten that when we all trained, we trained originally as generalists. You can still be a subject matter expert, but you should be able to at least function in other areas. That tends to break down the silos,” he says.

6.

Strike the Right Balance between Operations and Sales

Problem: *Culture, Values, Operations and Routine vs. Sales and Service Excellence*

This is the classic “operations versus sales and service.” Most of us have heard the stereotypes: ‘We’ve got all these salespeople that take long lunches....They play golf.... They’re lazy.... They make tons of money.’ Or ‘the operations folks only care about getting things out the door They do not have any fun... They don’t care about our customers.’ Although these are outdated stereotypes, Smith often hears these when he consults with people.

The goal and solution: getting people to respect and understand each other’s roles.

Solutions:

Here are some tools to consider:

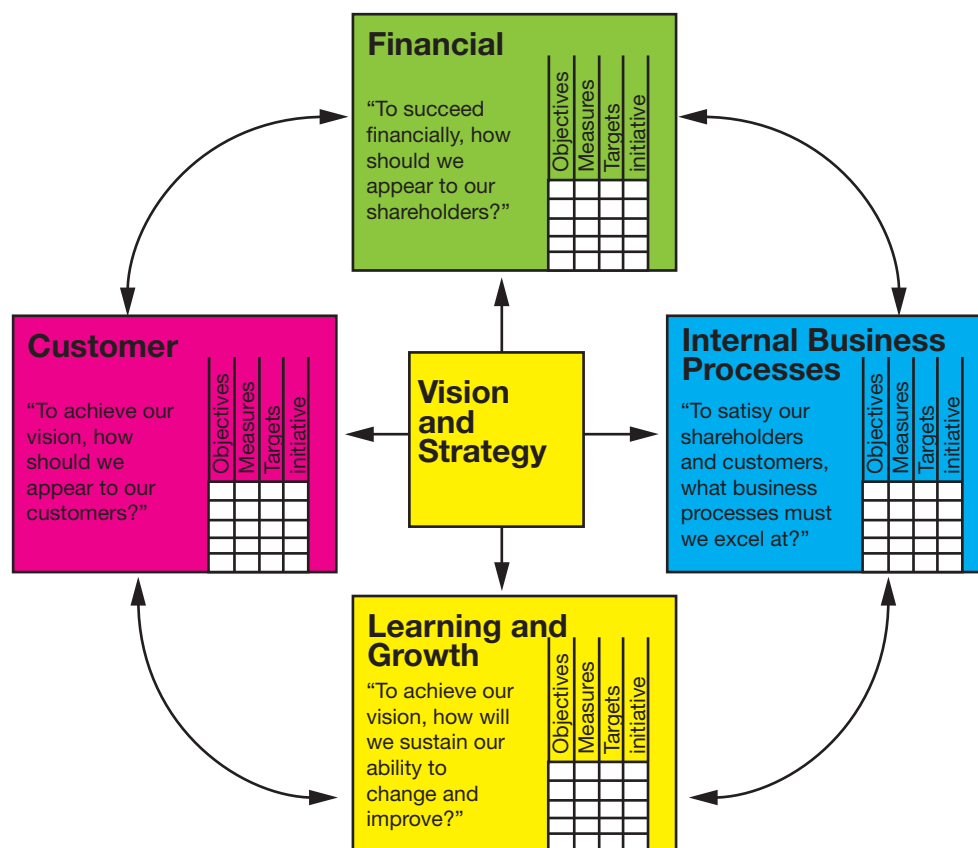
- **Walk a Mile in My Shoes:** Smith’s first recommendation is the ‘Walk a Mile in My Shoes’ mentioned in the previous chapter. Expose people to other areas by letting them observe. If time is lacking, another option is finding someone to make a video tour and show it during a training session or a team meeting.

- **Discuss areas in educational or brown-bag lunches:** During these, highlight what each part does to help make the clinical laboratory successful. But also highlight the challenges. Leave time for questions and answers, so that people can say, ‘This is how you can interact with us better.’ They learn that if you get us specimens by this time, our docs will be happy. Or if the docs are happy then we don’t get as many calls into the lab’s client service center. “Many times folks had no idea the impact that they were having in the next department where the specimens would pass on to. So, the goal is to debunk some myths, and get people talking to one another,” says Smith.

- **Customer intimacy:** Using this concept, all the various areas of the laboratory get together either once a week or in some organizations, daily. Everyone hears what problems are happening in the field. Smith has found this one of the most effective ways to break down the silos between sales and service versus operations. “Because everyone in the laboratory discovers we are all in this together,” he says. For more information on customer intimacy, read “*The Discipline of Market Leaders*.”

(http://www.valuebasedmanagement.net/leaders_treacy.html)

- **Balanced Scorecard:** The Balanced Scorecard is an approach that has been used by many businesses. The idea is to strike the right balance between four quadrants: financial, customer, internal processes, learning and growth. Smith says the best organizations working with the balanced scorecard “incent both their management and their staff on balancing these four things, all the way down to the front line med-techs, and have them understand all four quadrants.”



Case Study – Putting the Principles in Action

One East Coast laboratory that Jeff Smith worked with was moving from a hospital-based lab to a regional reference laboratory. One of the biggest challenges for the organization was moving from the more stable, patient-focused laboratory to the fast-paced, client-focused laboratory. “The supervisors and managers initially put up some resistance to the new focus, which impacted the mood and morale of the medical technologists, phlebotomists, etc. The leadership team had a great vision but was not communicating the details of the vision enough to motivate and engage the laboratory management team,” explains Smith.

The laboratory leadership team implemented a concept called “CEO of your Department.” The goal was to help the supervisors and managers take more ownership of their areas and the results of the whole laboratory. Key elements of the plan included:

- 1) Performing a S.W.O.T analysis (Strengths, Weaknesses, Opportunities and Threats) for each area of the lab.
- 2) Creating a yearly business plan for each area that addressed key findings from the S.W.O.T. analysis
- 3) Implementing one to two performance improvements for each area per quarter
- 4) Creating a retention plan for each area
- 5) Conducting a developmental 1:1 for each employee each quarter

6) Finding innovative ways to connect with key customers each quarter

Behaviors that the Laboratory's managers and supervisors would need to adopt to be successful in the organization were highlighted. The leadership team held quarterly town hall meetings with all employees to explain the types of behaviors required to achieve the vision. The managers and supervisors also decided to have people from sales visit both the core lab, and the customer service center where they listened to calls from their customers. In addition, they highlighted various laboratory areas in the monthly team meetings to help break down the silos that previously existed. Finally, the incentive plan was based on the balanced scorecard concept to support financial, customer, internal, employee and quality goals.

"This laboratory did not change overnight," cautions Smith. "However, the culture evolved over the course of time and the laboratory staff became more motivated and engaged." Additionally, the managers and supervisors felt like they had a better connection to the vision and how they could implement changes to achieve the vision. Ultimately, the laboratory improved eight of eleven metrics. They increased the percentage of specimens reported on time, and decreased the turnover of technical staff. Also, the percentage of customers who were extremely satisfied with service increased. For metrics that needed improvement (cost of test per medical technologist and average answer speed in the call center were two), plans continued to improve them, which were based on creative input from the management team and staff.

7.

The reason people come to work at an organization is, first company, then job, then manager. However, they leave in the exact reverse order. If you look at most of the studies, most people leave because of the manager.

Retain the Right People

Problem: *Good people are leaving our laboratory and average people are staying*

So, how to recruit the superstars in your laboratory and how to weed out the ‘problem children.’

Why People Come, Why People Leave? First it’s important to go backwards and revisit why people join laboratory organizations. They’ve probably heard good things about your parent hospital or health system and think it’s a good job. Studies show the reasons for most employees are first company, then job, then manager. The last person they normally meet and think about is the manager. Sometimes they don’t even meet the manager. However, they leave in the exact reverse order. Most people leave because of the manager. What happens is that there’s a disconnect. The employee no longer have a sense for ‘what’s my contribution, what are my goals?’ So this offers managers the opportunity to ask, ‘Hmm, is the reason the good people are leaving because I haven’t stayed connected as well as I should have with my staff?’”

Also keep in mind that the best performers in clinical laboratories invariably leave because they have choices, whereas the others may not feel like they have choices. Top performers are in demand and go and sell themselves in interviews for other jobs.

Solutions:

It's important to motivate the middle performers as well, which will differ from the superstar chats — more 'what can I do to help you be more successful in this role?'

Re-recruit Your Best! So what to do? “You need to re-recruit your superstars,” advises Smith. “And by that I mean, go back to the beginning and ask ‘What made these staff performers originally want to work at our laboratory? Is our lab fulfilling all the things that we talked about in the interview process? Have we provided some stretch opportunities for this person if they’re interested in leadership?’” (Use the information that was presented about the generations in Chapter 2.) For example, if it's a Millennial superstar who is very good with technology, maybe they can help research the next purchase of analyzers or instrument systems. There are many ways to re-energize superstars.

If you have a ‘oh my gosh, that means they might leave feeling’ know that these top performing med techs are probably already looking. It’s time to tell your best employees why they’re great, and why to invest in them. “Have that honest conversation with each of them, so they know they’re valued. The lack of conversation may have them thinking that no one values them.” says Smith.

For the superstars, it takes some immediate action. You’re on a quicker timetable. But it’s important to motivate the middle performers as well, which will differ from the superstar chats—more ‘what can I do to help you be more successful in this role? Or let’s talk about future things for you in our laboratory.’

Smith emphasizes that there are many ways to retain the best med techs and good workers. “Things like walking around for five minutes and just saying thank you. Pulling up a seat next to somebody at their workstation to talk to them about their career aspirations. What’s going on in their family life? And what can you do to help motivate them?”

Or consider Serrano's favorite technique: a thank you note.

"Something I've done for years is, when an employee in our does something really good or exceptional, send them a thank-you note. I generally send it to them at home. Those are small things, they don't cost much and they really do mean a lot when you get recognition at home, especially when it's unsolicited."

“If they see that performance matters, and that they're being rewarded, and if they also see the marginal workers can't just slide, your top team members are more likely to stay.”

Get Rid of Bottom Performers. Another key point is how to manage the worst performers. These are the constant problem children, not the average performers who are the worker bees of your laboratory . It's obvious when you're spending most of your time with the problem children instead of with your superstars. According to Smith, where you spend your time sends a strong message to everyone, including your superstars. "If they see that performance matters, and that they're being rewarded, and if they also see the marginal workers can't just slide, your top team members are more likely to stay." (See "Get the right people on – or off – the bus below.)

But What about the Limited Applicant Pool? There's also the reality of the limited number of med techs, especially histotechs, who frequently job-hop. Smith advises that the best approach for retaining people is ask them why they're leaving and address the issues if pertinent. "The other thing is to part ways in a friendly manner. Let them know the door to your laboratory is always open, and maybe encourage mentoring for the long term. Because treating them that way as they leave may just get you a referral. If that person doesn't come back, they may say, "It wasn't right for me, or I need to change a shift, but boy, that lab sure did treat me well," he says.

Get the right people on – or off — the bus

If someone has a poor attitude, ask them point-blank about it, especially if the expectations have been laid out during the selection process.

You want to make sure that the right people are being hired. Some people need to either find a new position on your bus, or another spot, whether that's within your parent organization or another place within your lab.

Of course, it helps if clear expectations have been laid out for people. Ideally, they have realistic expectations of what this job is or is not. If someone has a poor attitude, Smith recommends asking them point-blank about it, especially if the expectations have been laid it out in the selection process. Remind them of the commitments they made at that time and ask 'Why are you here now with this type of attitude?'" says Smith.

It's also important to ask if they have everything that they need for their job. Perhaps that is creating some of their attitude. "You may be frustrated with them, but encourage them to talk," recommends Smith. Find a mentor in the laboratory and explain the type of attitude needed for them to be successful. "If we go through some of those steps and they're still having that attitude, then it is time to part ways and get them off of your bus, as they say."

Getting HR's Support So, how do you get rid of them, especially if human resources (HR) isn't supportive? "First off, you don't call HR on the day you want to let them go," says Smith. "You should establish a partnership with your human resources department at the outset, saying, 'This is the type of culture that we're looking to create in our laboratory. What suggestions do you have? Be upfront with HR that if lab staff doesn't convert to the kind of attitude and the type of values and behaviors wanted in your lab, you'll need to manage some people out.'"

“One of the biggest problems that HR professionals have with lab terminations is that we allow unacceptable behavior and/or poor work habits to go on, do not adequately document it, and then when we’ve finally had the straw that breaks the camel’s back, we’re ready to let them go.

HR’s first question regarding letting someone go is whether you’ve documented and carried out the necessary conversations. “So, make sure you do your part all through the process as a leader, but involve HR early. And then, at the end, it really isn’t a tough decision for anybody. Termination is never an easy conversation, but it can be done at the end, if we do it right at the beginning,” says Smith.

Serrano emphasized the importance of written documentation - dates, times, contents, what was requested and expected. “One of the biggest problems that HR professionals have with lab terminations is that we allow unacceptable behavior and/or poor work habits to go on, do not adequately document it, and then when we’ve finally had the straw that breaks the camel’s back, we’re ready to let them go. The HR professionals are trying to make sure that we have a minimum number of challenges from a labor law perspective,” he explains.

8.

Create a CEO of your Department Philosophy

Problem: *Too many laboratory staff are saying “that’s not my job” every day.*

The good news is if you’re getting your staff more engaged you’re likely seeing this less often. But if you are seeing med techs wedded to their spot on the bench or their part of the lab, how do you take advantage of their knowledge level.

Smith has discovered that one of the best tools for solving this issue is turning lab managers into CEOs. His CEO top 10 list (see CEO Top 10 list, below) is one that he’s implemented with good success in four places. One caution, however, don’t try to do all 10 at once. Instead try one or two in a quarter.

CEO Top 10 List

1. Create a business plan for upcoming fiscal year
2. Hit operation goals in business plan
3. Create and explain monthly reports
4. Customer Intimacy Initiative for each department
5. Performance Improvement-two processes per year
6. Develop and review retention plan quarterly
7. Developmental 1:1 per quarter per employee
8. Each employee has a development action plan (DAP)
9. Monthly team meeting
10. Learn something new each month

Solutions:

Here are the basics of the CEO Top 10 list, with several of them combined for discussion:

“If you’re really trying to change the culture, and you’re trying to keep your staff, a one-on-one where they bring some ideas about what they’re working on and they report their progress really doesn’t have to take a long time.”

Create a business plan. This entails thinking about competition for the laboratory’s services. Set operational goals so employees of the laboratory are accountable. Then to get things done you need to measure it, which means you need to create and explain monthly reports.

Customer intimacy initiative (discussed in Chapter 6) What is one initiative we can do to better connect with whoever our customers are, whether internal or external?

Develop a retention plan. These take time to do but partnering with human resources helps. “Once it’s up and running, it’s actually pretty easy to do, and you can turn it over to the staff. Let them own it,” says Smith.

Hold a developmental one-on-one per quarter with each employee. You may be thinking no way, I only have time to do that once a year, and even that’s hard. “If you’re really trying to change the culture, and you’re trying to keep your staff, a one-on-one where they bring some ideas about what they’re working on and they report their progress really doesn’t have to take a long time,” says Smith. “It can be done at the bench. But just having that conversation at least once a quarter will set you apart from other laboratories.” Another on the list is each employee should have a development plan.

Hold monthly team meetings and challenge yourself to learn.

Emphasize that everyone should learn something new each month.

Owners versus renters. This is another way to look at this problem. Renters are people that come in and are probably at Stage 2 (as discussed in the tribal leadership scale). They're taking up space until they can find another job that pays more, or perhaps they're burned out employees who've been with the laboratory a long time.

“If they say, ‘That’s not my job’, ask them what their job is. Let them show you what they think it is, and then you get to highlight the gap between where it is and where it should be.”

The goal is to move the renters to owners. For Smith, the question is are you treating them like owners? Are you recognizing them for a job well done, either financially or with non-monetary? Do you instill pride in the organization? Do you highlight how they make the clinical laboratory more successful than the next one? And do they feel that sense of ownership? “If you’re doing that part, they will not be the minimal person trying to just get by. They will own it, and they’ll start to push you, and they will help you become that tribal 4 leader, where they’re no longer resisting leadership but are embracing leadership, saying, ‘Hey, what else can I do in the lab to make this a better place to work, a better place for our patients and our customers?’” says Smith.

One exception is if their lack of interest or lack of access is due to things way beyond your input and ability. You need to differentiate that and possibly suggest they consider your organization’s employee assistance programs (EAP). EAPs can prove very helpful.

Be direct. The final suggestion for this problem is to be direct. “If they say, ‘That’s not my job’, ask them what their job is. Let them show you what they think it is, and then you get to highlight the gap between where it is and where it should be,” suggests Smith.

Appendices

A-1

About DARK Daily

“Dark Daily is a concise e-news/management briefing on timely topics in clinical laboratory and anatomic pathology group management. It is a solution to the dilemma facing anyone in the laboratory profession.”

DARK Daily is a concise e-news/management briefing on timely topics in clinical laboratory and anatomic pathology group management. It is a solution to the dilemma facing anyone in the laboratory profession. New developments, new technology, and changing healthcare trends make it imperative to stay informed to be successful. At the same time, the Internet, cell phones, blackberries, laptop computers, and wireless devices are overwhelming any one individual's ability to absorb this crushing Tsunami of data.

DARK Daily is a quick-to-read, easy-to-understand alert on some key development in laboratory medicine and laboratory management. It has no counterpart in the lab world. Why? Because it is produced and written by the experts at THE DARK REPORT and The Dark Intelligence Group, who know your world, understand your needs, and provide you with concised, processed intelligence on only those topics that are most important to you!

You will find DARK Daily to also be an exceptionally valuable resource in laboratory and pathology management. Some of the lab industry's keenest minds and most effective experts will be offering their knowledge, their insights, and their recommendations on winning strategies and management methods. Many of these experts are unknown to most lab directors. As has proven true with THE DARK REPORT for more than a decade, DARK Daily will be your invaluable—and unmatched—resource, giving you access to the knowledge and experience of these accomplished lab industry professionals.

A-2

About The Dark Intelligence Group, Inc. and THE DARK REPORT

“Membership is highly-prized by the lab industry’s leaders and early adopters. It allows them to share innovations and new knowledge in a confidential, non-competitive manner.”

The Dark Intelligence Group, Inc. is a unique intelligence service, dedicated to providing high-level business, management, and market trend analysis to laboratory CEOs, COOs, CFOs, pathologists and senior-level lab industry executives. Membership is highly-prized by the lab industry’s leaders and early adopters. It allows them to share innovations and new knowledge in a confidential, non-competitive manner. This gives them first access to new knowledge, along with the expertise they can tap to keep their laboratory or pathology organization at the razor’s edge of top performance.

It offers qualified lab executives, pathologists, and industry vendors a rich store of knowledge, expertise, and resources that are unavailable elsewhere. Since its founding in 1996, The Dark Intelligence Group and THE DARK REPORT have played an instrumental role in supporting the success of some of the nation’s best-performing, most profitable laboratory organizations.

The Dark Intelligence Group (TDIG) is headquartered in Austin, Texas. This location makes it very accessible for any laboratory organization seeking input, insight, and support in developing their business operations, creating effective business strategies, and crafting effective sales and marketing programs that consistently generate new volumes of specimens and increasing new profits. The Dark Intelligence Group, Inc. owns and operates two Websites in the TDIG Website network:

<http://www.DarkReport.com>

<http://www.DarkDaily.com>

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About the *Executive War College* on Laboratory and Pathology Management

Every spring since 1996, the lab industry's best and brightest gather at the *Executive War College on Laboratory and Pathology Management* to learn, to share, and to network. Many consider it to be the premier source of innovation and excellence in laboratory and pathology management.

Each year, a carefully selected line-up of laboratory leaders and innovators tell the story of how their laboratories are solving problems, tackling the toughest challenges in lab medicine, and seizing opportunities to improve clinical care and boost financial performance. The *Executive War College* is the place to get practical advice and solutions for the toughest lab management challenges. A unique case study format brings participants face-to-face with their most successful peers. They tell, first hand, how their laboratory solved intractable problems and successfully used new technology.

Many lab management secrets are shared, along with specific "what-not-to-do's" gained from hard-won experience! It's not pie-in-the-sky theory, but useful knowledge that can be put to use in any. The *Executive War College* offers superlative networking, with lab administrators and pathologists attending from countries as far away as the United Kingdom, Germany, Brazil, and Australia. It makes the *Executive War College* a melting pot for all the best ideas, new lab technologies, and management strategies now reshaping the laboratory industry. It's also become a recruiting ground used by headhunters and major lab organizations.

In the United Kingdom, The Dark Intelligence Group and the Association of Clinical Biochemists (ACB) have co-produced a meeting every February since 2003. Known at *Frontiers in Laboratory Medicine* (FiLM), it attracts laboratory leaders and innovators in the United Kingdom. Also featuring a case study format, this meeting pioneered the international laboratory side-by-side case study, where a North American laboratory and a United Kingdom laboratory prepare a comparison of best practices and an operational assessment of their two organizations.

In September 2005, a laboratory management meeting called *Executive Edge* was conducted in Toronto, Ontario, Canada by The Dark Intelligence Group and QSE Consulting. It provided pathologists and lab directors in Canada with a customized meeting devoted to the strategic and operational issues of laboratory management in Canada. This meeting will again take place in September 2007..

A-4

About Robert L. Michel

Robert L. Michel is a respected commentator, consultant, author, editor, speaker, and entrepreneur. He is a leading expert on the management of clinical laboratories and anatomic pathology group practices. He has been called “Quotes to follow from MLO” etc.”

Lab Industry Leader and Consultant

Michel is Editor-In-Chief of The Dark Report and President of The Dark Intelligence Group, Inc. Over the past three decades, he has provided strategic and tactical management services to a wide variety of companies, ranging from Fortune 100 firms like Procter & Gamble and Financial Corp. of America to leading laboratories ranging from Nichols Institute to hospital and health system laboratory organizations. He has a special talent for spotting new business opportunities in clinical diagnostics and identifying winning strategies to pursue them.

Some of his current and past clients include: Meridia Health System (Cleveland, OH), PACLAB Regional Laboratory Network (Seattle, WA), Consultants in Laboratory Medicine (Toledo, OH), PAML, Inc. (Spokane, WA), UMASS Healthcare Reference Laboratories (Worcester, MA), Ortho-Clinical Diagnostics (Raritan, NJ), Pathology Service Associates (Florence, SC), DIANON Systems, Inc. (Stratford, CT), Beaumont Health System (Detroit, MI), MedTox Laboratories, Inc. (St. Paul, MN), Joint Venture Hospital Laboratory Network (Detroit, MI), Bayer Diagnostics (Tarrytown, NY), Bio-Reference Laboratories, Inc. (Elmwood Park, NJ), Specialty Laboratories, Inc., (Santa Monica, CA), National Health Service-Pathology Services (London, England), Doctor's Laboratory (Valdosta, GA), Sysmex Corporation (Mundelein, IL), Pathologist's Medical Laboratory (La Jolla, CA), Abbott Laboratories (Abbott Park, IL), St. John Clinical Laboratory Pathology Laboratory (Detroit, MI), Esoterix, Inc. (Austin, TX), Beckman Coulter Corporation (Fullerton, CA), Health Care Systems, Johnson & Johnson (Atlanta, GA), ARUP Laboratories, Inc. (Salt Lake City, UT), Institute for Quality in Laboratory Medicine (IQLM-Atlanta, GA), Association of Clinical Pathology (ASCP-Chicago, IL).

Michel is a member of the Clinical Laboratory Management Association (CLMA), the American Association of Clinical Chemistry (AACC), Specialized Information Publishers Association (SIPA).

Popular Journalist, Author & Editor

Michel writes and edits The Dark Report, a business intelligence service for pathologists and laboratory executives that, over its eleven years of publication, has garnered national and international respect of its ground-breaking coverage of events and industry trends within the laboratory profession. He has been interviewed or quoted in such publications as: RLM to provide.

International Meeting Innovator, Public Speaker

Michel is the Founder and Director of the *Executive War College on Lab and Pathology Management*. First conducted in 1996, this gathering has become the premier forum for laboratory management in the world. For pathologists, he developed the “Pathologist’s Income Symposium,” a meeting series which is exclusively focused on helping pathologists increase their practice income, as well as their professional income. Since 2004, he has co-produced Frontiers in Laboratory Medicine (FiLM) in the United Kingdom with the Association of Clinical Biochemists. This meeting has quickly earned a reputation as the best source of laboratory best practices in Europe. In 2005, Michel co-produced Executive Edge in Canada with QSE Consulting. This meeting about strategic laboratory management innovations in Canada proved popular and will be repeated in the fall of 2007.

Michel is regularly asked to address laboratory industry groups. In addition to regular speaking engagements throughout the United States, he has traveled to Brazil, England, Canada, Australia, and Korea to address laboratory audiences in those countries. Meeting participants regularly rate Michel’s presentations as one of the best at the event.

Experienced Educator, Strategist, and Business Faciliator

Over the past decade and a half, Michel has been invited to provide Grand Rounds and teach clinical laboratory and pathology management at the pathology departments of such medical schools as University of Minnesota, University of California at Los Angeles and University of Texas Southwest/Houston. He has provided strategic assessments to laboratory organizations, IVD manufacturers, pathology groups, information technology vendors, biotech companies, and diagnostic start-up companies. He is regularly asked to facilitate strategic management retreats and business planning meetings for such clients as PAML, OML, Sysmex Corporation. etc...(add more)

Michel received his B.A. in Economics from the University of California at Los Angeles. He is a native of Santa Ana, California and currently lives and works in Austin, Texas.

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About Jeffrey M. Smith



Jeffrey M. Smith is Vice-President of Leadership Development for Slone Partners. He consults with laboratories across the United States on ways to enhance productivity and increase teamwork among the workforce. Mr. Smith comes to Slone after almost 5 years of successful HR and Operations experience at Carilion Clinic where he was in charge of HR for the growing Carilion Labs company. Mr. Smith previously oversaw the HR departments in the community hospitals for Carilion as well as the HR Consulting group. His areas of expertise in HR include: organizational development, organizational change, succession planning, executive coaching, teambuilding, leadership development and recruiting. Recently, Mr. Smith has given speeches for G-2, War College and Kennedy Recruiting on such topics as executive and leadership development, succession planning, teambuilding, change management and strategic recruiting.

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About Linda Richards

Before getting her masters degree in Journalism from Columbia University, Linda worked 15 years in healthcare as a hospital clinical dietitian, a pharmaceutical sales representative, and as a certified health educator in public health. She works as a healthcare editor specializing in medical devices and diagnostics for OTR Global. Formerly Off the Record Research, OTR Global offers unbiased journalistic market research, which provides a major departure from traditional Wall Street analysis. Linda has also written for numerous publications, which include *Arthritis Today*, *Modern Drug Discovery*, *Today's Chemist at Work*, *Self* and *Woman's Day*. She currently resides in Redlands, California.

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Additional Learning Resources

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Zemke, R., Raines, C., and Filipczak, B., *Generations at Work* (2000)

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