

Beyond the Paraffin Curtain

The Pathologist As Laboratory Medical Director

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Introduction

Few senior medical students choose to specialize in pathology because they want to be administrators. The job of laboratory medical director is typically thrust upon pathologists at some stage in their careers. Most of us would be happy to stick with what we are best trained to do—making diagnostic decisions. We who practice anatomic pathology (or hematopathology) usually find ourselves most comfortable at the microscope. A common occupational hazard is that we can get too comfortable behind the “paraffin curtain.”² It is just too easy to put off or ignore issues not on the histotech-pathologist-transcriptionist axis. A few pathologists, perhaps the lucky ones, can live their entire careers behind the paraffin curtain. For the rest of us, the role of medical director is one we must grow into. This is an attempt to make that process less painful.

Leadership

Essential to being a good lab director is developing good leadership skills. I think the key is accepting the fact that when you are put in the role of leader, your job becomes less about you and more about the people who answer to you. This stands in contrast to the lower rungs on the medical career ladder, which are surmounted mostly through individual effort. As a leader, your career advances by developing excellence in others. Here are the ingredients:

- **Setting a good example.** Don't ask others to do things any riskier or more arduous than what you would be willing to do yourself. The Golden Rule needs to be modified when applied to leaders: treat others *better* than you would like to be treated.
- **Maintaining an atmosphere of excellence.** Keep your knowledge base up to date and pursue new skills and areas of knowledge. Pass your enthusiasm for learning to your personnel. Encourage them to challenge you, just as you challenge them. When you have an interesting case with important laboratory implications, go out into the lab and discuss it with the personnel. Med techs have their own version of the paraffin curtain, and it may take some effort to get them out from behind it.
- **Representing your department in the institution.** Seek positions on institution-wide committees and task forces. This gives you a bully pulpit to educate other health care

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² The source of “paraffin curtain” is lost in the mists of oral legend, but an early attribution can be found in Grunh JG, *Ultrastructural Pathology* 9(3-4) 1 Jan 1985; the author states that the term was in use by 1953.

professionals about the role the lab plays in patient care. You will be shocked at how little they know about what goes on in the lab. You may also be shocked at how little you know about other departments. Committee work presents an opportunity to teach and learn.

- **Taking one for the team.** Screw-ups are inevitable. Just as you deserve some credit for outstanding lab performance, you must take some of the blame when things go wrong. Often this takes the form of being a wall of reason and calm between an irate clinician and despondent laboratorian. Dealing with a tech who has made a serious error takes tact, sensitivity, and patience. Managing your own emotions at this time may present the greatest challenge but is of paramount importance.

Politics

There is an unfortunate stereotype of pathologists as doctors who don't like to deal with patients, and by extension, with other human beings. I certainly hope that medical students are counseled as to the error of that image. In fact, we pathologists deal with at least as many people as a clinician does. Further, we don't enjoy the exalted position in the doctor-patient relationship that our clinical colleagues do. So, pathologists are no less political animals than anyone else in health care. Over the years, I have known a few pathologists who scrupulously avoided politics. What happens is that politics eventually finds them, usually with deleterious results. We have to accept the fact that we are all pieces on the same great game board. Here are some useful tips for surviving in the political world:

- **Managing political capital.** Pathologists are great at accumulating political capital. For years and years, we do favors for clinicians, administrators, and even our own partners, building up good will all along the way. We go along, make do, stay out of the way, and demand little. We ask for new equipment only in desperation. When it comes to cashing in some of those favors, though, we hesitate. Eventually we may become the village doormat. I certainly don't recommend keeping a detailed accounting of favors, or even asking for them very often, but you do need to recognize that there will be times that you will require exceptional support by those to whom you have been so loyal, and you should feel free to ask them for it. You may also have to remind them about everything you did for them.
- **Being there.** "80 percent of success is showing up."³ Every hour spent behind the paraffin curtain is an hour squandered not establishing a physical presence. Your political influence will be greatest when you express it in person. This means regularly rounding in the lab and visiting the various service areas in your institution.
- **Developing empathy.** The ability to imagine yourself in the position of others is the cornerstone of politics. Often an angry complaint is simply a plea by a stressed-out individual for help in sharing a burden. When I get word of an irate surgeon in the OR,

³ Attributed to filmmaker Woody Allen

I first get the details of the complaint from the lab staff and deal with the operational issue. Then I immediately go to the OR (I routinely wear scrubs in the hospital). I give the necessary reassurances that the lab problem is being addressed, but I spend extra time just chatting. Even if I am overwhelmed with work inside the paraffin curtain, I never let on that I am in a rush. I make it clear that I am there for the surgeon when he or she needs my help. I have found this simple practice goes further in building support among surgeons than anything else I can do outside of dependable diagnostic pathology services. Ultimately, a surgeon in an operating room, while assisted by more ancillary personnel than we pathologists could ever dream of, is a lonely soul. Another figure deserving of empathy is the hospital administrator. The variety of frustrators they face is greater than for anyone in health care. They have to contend with the entire medical staff (including the prima donnas and prima donna wannabes), regulatory agencies, ruthless competitors, irate patients, mendacious vendors, a fickle and entitled public, and the sensation-seeking media. They struggle to squeeze enough revenues from a continuously shrinking reimbursement system to not only pay all the bills every month, but recruit new talent and keep the facility and equipment up to date. On many occasions I have seen administrators spend hundreds of thousands of dollars to recruit a physician, buy all the equipment on his/her wish list, and bear the cost of marketing the start-up practice, only to see the physician immediately start to admit the lion's share of patients to a competing facility. If there is anyone who could use the services of a sympathetic ear, it is the hospital administrator. They also tend to be good politicians, and they *do* remember who has done them a favor or two.

- **Playing the long game.** Extending the same high level of respect to everyone is what most of us are taught from childhood, but this lesson is often ignored later in life. Too frequently we encounter the personality who “kisses up, kicks down.” It’s important to remember that the lowly junior med student of today may be your chief of staff of tomorrow. In twenty years, you probably will have forgotten some dismissive remark you made, but the person you made it to will remember.
- **Drawing the line.** For almost all political scenarios, a tranquil, reasonable, conciliatory approach is the best one. This is because most people are reasonable, and if you can patiently ride down their acute emotional response, they will respond reasonably in the end. For those who are not reasonable, you have to draw the line. One place I always draw the line is to insist that the lab personnel be treated with dignity and respect. The lab staff is instructed to transfer any abusive physician to me, and I make it clear in no uncertain terms that any yelling is to be done at me and me only. Most of these abusive characters are the kiss-up, kick-down types, and by the time they talk with a fellow physician, they have cooled off considerably.

Rendering Unto Caesar

In addition to death and taxes, you can count on an inexorable increase in regulation to persist through your career.⁴ As lab director, you are responsible for compliance with state and Federal regulations. You have several options, the three most common being 1) inspection by the state, which serves as agent for the Federal Center for Medicare and Medicaid Services (CMS), the enforcement agency for the Clinical Laboratory Amendments of 1988 (CLIA '88), 2) participation in the accreditation program of the Joint Commission (formerly the Joint Commission for Accreditation of Healthcare Organizations, or JCAHO), and 3) participation in the Lab Accreditation Program (LAP) of the College of American Pathologists (CAP).

The most significant advantage of options 1 and 2 is that you will have full-time professional inspectors who do many inspections per year and generally know what they are doing. I don't have any experience with state inspectors, but I have been through many Joint Commission surveys at the hospital level and have yet to encounter an incompetent or unreasonable surveyor. The problem with the Joint Commission is that you never know what they will be looking for. The things they are interested in change from year to year, and to achieve compliance you are given only a vague set of "standards." In contrast, the CAP program gives you a detailed checklist for each lab section. For this reason, technical personnel tend to prefer CAP, and I have to agree that the Checklists are the overriding consideration that have led me to stick with the CAP program for every lab I have directed. If you understand the Checklists, and you comply with every item, you *will* be accredited, period.

Of course, CAP does have its shortcomings. The worst is that the quality of the peer inspection team, which does only one inspection every two years, is highly variable. After being inspected, you may find yourself dealing with a host of deficiency citations that were unwarranted. The good news is that you can appeal deficiencies, and the personnel in the CAP central office are knowledgeable and well-trained. They will interpret the standards fairly in processing your appeals. The bad news is that the appeals process is very labor-intensive. Another disadvantage is that you have to field an inspection team every two years, which is expensive (you have to pay overtime or PRN personnel to staff your lab while your "A team" is doing the inspection). There is also required online inspector training that must be updated biennially. Still, in my opinion, the advantage of the Checklists trumps all the disadvantages, so my recommendation is to go with CAP, warts and all.

I will not get into many specifics on how to do a CAP inspection, as the College provides comprehensive training resources. I will go so far as to say that the Achilles tendon of many inspection teams is the lack of leadership by the team leader. The nature of laboratory medicine is one of strict adherence to policy and procedure, so as to assure accurate and reproducible test results. Good laboratorians take great pains to develop

⁴ And I can attest from observation over 35 years that it doesn't make any difference which political party is in charge in Washington. So, don't be fooled by any candidate who promises reduced regulations.

sound procedures, and they are rightly proud of them. An unfortunate side effect is that such a laboratorian may bring a “my way or the highway” attitude to an inspection. Although CAP inspector training programs take great pains to deprecate this approach, too often a team leader fails to step in and take an errant team member under rein. In the inspections I lead, I spend the greatest proportion of my time in going over putative deficiencies with each team member. I review every item in detail and make sure that the lab is out of compliance with CAP standards before allowing a deficiency to be marked. This can be an exhausting process. Laboratorians can be stubborn.

Decisions: Which To Make And Which To Delegate

Good leaders are good delegators. Pursuing a medical career is a solo process in its early stages, so physicians usually do not face the need to delegate until after they are fully trained and thrust into positions of leadership. Many highly talented doctors never learn to delegate. This can work out fine in some specialties, but laboratory directors don't have a choice. *We must* delegate, or we fail.

An exhaustive list of laboratory director responsibilities is available at the CLIA website.⁵ The list of duties is numbing, not only in its length but the vagueness of its language. This is another reason to go the CAP route and have access to Checklists that spell out the responsibilities in clearer, more specific language. Suffice it to say that the lab director is responsible for everything that has to do with the lab, not only test selection and assurance of result quality, but employment of qualified personnel, education and proficiency testing, and workplace safety. Meeting all these demands begins with a laboratory manager (who is qualified under one or more CLIA-approved designations). You will have to decide what and how much work to delegate to the manager (and by extension, the mid-level managers who answer to him or her). Even those chores that you take direct responsibility for need not be done personally by you in exquisite detail. In the case of procedures, while you have to annually review each one, you should not feel compelled to write them. What you must do is make sure that whoever is writing them knows what they are doing. So, when you are new in a position, or when you are "breaking in" a new manager, you have to spend extra time on detailed review and oversight. Delegation does not mean dropping a chore on someone else and forgetting about it. Instead, you have to carefully gauge the abilities of your manager(s) and delegate no more than you have determined they can competently handle.

Here is a list of duties that I take the most personal interest in:

- **Candidates for positions.** I briefly interview every candidate for a job in the lab, including clerical personnel. I make sure they have sufficient "people skills" to deal with patients, physicians, peers, and their managers. I check to be sure their spoken language is sufficiently clear to be understood over the phone.
- **Interactions with physicians.** Any physician with whom the lab personnel is having trouble for any reason is transferred to me.

⁵ http://wwwn.cdc.gov/clia/regs/subpart_m.aspx#493.1407

- **Initial review of procedures/policies and changes thereto.** You can also take personal interest in the biennial review of procedures, especially if you are new to the job, or you're working with a new manager. After you become comfortable with the performance of the manager, you can delegate biennial reviews of procedures with no changes.
- **Monthly review of the quality assurance/quality management report.** This assures you that 1) the required QA/QM work is being done, and 2) all the parameters are within acceptable limits. Ideally, this report is highly abstracted and summarized, so the report will be brief but very dense. If your managers are giving you pages and pages of raw data, you should work with them on developing a more efficient reporting format, which will not only save you time in the future, but will look good to an inspector.
- **Monthly blood utilization summary.** If you have a blood bank, you will need to pay close attention to blood utilization, which provides an early warning sign of misuse of blood products by the clinical staff. Politically, you can use the need to present blood utilization data as a vehicle to secure a position on the hospital's utilization review committee, which gives you a fine overview of hospital operations and physician practice patterns. (Parenthetically, another committee that gives you a "catbird seat" on hospital operations is the pharmacy & therapeutics committee.)
- **Proficiency testing (PT) exception reports.** These are issued when a PT challenge is answered incorrectly. I let the technical personnel respond to the deficiency in writing and sign off on the form before it goes back to the PT vendor (in my case, CAP). If you have a significant problem on the analytic side of the the lab, you'll eventually see a pattern in the PT exception reports and can take the necessary action.
- **Periodic review of test report formats.** This lets you see what the clinician sees in a lab report, which may be very different from the way it looks to the laboratorian releasing the result.

Here are some chores I routinely delegate to managers and do not personally review, unless a problem is brought to me:

- Instrument maintenance logs.
- Temperature logs.
- Quality control logs.
- Annual employee evaluations (except to give input on employees I work closely with).

Never forget that everything to do with the lab is your responsibility. You have to take care to delegate tasks according to the abilities of those to whom you are delegating. If you give someone more than they can handle, and they fail, then you fail. You have to train them to competency and keep tabs on them in the early stages.

Ethics

Normally I don't like to talk about ethics. Most people develop their ethical standards in early childhood, so there is little you can do to make an unethical person ethical. Also, preaching about ethics can easily be viewed as self-aggrandizing. Ultimately we are judged ethical (or not) by our actions, irrespective of our words. However, laboratory directors commonly come up against problems that are ethically challenging, to the extent that our positions involve multiple loyalties. I find it useful to sift those issues through an inviolate list of priorities. Adapting Isaac Asimov's Three Laws of Robotics,⁶ I respectfully submit the Three Laws of Pathology Ethics:

- **The First Law. I am a physician.** I seek to protect and improve the health, well-being, and social standing of the patient.
- **The Second Law. I am a pathologist.** I am to apply the art and science of pathology to make accurate, timely diagnoses; and to operate my laboratory according to sound scientific principles and standards set by the most respected peers in the field, *except* when it conflicts with the First Law.
- **The Third Law. I am a businessperson.** Whether I am a proprietor, employee, or contractor, I will operate my laboratory according to sound business principles, *except* when it conflicts with the First or Second Law.

These laws are simple, but applying them can be difficult. You may run up against bosses, clients, partners, and shareholders who are not physicians and therefore not constrained by the First and Second Laws. The Third Law may be at the top of their priority list, or the only thing on it. Still, while the road to success may be a bumpy one if you follow these priorities, I think you will eventually get to where you want to be. Uncorruptibility engenders respect. Respect engenders trust. Trust engenders opportunity.

⁶ Asimov introduced the Three Laws of Robotics in his short story "Runaround," published in the March, 1942, issue of *Astounding Science Fiction* magazine.