Freshman Manager

SINK OR SWIM

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MPH, MBA, RRT, CHES

FRESHMAN MANAGER

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By

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DEDICATION

This book is dedicated to God, and to those who have chosen to live a purpose driven life.

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ACKNOWLEDGEMENT

I am nothing, and will remain nothing, without my Lord and Savior Jesus Christ, in whom I put all my trust. "Christ in you, the hope of glory," says Colossians 1:27. He is the only basket I put all my eggs in and will forever be the reason I am who I am.

I would lay my life down for her; she is my world, my joy, my heart, the third party in my inner circle with Christ, my wife, my queen, my jewel, and my biggest fan. To her I owe my all; I thank the Lord daily for her love.

"Iya ni wura iyebiye, Ti a ko le f'owora" is a proverb in Yoruba referring to the immeasurable value of a mother; it means "mother is gold, worth more than money can buy." Mama pushed when I needed to be pushed and loved when I needed to be loved. Mama I love you.

I read somewhere that "Friends are the families we choose for ourselves," and "Cousins are the first friends you have growing up." I thank God daily for my family and friends who have provided constant support to me through the first third of my life. I pray the good Lord continues to bless you all.

Lastly, I thank the many supervisors, managers, directors, COOs and CEOs whom I've had the opportunity to work under. Academia definitely does not provide enough information to prepare you to be a good manager, but a supportive leader has the power to help shape your future, and so I thank you for your support.

FORWARD

And now we thank you, our God, and praise your glorious name (1 Chronicles 29:13). I want to give Thanks to my Almighty father for Lana's life and the successful completion of this project.

I am honored that Lana, my nephew, has asked me to write the forward for his first book. It is an honor that I do not take lightly. I have had the privilege to read the book and I can attest to it, based on over thirty something years' experience that I have in the health care industry, that this book is one that every freshman Manager should read. It is easy to read, practical and has great words of wisdom.

I am very proud of Lana's accomplishments. Several years ago when I encouraged Lana to consider a career in the health care industry, little did I know that he was going to "fall in love" with the industry. I started noticing his love and passion for the profession early in his career. Every time he comes to visit, all he wanted to discuss was my experience as a health care leader. I want to believe that some of the information I shared with him at that time were helpful in his career and that you, the reader, will find this book and words of wisdom in the book very beneficial. I wish I had the tools in this book available when I first, several years ago, started as a health care Manager.

Lana, I am very proud of you and I love you very much. Remain Blessed.

Bola Sijuwade, RN, CPHRM, CCHP, RHIA, BSN, MS

INTRODUCTION

A wise man once said that *"wisdom is knowing what you know and identifying that there's more to learn."*

- Anonymous

After living about a third of my life, I have finally discovered what I am passionate about: education, primarily health education, and teaching others to live life with purpose. Part of living life with purpose entails being successful in the career path that you have chosen. I have been fortunate to learn about management in a practical sense, not just the textbook version taught to me at the University of Central Oklahoma while in business school. My personal life experiences have also taught me how to be a better leader. Lastly, I have learned to combine the practical experiences of my career, the theories I have learned in academia, and the life lessons I have learned along the way thus far to become the most effective manager and leader that I can be. Some of the outcomes of my leadership and management education (through academia, life, and management experiences) can be found described within the covers of this book.

This book is about my freshman year as a manager in healthcare; in simpler terms, this was my journal converted into a book. You will read about my trials and tribulations, mistakes and corrections, and victories and pitfalls as I navigated the complex and not-so-welcoming world of management. I must say that some of the content in this book is imagined, and not all stories relate to my specific situation, but I know that freshman

managers must face these situations in companies everywhere every day.

This is not a book on management 101 or a step-by-step process of how to be an effective freshman manager, but a tale of the lessons learned through the experience of a young manager. The book's take-home message will vary from reader to reader; some may find the personal touch more appealing, while others will embrace the technical lingo as familiar territory, and still others will identify most with the situations a manager faces in the healthcare industry. Every person and situation we encounter offers nuggets of wisdom from which we can learn. The insights and experiences offered in this book will prove to be a worthy investment of your time and money as long as you have an open mind.

Therefore, I invite you to journey with me through my freshman year as a manager. My hope is that you will enjoy this journey and that you will learn from every word within these pages.

Bienvenue dans mes pensées et expérience en tant que manager.
(Translation: Welcome to my thoughts and experience as a manager)

Lana Bamiro

MPH, MBA, RRT, CHES

1.BEFORE INSANITY
4th quarter, 2012

Where do I begin? This is a story about a young man who took on a job in a city far from home, with just the right amount of experience to be useful but not enough to be great. This story tells of how I became a better leader and a more effective manager. You will read of my trials, tribulations, victories, pitfalls, and more as I share these experiences with you. I write in the first person in an attempt to bring a personal feeling to a not-so-personal field—the discipline of leadership, management, and growth in corporate America. The daily challenges faced by new managers in the first year of their career can be compared to the challenges faced by freshmen in college.

In the most traditional sense, a freshman in college is about 18 or 19 years old, recently graduated from high school, and excited about the opportunities college will present. They somewhat have an idea of what they want to study in college, are wary of the new

environment, and are faced with the task of adjusting to an unfamiliar culture. They have to abandon the lifestyle they grew accustomed to while in high school and acclimate themselves to the structural differences of courses and lectures. A freshman may have moved cross-country to attend college, as I did for my new job as a manager. They may have gone through an interview process for scholarships or to improve their chances of being accepted, particularly if they were seeking admission to an Ivy League school. The similarities are astounding; the differences are few and far between. I also imagine that the rookie year in the NFL or NBA may parallel that of a college freshman, except for those few top talents who can do no wrong and are offered everything they could desire in their first contracts. I am a top talent in the world of healthcare administration; however, much like an NBA rookie who played in Europe for a few years before coming back to the States to play for the NBA, I took an unconventional route to get to my desired destination. Let me explain.

Sometime in the year 2012, I completed my MPH (Masters of Public Health). As the time for graduation grew closer, I did what most college seniors do—I started focusing on my new career. Since my undergraduate degree is in respiratory care (BSRC) with a focus on health administration, I started applying for jobs related to respiratory therapy and public health, hoping to secure a position. Some of the companies I applied to offered me management opportunities; other positions included corporate health-consulting opportunities, which matched my desire to be involved with the practice of

public health and wellness through worksite settings. To be honest, I had one promising interview while the others were less so. It was mostly a weeding process. The most promising interview was with a company in Los Angeles (LA), California. Coming from Nigeria, and having lived in Dallas, Texas and then Oklahoma City, Oklahoma, moving cross-country was nothing to me. I hadn't considered myself to be at home anyway. Although my home away from home is Dallas, Texas, I believe home is wherever I make it, be it Los Angeles, CA; Fayetteville, AK; or Durham, NC.

Up until December 2012, I had practiced respiratory therapy at a teaching hospital in Oklahoma City, OK. Before that, I had trained to be an RRT (Registered Respiratory Therapist) in Dallas, Texas at El Centro Community College for three years, completing an Applied Associates of Science (AAS) Degree in respiratory care. Soon after completing my AAS, I began work as an emergency room therapist at a level two trauma center in the heart of Dallas, Texas, where I was exposed to patients involved with gunshot wounds, transplants, ATV (all-terrain vehicle) accidents, and motorcycle and automobile accidents. It was quite an experience, filled with excitement, educational opportunities, and everything else a 20-year-old young man pumped full of testosterone could want. I had adrenaline-filled shifts, especially since I worked nights back then. I had been working at that hospital for three months when I was offered a back-up supervisor position. I declined it because I felt I had too little experience to tell anyone what to do or how to do their

job, although I graduated as the best respiratory student of my class and was also recognized as the best new employee of the year within two short months at that facility. I also began working on my bachelor's degree in respiratory care soon after my AAS and completed the degree within 16 months while working in the emergency room in Dallas and spending some time in Oklahoma.

I moved to Norman, Oklahoma to begin pre-pharmacy courses. Concurrently, I began working at the teaching hospital that I eventually left when I moved to Los Angeles, CA. I worked at that hospital for three and a half years before actively pursuing the role of a supervisor. At that time, I was reporting to the department manager, who reported to a director. The supervisory position had been open for almost three months before I decided to apply for it. I had my eyes set on a COO (Chief Operating Officer) fellowship program post MBA (Master of Business Administration) but applied for the supervisor position (a position where I would lead about 50 employees) when the COO fellowship position was not forthcoming. (I sure had set my hopes high, but knowing what I know now, I definitely should not have wasted my time applying for it; I had no formal management experience, very little corporate world knowledge, and no MBA diploma in my hand when I turned in my application.)

Though my intention for moving to Oklahoma was to attend pharmacy school, soon after receiving my first "C" in college in Organic Chemistry II, I knew I had to start considering other options. I followed the familiar

path that most allied healthcare workers traveled in college, studying for the MCAT (Medical College Admission Test), OAT (Optometry Admission Test), GMAT (Graduate Management Admission Test), and GRE (Graduate Record Examinations). I ended up taking the GMAT and OAT and began my MBA at the University of Central Oklahoma in Edmond, OK. Although the MBA was challenging, it was fun, exciting, and refreshing and I was intrigued. It was while I was in graduate school for business that I decided I wanted to go into some sector of Healthcare Management. Today, my passion for education, my experience in healthcare, and my desire for healthy living have led me to a new calling—health education through corporate health consulting. I own a health-consulting firm that takes on health project management with a focus on employee wellness. My company helps businesses prevent health issues among their employees by assessing employee health and wellness, providing opportunities for maintaining a healthy staff through targeted programs that aid employee satisfaction and productivity, and evaluating the return on investment of projects implemented for health education and awareness.

Back to my current job. In late August of 2012, I received a phone call from a recruiter I'll call John in Southern California who saw my resume online and wanted to talk to me about a certain position. I sent him a formal resume that was more detailed; he looked it over, we modified a few things, and off went my resume to the human resources manager at a hospital I'll call "Blue

Medical Center" (BMC). I received a call from John, telling me I had a phone interview scheduled with the then Director for Radiology and Respiratory Care, Paul.

Frankly, I was not particularly excited about the position at that time, so I barely prepared for the interview. I was actually driving my cousin to pick up a TV he had ordered when the call came in. I don't remember pulling over for the conversation, but I do remember feeling comfortable after the informal interview; it was a win! I later received a call from John stating that Paul was excited to present me to his boss, Sarah McCarthy, the Associate VP (Vice President) for Ancillary Services. A webcam interview was set up and I found myself before my webcam, staring at Sarah, Paul, and Esther (the HR [Human Resources] Manager) for 60 minutes. I was later invited to Los Angeles for a final hour-long panel interview with the employees whom I would potentially be supervising, followed by another hour with other managers and directors as well. It was starting to look as though I would be moving to LA, and my wife and I were getting excited at the prospect of living a Cali lifestyle, although we truly wanted to settle in Dallas, Texas. My panel interview was on October 30th, 2012. One minor piece of information before we move on: Paul quit before my panel interview, and it was during that interview that the staff, the HR manager, and I were informed that I would be reporting to a new respiratory director, as the position remained open.

I left Los Angeles feeling great but skeptical about the new development. I was going to be hired by one

person but would report to another. I prayed about it, asked God for direction, and decided that if God wanted me to move on with the position, I would get an offer letter. I got an offer letter in mid-November with an amount I was comfortable with. I was going to be a respiratory care manager for a 350+ bed hospital, supervising 75+ employees (or so I thought). Soon after the offer letter came, I received some information from Esther about the two potential candidates who were applying for the director position. Esther had earlier said to me "maybe if things worked out well, you will be offered the director position." This is a statement I held on to but shouldn't have. The candidate I felt I could have learned a lot from wasn't hired, but in hindsight, perhaps the one they did hire to become my boss, Bill, was the better option; I must say I have learned a lot from him.

Bill and I emailed each other after he was offered the job, discussing basic information, our leadership styles, and our hopes for what some might call an "arranged marriage." I moved out to Los Angeles a day before Bill did, and we officially started working at BMC on the same day. The day he came in from Illinois, we met for about an hour to learn a little more about each other. In that first conversation, we agreed on most things verbally, but I could sense there was going to be some disagreement down the line; our leadership styles varied, egos were present, and we were both guilty of relying on our survival instincts.

Bill had been laid off from his previous job as a director for cost reasons and his direct reports had been

divvied up to other department directors. It appeared he was concerned that history would repeat itself. It seemed that he felt the closer he got to the actual line staff, the more secure his job would be. I thought to myself, "Oh Lord, what have I gotten myself into?" The job description I signed was for a manager who had three direct reports: an adult clinical supervisor (who had shift coordinators reporting to him), a NICU (Neonatal Intensive-Care Unit) clinical supervisor, and an administrative assistant. The shift coordinators were in charge of running the shift on a daily basis, while the clinical supervisors somewhat played the role of clinical educators/assistant managers. For a department that size, Bill and I could tell right away that we were top heavy; there was one too many administrative staff for the ratio of RTs (respiratory therapists) at the bedside. This would prove to be one of the toughest issues facing Bill and I, affecting our relationship and the department's growth.

In the first few days of being at BMC, Bill and I walked the halls with Jim, the adult clinical supervisor. We met with other managers and directors, and learned the names of those immediate employees we would work with. I, for one, have a good memory for names, faces, places, and all things new; as Bill said several times throughout the first quarter, "Lana is a sponge. He soaks it all in. I can't ever remember half the things he remembers." Here's a lesson to learn: if your boss repeatedly compliments you, but you can perceive the compliment as being threatening to him, tone your actions down and learn to play the needed politics. It's

okay to have a lot of knowledge and be a quick learner, but in a business situation where you are outshining those around you, including your boss, flaunting your skills could be a career sabotage.

Here's another interesting twist: Jim, the adult clinical supervisor, had applied and interviewed for my job. He not only was a viable candidate for the job, in my opinion, but had also been the informal manager for the department for almost three months.

Jim would've done a fine job with the proper support from whoever he would be reporting to; he was knowledgeable about respiratory care, having over 10 years of experience, with almost two years as a shift coordinator and then about a year as a clinical supervisor. If I had been promoted to the director position at BMC, I probably would have promoted Jim to manager, but we both were SOL (surely out of luck; yes, this book is PG rated) as you'll find out here in a bit. Jim did have a few things holding him back—he had no master's degree, was not well-liked in the hospital as his staff had accused him of favoritism (which was a fair accusation, as you'll later read), and seemed lazy in his current role. Upon further assessment, I would find many things he should have had in place but didn't, and things he should have been doing for the department but wasn't. I later attributed his laziness and lackadaisical attitude to his discontentment about the decision made to not hire him as the department's manager.

Jim's counterpart on the NICU/Peds (pediatrics) side of the respiratory department, Karen, was an RT with 30+ years of experience; she had been the NICU clinical supervisor for over five years. She was the guru—had all the information needed for the NICU/Peds section—but was also a major part of a culture that needed a lot of change. The NICU staff (as I often refer to the NICU/Peds) felt they were in a world of their own. There were 20 RTs who worked exclusively in the NICU and two who floated back and forth between the adult care services and the NICU. When Sarah hired me, one of the things she wanted to resolve was the separation of both sub-departments, as this created numerous issues, including the cost of training and the cost associated with overtime staffing and agency usage. Karen was a strong believer in separating both departments and didn't care much for the idea of cross-training staff. She relished the exclusivity that came with being an NICU therapist, as did virtually all the NICU RT staff, the nurses, and the doctors. As I said, the culture in the NICU/Peds world was different and needed a lot of attention.

Jim and Karen were both supposed to report to me, but within the first two weeks, Bill had Jim reporting directly to him, and about two weeks later, he had Karen reporting directly to him as well. My wings were getting clipped; my role was diminishing almost before I could even get started with my job. My boss's insecurity was making him the most self-preserving person I had ever met, yet he talked extensively about "teamwork." Hypocrisy I called it, sheer hypocrisy. By the way,

managers don't get administrative assistants at BMC, according to Jim. Tami was now to report to Bill. At this point I had lost to Bill all three people who were supposed to report to me. Then he asked me to focus on managing the adult department, a task that I reluctantly accepted. I had no choice. I asked myself on numerous occasions, "Why would a company bring on a new manager just to diminish his role?" and wanted so badly to have a word with Sarah, the Associate VP of Ancillary Services who had hired me, but I kept my cool, respected the decisions Bill was making, and forged on in the name of teamwork. Bill finally admitted his need for self-preservation during one of the discussions we had regarding the new development. That caused me to take a chill-pill as I saw it as progress in our potential relationship; maybe we were finally learning to trust each other. His ability to let his guard down was a good sign—this is what a leader should do: be an open book regardless of the cost.

By the end of January 2013, I had gone from having a staff of 75 sub-reports to 43. The shift coordinators (three of them) who were supposed to report to Jim, had now been directed to report to me. The shift coordinators were responsible for the shift-by-shift supervisory work, including assigning daily patient loads, ensuring equipment is up and running, making shift staffing decisions, and most importantly, functioning as a resource for staff for clinical purposes. Jim was responsible for the Pulmonary Function Services, the Pulmonary Rehabilitation Program, and staff education and training (as an informal educator). I was responsible

for labor management through scheduling, staffing and productivity monitoring; human resource management with counseling, hiring, and communication of pertinent information such as license upkeep; and patient satisfaction through audits and accountability measures. It seemed like a fair split at the time.

What I thought was a fair split soon became a logistical nightmare, but I must say I learned a lot in the first year of being a true manager under Bill's wings. As much as I hate to admit it, I probably never would have survived my freshman year if I hadn't had a director like him creating uncomfortable situations for me to learn under, opening my eyes to unfamiliar approaches, and unintentionally teaching me to be patient. Keep in mind that one of the reasons I took this job was for personal growth in my career, so when I was shortchanged the amount of staff reporting to me, I became truly unhappy and nothing Bill could do the first several months was right by me. However, the adult (at the time I thought I was being an adult and a mature Christian) in me took a "chill-pill" and refocused my energy on working as a team and letting God be the captain of my affairs. What's interesting is, considering how much I fought the situations that presented themselves, how stressed I was, and how uneasy I became, I still came out victorious, stronger, a better leader, and better prepared for bigger challenges to come. Looking back, although as I write this it has only been 11 months since my entry into the new job, I surely was immature as an adult, and more importantly, immature as a Christian.

As my work at BMC continued, I was faced with numerous novice manager situations. As you read, I hope you are able to engage in my experiences and perhaps even identify with some of the common occurrences of an early career in management. Due to privacy considerations, names have been altered, but the premise of each situation remains the same.

II. PURGE THE SYSTEM
Voluntary separation

Soon after Bill and I were hired, a situation arose that required an employee to be fired. It was discovered that an employee had documented on a dead patient not once, not twice, but three times throughout her shift. The first question a non-healthcare worker might ask is, "How is this possible?" Well, in the hospital, after a patient has passed away, their medical records may still be active in the electronic medical records system for a while longer so the healthcare providers can go back and document a few things about the last hour or so of life. Sometimes, the medical record may just remain open because the patient's primary nurse has not had the chance to discontinue the patient's care.

Going back to the initial story, the RT had documented giving therapy to a dead patient. This could only mean one of two things: the dead patient was left in the room for at least eight long hours and the therapist actually gave a dead patient some breathing treatment

(now that is an unqualified employee), or the patient had been transported to the morgue and the therapist falsely documented on the patient. In this case, the latter was true. When these allegations were brought to our attention, we were shocked and immediately called Julia, the therapist, to report to work. She reported the next morning and we promptly asked her to explain herself. Soon after she was questioned about the allegation, Julia decided to resign. Now, this is where the novice manager in me got upset; I felt she was trying to beat the system. I felt offended for the unknown patients she could potentially take care of in the future at another facility if her records were to show resignation versus termination. I was livid, but Bill was more tolerant. His immediate response to her was "sure." He later explained to me his rationale.

The goal of separation from that employee was not to tarnish her image or decrease the possibility of her getting hired elsewhere; the goal of separation was to weed out the bad fruit, to purge the system of rotten apples to create the team you want. Accepting Julia's resignation not only purged the system, it made for an easy separation. An easy separation sends a message to the staff, who definitely talk about these things although they are not meant to, that we will hold staff accountable and will do what is needed for the best interest of the department, but that we also have a soft side; we're mindful of the need to survive. Now, some may argue my initial reaction that Julia should have been terminated was the right one, and her resignation should not have been

accepted because she could be a danger at another facility. Well, newsflash: she was working two jobs already and letting her go would not prevent her from getting another, since we were not required to report this to the state licensing board. The other side of this coin is that even if Julia was terminated, the only information we could share with potential employers calling for a reference was that she worked at our facility for X number of years and got terminated; the reason for termination could not be shared. In a situation where people get terminated for sleeping on the job, being unproductive, or clocking in one too many times, a vague response to an inquiry on a former employee's work history is not helpful. Most employers look elsewhere for information regarding hiring an individual; I'll share some of the approaches I learned at BMC.

III. HIRE THE BEST
Not your friend

As I mentioned earlier, Jim was not the favored leader in our department. He had a history of playing favoritism; this possibly was the main factor among all the other factors that cost him the job of manager. Jim had started the Pulmonary Rehabilitation program at BMC about three months before Bill and I came on board. He and Samson, the manager before me, had promoted two of their closest friends (according to the staff's testimony) to be the pulmonary rehabilitation specialists for the program. Apparently, the positions were not even publicized or open to employees to apply. The story goes that the program was approved by administration then Samson and Jim chose Patrick and Phillip to be promoted and so they were. This approach brought great strife within the department. Not only did this send a message about the good-ol'-boys'-club attitude to running the department, it also killed whatever trust the staff had left in their leaders.

Soon after I was hired, two part-time positions opened up and five applicants applied with various qualifications in their resumes. Fortunately for me, I had no friends at BMC yet so favoritism could not play a part in the decision made. Unfortunately for me, the hiring process we followed at this time was not the best option and I probably would not recommend it. Bill felt the need for three of us (Bill, myself, and Jim) to interview the candidates. I believe our adding Jim to the matrix probably did not send the right message to the staff, particularly since they already felt he played favorites. In an attempt to create some structure, I put together a set of about 20 questions, which I modified over time, as a guide for the interview process. We had applicants who had worked in respiratory for over five years and also applicants who had just recently graduated from respiratory care programs.

One of the candidates for the job was a young girl named Sara. Sara had recently graduated from a respiratory care program and had very little experience in the field of respiratory. She was smart, however; this I could tell from the interview and the little conversations we had in the short month or so of her being there. She had traveled the world at an early age and her resume showed some great diversity. The problem with this stellar candidate was her resume also showed a nomadic lifestyle. It seemed she moved quite often, implying she had some commitment issues. Moreover, she was close friends with Jim—definitely another issue. Sara had been active in most hospital events, from dressing up as a

clown for the pediatric unit for Halloween to attending the department's asthma drive event. She had built a good relationship with most of the employees and leadership and she was favored above all the other candidates. However, because she was obviously in the "Circle of Jim's Friends," it later came to my attention that the decision to offer her a job tarnished the initial trust the staff was hoping to build with Bill and me. The message they got was that Jim was still in leadership and we were starting to listen to him a little too much. The interesting thing is I would have hired Sara with or without Jim's input. As a matter of fact, I do not recall Jim having to say anything to convince Bill and I to hire her. In this particular situation, there was nothing we could do to satisfy the masses; we were damned both ways. Therefore, the best decision was to hire the best person for the job, which we did.

The moral of the story is, when you're faced with a hiring situation, you should hire the best candidate and not your friend. However, when there is a blurred line, as there was with the above scenario, where the best candidate happens to be a friend, you may find yourself in a tough situation. Another solution could be to have an interview panel of employees, hence the next chapter.

IV. COMMITTEE THIS, COMMITTEE THAT

In a situation where you have limited resources as a manager but a lengthy to-do list regarding your department's internal affairs, the option of setting up committees, councils, task forces, or any other fancy name for work groups could help. The role of a respiratory manager involves hiring, firing, uplifting the department morale, building a solid clinical team that provides advanced care to patients, and ensuring effective resource allocation and use. Having very little help from human resources, as most managers I've spoken to both in and out of my hospital will truly acknowledge, and not having enough time in the world to do all that's on my to-do list, I created three committees: an Employee Interview Group (EIG), a Clinical Practice Council (CPC), and a Morale Committee. All three work groups

function independently, report to the manager, and have specific goals and objectives.

Employee Interview Group (EIG)

The EIG was designed to help with the hiring process. I must first explain the hiring process at BMC. Before Bill and I came on board, there was a hiring process that now seems unique to the Southern California hospital respiratory care world. With so many community colleges, private universities, and colleges graduating hundreds of respiratory therapists yearly, the job market is saturated, leaving new graduates to take on traveling assignments; contract work that pays well hourly, but with few hours promised; and per diem jobs that also pay well in particular hospitals, but again with few hours promised. The department hires per diem therapists. These RTs are required to provide me with a minimum of four shifts per month, although they often want more. Because they are more expensive than full-time/part-time employees (when you factor loyalty, commitment, and dedication into the matrix), we chose not to hire too many of them. In addition, because new graduates have limited job options, we often have to hire them for these positions.

When a per diem position opens at BMC, my HR recruiter, Bryan, sends me a pool of applicants who qualify for the position. I review the applications to ensure they qualify and have Bryan schedule an hour-long interview with them for me and the EIG team. The EIG's responsibility is to help in identifying the best candidates for the open positions. The EIG consists of full-time

employees who have no written counseling, are in good standing on all their assigned tasks, and represent the department well throughout the hospital. I have seven EIG members but only need three per interview; hence, a rotating process is implemented in an attempt to provide fairness and minimize potential bias. When an applicant arrives for an interview, I spend about 15 minutes with them, asking some generic questions, and then observe the team interviewing the candidate for 45 minutes. The team has a template of questions that I have provided them as a guide, and sometimes they bring other questions to the interview. Below is an excerpt from the EIG file on the purpose, membership criteria, and benefits of EIG to the staff.

Purpose: In an effort to increase staff participation and involvement in the growth and development of our department, the Employee Interview Group was developed. The EIG is a group of therapists that helps with interviewing applicants for future positions. When a position is open and interviews are scheduled through HR, these individuals are responsible for being the voice and ears of the department in addition to leadership.

Membership Criteria: An EIG member cannot have any counseling action within the last year, and if counseled will be removed from the group. Each member is appointed on a yearly term and membership will be reviewed yearly, thereby giving others opportunities to participate; this is an opportunity to have your voice heard.

Compensation: Interviews will likely be scheduled on days where a majority of EIG members are here. If need be, a member may attend an interview and time here during the interview would be compensated with a clock-in.

A benefit of having the EIG is not only to help determine the best candidates for the job but also to share the responsibility of the hiring process with staff. A manager who hires all the candidates could easily be liable for bringing on board the wrong fit for the hospital/department, but when 15% of my workforce participates in the hiring process, the rewards, responsibility, concerns, and heartaches of a wrong hire are shared by all. Another important benefit is the favoritism factor. As discussed in the previous topic, the fact that Sara was friends with Jim and most of the leadership team made it difficult for the staff to see the true justification as to why she was hired over employees who had worked at BMC longer. If only the application pool had been interviewed by a peer group panel in that instance, it would not have been an issue.

Clinical Practice Council (CPC)

The Clinical Practice Council is another strong committee in our department. The role of the CPC is to advance the clinical practice of respiratory therapists in the hospital. This group was truly formed in the absence of a department educator. As I mentioned earlier, committees are great tools for getting your work done as a manager when you have few resources to work with. The CPC takes on researching and analyzing evidence-

based practices in the field of respiratory care, locally, nationally, and internationally, in hopes of bringing those practices to BMC. The charter includes improving existing practices, introducing new evidence-based practices, and educating the staff on current trends in the respiratory therapy field. Below is an excerpt from the CPC file.

The Clinical Practice Council is a group of respiratory therapists who help in the development, review, and dissemination of clinical respiratory practice, policies, and guidelines under the leadership of the manager. The staff therapist will meet to discuss clinical issues that are present based on patient demographic. These therapists contribute toward shaping respiratory practice throughout the hospital. The role of the manager in the council is to provide guidance, advice, and counsel—not to direct the affairs of the group. The CPC ensures that respiratory practice documents are based on the latest evidence-based research and other levels of evidence. CPC representatives will collaborate with department leadership to educate other staff therapists about respiratory practice changes.

Key elements of the Clinical Practice Council include:

- Providing a forum for identifying clinical practice issues requiring evidence-based practice solutions
- Presenting clinical issues to the CPC for review and action plan development
- Offering staff therapist representatives support from the department leadership in all endeavors

- Promoting through council meetings the active, exciting, and innovative sharing of ideas, group work, and consulting with other institutions and professional organizations

Morale Committee

The Morale Committee was formed toward the end of my 10th month at BMC, which fell in October. My intention was to have the Morale Committee up and running by mid-September so they could help with the planning of National Respiratory Care Week, which is always the third week in October, but there was so much going on throughout the year that it didn't get started until later. The role of the Morale Committee is to boost the morale of employees, lift their spirits, and remind us all why we chose to be healthcare providers. One of the great things about working at BMC is how important the people are to the survival and success of the organization. Despite the financial forecast of most Southern California hospitals, BMC decided to continue its tradition of hosting a yearly picnic (just as most large organizations do), and I was privileged to be a part of its planning committee my first year there. The Respiratory Department's Morale Committee is modeled after BMC's yearly picnic planning committee, a group that plans fun department activities within a set budget (and yes, I had to give them a budget in order to make them effective and efficient).

I appointed Tami, Bill's assistant, to serve as the chair over the Morale Committee. She's an energetic

young lady with multiple degrees in fine arts and communication. She produces films and videos in her spare time, is an active member of the hospital's wellness task force, runs marathons quite often, and loves to plan fun outings; she's a true asset when it comes to building the morale of the department. As a manager, it is important to know what and where your limits are, find people who have strengths in those areas, put them in place to run that section of your operation, and not worry about who takes the glory. The truth is, if all goes well, you'll still be praised for making the right decision about who should run the show. The Morale Committee planned a potluck for the last quarterly staff meeting of the year and the turnout was great. Coincidentally, we had the Employee Assistant Program counselor visit during that meeting to talk to the staff about how to improve their wellness through stress management and other approaches. The counselor was quite impressed with the concept of the Morale Committee. She couldn't stop talking about the importance of having such events, giving me unending accolades for developing the Morale Committee not only privately but publicly at this meeting. So, you get the point; create some form of committee geared toward improving the morale and wellbeing of your employees within a set budget. Below is an excerpt from the Morale Committee's file.

The Morale Committee is a group of respiratory therapists who help in the improvement of department morale by providing opportunities for therapists to interact with peers, such as social events and functions,

under the leadership of the manager. The role of the manager in the council is to provide guidance, advice, and counsel—not to direct the affairs of the group. The committee also champions national social functions and events approved by human resources to improve fraternal relations within the department, such as events for Valentine's Day, Respiratory Care Week, Pulmonary Rehabilitation Week, and more. The Morale Committee will be composed of the administrative assistant and other respiratory therapists. This group coordinates and plans social events, sporting competitions, and community service opportunities that the entire department is welcome to partake in. The goal of the committee is to promote morale, professionalism, camaraderie, and pride throughout the entire Respiratory Care Department.

Key elements of the Morale Committee include:

- Discussing and championing all non-clinical events and department functions
- Introducing and championing communication of hospital-wide events within the department, including use of the department communication board
- Offering Morale Committee members support from the department leadership in all endeavors
- Being a big driving force behind welfare decision-making for BMC's respiratory care department

    - *#FMSOS Nuggets: Building Organizational Health, the Morale Committee 2.0*

> *Patrick Lencioni said in his book* The Advantage *that "Intelligence and knowledge on a subject matter isn't enough to lead a team, you need organizational health"; therefore, what is organizational health? According to Patrick's book, organizational health is the cohesiveness and wellness of a group of people or team. It is a team's ability to work together with trust in the presence of conflict while being committed to each other and holding one another accountable to achieve the desired results. To build an effective team as a freshman manager, you should employ the lessons learned from your college group exercise days, lessons learned from personal life and studies, and lessons learned from other previous leadership roles; basically, use all you've got, because organizational health is easier described than achieved.*

In an attempt to build organizational health, I added a section to the role of the Morale Committee; however, I'll be the one bearing that responsibility. I decided that every so often, at least once a quarter, I would order some pizza and deliver it in person to my night shift crew. Some of you may already know why the night shift is my focus, but others may be wondering why. The night shift of any clinical department is often treated as the red-headed stepchild. When there is an in-service provided and the presenter is an outside party, there is a great chance the presentation will be held during the day, decreasing the chances of the night shift employees attending. When a party is organized by most departments, the night shift tends to get the leftovers of

what the day shift employees didn't eat. Sometimes all the food is gone and very few people think of those on the night shift. To build an effective team with a healthy organization, the majority of your team must feel appreciated. Morale Committee 2.0 is an attempt to make up for what my night shift employees may consider abandonment. Give it a try if you haven't already with your neglected group of employees, clients, business associates, or friends; show the red-headed stepchild some love.

V. TEAMWORK
Not just in your comfort zone

As much as I love to be a part of great teams doing great things, I sometimes retreat into my shell as a turtle will; my introvert nature surfaces every so often and I just want to sit in my office all day, listening to jazz on YouTube and working on specific department projects. However, there are times when teamwork requires you to step out of the box, out of your comfort zone, and into the treacherous territory of the whole organization. As a clinical manager, it is impossible for me to function effectively without relating to leadership coordinators, managers, and directors of other departments. There's a benefit to this however—we'll talk about it more in summary.

In the seventh month of my being at BMC, news came around that the contract for the medical director of the intensive care unit was not going to be renewed. The hospital had chosen to use a more common approach in hospital management today in managing the ICU

(intensive-care unit) medically—having an Intensivist group run the show. The physician who was losing his job was obviously unhappy about the new development, but there was very little he could do. With the new Intensivist group came a re-energized spirit to do things differently, to practice medicine with a greater desire for evidence-based practices versus a "this is how we've always done it" approach. I had faced some obstacles trying to bring change to the practice of respiratory care at BMC, particularly coming from a teaching hospital, but now, having the backing of a group of physicians with the same interests made things easier. This could also buttress my point on how shifting the blame to someone else could help a manager stay on his employees' good list.

With my desire to improve the clinical practice of respiratory therapists at BMC came the need to reach beyond respiratory care. The Intensivist group created a committee called the "ICU Practice Guideline Committee." The purpose of the group was to ensure the ICU was practicing medicine using evidence-based practices. This meant the sepsis program, the stroke program, ventilator weaning protocols, admission and discharge criteria, diabetic management programs, early mobility programs, antibiotic stewardship, and other practices related to the ICU were to be reviewed. This group was charged with performing research to analyze the current practices nationally and to make improvements where needed. The committee was a great idea. I loved it, but I wasn't too thrilled about having to meet with other disciplines; the multidisciplinary care

approach encouraged in healthcare can be tiring sometimes, just as it may be in other industries. Having to watch what you say around this manager or that director and playing politics versus focusing on patient care and effective operations can be sickening to me. Don't get me wrong, there are times I love to engage in office politics. It gets interesting when someone accidentally says the wrong thing to another in the presence of a third, who is obligated to let the fourth know, and then you're caught up in the mix. I just end up telling the truth when it starts getting complicated and then I'm called into the principal's office about it. Maybe that's why it's difficult for me to embrace such gatherings. I'd prefer we work it out in cloud, using wiki-tools or emails—this is probably a generational thing.

Back to teamwork: I was invited to be part of the group partly because my department plays an active role in patient care in the ICU. Ninety percent of patients remain in the ICU because they are mechanically ventilated. Respiratory therapists manage this complex life-support equipment (for my readers who may be unaware). Again, the concept of a group of people working together to achieve what one or two people may not be able to achieve alone is priceless when it comes to management. Just as I have the three committees in my department, the Practice Guidelines Committee helps the Intensivist groups accomplish their goals with little use of their resources. The Intensivist group uses the knowledge and experience of other care providers who probably know more about the particular project than the

physicians would ever know. It was collectively decided after three meetings that we would work on a "Ventilator Weaning Protocol" as the first project. I'm sure quite a number of respiratory therapists reading this right now may be shocked to learn that we didn't have an existing policy in 2012; well, BMC is not as progressive as I hoped it would be.

Coincidentally, the CPC in my department had already been charged with working on a ventilator weaning protocol before the Intensivists group arrived and they had made some significant progress. I had the option of asking the ICU Practice Guidelines Committee to permit the CPC to finish working on the project and then present the finished product, but that wouldn't have been teamwork. It would allow for working within one's comfort zone but would not provide the best outcome possible. The CPC presented their work thus far and the ICU practice committee fine-tuned it and made a few edits; the project was completed within two weeks of its introduction to the group. If I had chosen to work in my comfort zone, where I could tell the CPC what to do, we probably wouldn't have completed the protocol in six months. Bringing in another pair of eyes in addition to working with other departments made us accountable for completing the task efficiently with a stellar product. I know it's a cliché we've all heard many times before, but it still remains true that "There is no 'I' in team."

VI.
COMMUNICATION
Can you hear me now?

One of the biggest issues that plagued Bill and I was the lack of effective communication. As a part of our arranged marriage (just a reminder that this is a metaphor for how we became the respiratory management team at BMC), I sometimes felt like saying, "Do you not understand the words that are coming out of my mouth?" at the slowest speed possible, and I can bet a couple hundred dollars that Bill often felt like saying, "Can you hear me now?" Communication is a big part of being a manager; therefore, learning to improve my communication skills as quickly as I possibly could was crucial to my success at BMC. Not only did Bill and I have communication mishaps, I also seemed to be poor at communicating effectively with my team. Communication involves encoding and decoding. The sender of the message is supposed to encode the message in such a way that the receiver will decode the message with simplicity and ease. As I am attempting to encode

the story of my first year as a hospital department manager, I hope you're finding it easy to decode it all.

At Bill's previous job, he had a combination of seven supervisors/managers reporting to him and I imagine they all had their different personalities and ways of communicating; therefore, I expected him to understand my approach within reason. He's the kind of person who says something and expects you to instantly know what he is talking about. He's quite impatient, so when you start to say something important he is quick to give you a response, solve the problem, or counter your statement. Unfortunately, sometimes his response is very far from the point you wanted to get across. Can you imagine telling your boss, "Sir, the staff is complaining about the water filtration process . . . but before you can go on, he interrupts and says, "Oh yes, I heard about this in the director peer group meeting. Facilities is working on improving the piping system so the water can be drinkable." So your boss just responded to what he thought you were going to say about the drinking water running through the tap, but what you were going to say was, "Sir, the staff is complaining about the water filtration process used in cleaning equipment XYZ." This is sometimes how our conversations went.

Now, I also played a big part in the miscommunication. I'm an educator at heart and so I take my time in explaining things. Sometimes I might seem to be "dumbing" things down or going in circles to get my point across, and this can be frustrating to a "Type A" personality who feels he's got no time to waste (ain't

nobody got time for that kind of person). So for Bill and me to communicate effectively, I have learned to recognize when he's at his most impatient, knowing not to bring up pertinent issues that require a lengthy discussion. I have also learned when my stories are getting too long by being aware of his particular nonverbal cues, such as observing how often he nods his head, his facial expressions, and more. Initially, I faulted Bill for many of my failings as a manager. I would get frustrated when things didn't go according to plan due to Bill making a decision contrary to what I thought we had agreed on, because Bill had stopped listening halfway through our conversation and therefore, we weren't on the same page. I later learned to focus on playing my part and staying true to how I believe communication should work, but also being open to the different channels that may exist.

In the same way that I recognized the need to improve my communication with Bill, I also became aware that I needed to do better with my supervisors and staff. Now, I must say that as a manager you may be the best "encoder" (for lack of a better word), but if the person or people you are trying to send a message to refuse to "decode" the message for whatever reason, you are SOL. Despite being certain some of my 40+ employees have chosen to turn a deaf ear to anything that comes out of my mouth/email/poster, I still have to do the best I can to communicate effectively to all. The culture at BMC, like most hospitals, involves the clinical staff spending very little time checking emails, reading posters, or doing anything other than patient care; truth

be told, there isn't much time left in a 12-hour shift to focus on these things. That being said, a diligent, hardworking staff should have the desire to hear information from management about changes in organizational processes, new policies that may affect them in one way or another, and any other relevant information. In addition, required tasks need to be shared with staff with reminders being provided as often as possible.

Therefore, to improve my communication with the staff, I re-introduced daily huddles to my department. The interesting thing is they used to have a daily huddle, but for some reason this ritual fell by the wayside. The content of the daily huddle includes "star recognition," where the supervisor recognizes someone who has done something extraordinary during the previous or current shift, such as coming in for additional hours when the team was short staffed for the day; "patient issues," which shares any pertinent issue, such as a combative patient, with all staff (although this is frowned upon by some managers, I strongly believe awareness prevents lawsuits); "meetings/in-services/education," which shares information with staff about upcoming meetings, in-services, and educational courses; "equipment/supplies," which shares knowledge on what equipment may be missing or is low in supplies; and lastly "hot topics," which allows the supervisor to share something they believe is pertinent but not within the categories above. The daily huddle is informative, as some of my employees tell me. During my first few months at BMC, when I spent

time rounding with staff, they repeatedly confirmed that the daily huddle gave them some peace by alerting them about things they need to pay attention to throughout their shift. This is only one way to share knowledge, and I have found it works very well.

Another thing I did to share information with my supervisors was to send them a weekly email with updates on key topics. At the beginning, I had 10 people who could stand in supervisory shoes and so getting information across to all of them was difficult. The weekly email sent at the same time every week, Friday mornings at 10 am, allowed me to speak to them collectively on issues that occurred throughout the week and also communicate plans for the next week. I also printed a hard copy of the email and placed it in the "supervisor's binder," a binder I created to give them all their daily tasks in one place (needless to say, I believe that organization leads to efficiency).

Lastly, I created a department weekly newsletter, a modified version of what I sent the supervisors. With this weekly newsletter, I can share pertinent information with staff in one email, bringing them up to speed on what's occurred since their last shift, and also give the staff something to look forward to every week. In addition to the weekly newsletter, the Morale Committee writes an article on a specific staff member and that is highlighted every month in the weekly department newsletter. The feedback I got about this newsletter was positive; the staff felt as if they belonged to a special club.

It was a refreshing and informative email to receive, plus it was only two pages long (one sheet, if printed).

VII. VETERAN'S AFFAIR
The godfather of respiratory

The reference to the "godfather of respiratory" is one I imagine many may be familiar with. The concept of a "godfather" is one who knows all—the end all, be all, the almanac of the topic at hand. Every department, clinical or non-clinical, has a godfather. Freddy was the godfather of respiratory for BMC. He had worked at BMC for over 40 years in various capacities, from staff therapist to supervisor to manager, and was now back to being a supervisor. His knowledge on the progression and history of the department is invaluable; on numerous occasions, he helped me understand what was going on with certain therapists, why some did certain things, the thinking processes they underwent, and how changing the culture could take much longer than I expected. Freddy was a great team player to have on board, but with everything good comes potential bad.

Having worked at BMC for those many years, Freddy had seen numerous managers and directors come and go who had tried to implement A, B, or C and failed during their implementation process. He had also seen successful programs and spoke well of those, but for some reason he emphasized the unsuccessful attempts, often stating why those projects never succeeded. For the most part, the reasons for failure centered on the lack of employee buy-in, a key deterrence to effective project management. Freddy always suggested I share with the staff in as simple a way as possible the benefits of whatever projects I was attempting to implement. He rarely shared this information directly but would tell a good story of a particular director or manager who did something similar and how it turned out, and then he would tell me how the manager could have done it differently. Freddy is a wise man but often a pessimist.

When you have a godfather in your department, the first thing to know about this person is whether they are for you or against you. If you're lucky, this unofficial leader (in Freddy's case, he was an official leader in his role as a supervisor) might help implement your programs; they might function as your lobbyist. However, if you've got someone who couldn't care less about your plans, you could be in for a battle. The question becomes: how do you manage such an individual? Do you encourage them to retire, push them to resign, or outright fire them for whatever your organization's policies permit? Or do you exercise patience, in hopes that they turn a new leaf? Do you include them in the planning

process, publicly recognizing their contribution to the department, while having firm conversations about the importance of being a team player or getting off the bus?

I believe the last option is the best way to deal with such folks (with an understanding that all situations are not equal). Often, these individuals want to be recognized—they need to remain important and relevant, and there is nothing wrong with acknowledging their great strengths publicly. Do not worry about appearing weak to the staff who think this godfather is running the show behind the scenes. So long as your boss is well aware of the tactics you are using, your reputation will be preserved with the most important parties (your employer). Recognize their contribution, but be firm with your expectations in terms of playing by the rules, being a positive change agent among the team, and never creating unnecessary drama. If you need to have a come-to-Jesus meeting on your stands, do so, but be aware that such people sometimes find a way to twist the story of your conversations with them in their favor. However, if you've pre-informed your superior, nothing should be a surprise to them, except in a case where your boss is actually trying to usher you out as well.

VIII. BLAME THE CONSULTANT

Easy way out

About a month after Bill and I were hired, some consultants were brought in to do what consultants are hired to do—solve problems that in-house managers can neither see nor solve. There is a stereotype about consultants with big companies, particularly in the hospital-management sector of the healthcare industry. It is believed that consultants are external managers who are hired to hunt, kill, and rebuild a clan. There is some element of truth to this, but please let me explain.

The goal of bringing a consultant on board is often to improve the general operations and effectiveness of a company. Knowing that the cost of labor takes up an average of 40% of the hospital's operating budget, it is safe to say that a great number of employees are often unhappy with visits from consultants. Most hospitals don't bring consultants in when all is well and rosy. Typically, hospital administrators have pulled all the strings they possibly can internally before swallowing their

pride and accepting that they don't know how to solve the issue at hand. Oftentimes the problem revolves around finance. Critics of administrators who bring on consultants to help solve problems of this nature sometimes argue that those who have poorly managed the affairs of the company should be replaced with the consultants who have the solutions. Supporters of administrators who take the bold step of stating, "I do not know how to solve this problem," believe those managers should be commended for knowing where their limits are and seeking help. In my biased opinion as a midlevel manager, I agree with the latter stance. A key part of being a successful manager is having the ability to effectively manage the resources of the group under one's jurisdiction. Knowledge is a resource, and help is also a resource. Consultants are a combination of knowledge and help; therefore, knowing when to utilize such a resource is a quality of being an effective manager.

That being said, this chapter focuses on how a midlevel manager can use the presence of the consultants to their advantage. As a new manager, there were certain things I felt my department could do a better job with. I was shocked at some of the practices that were going on, particularly at how the team determined who got to work an available overtime shift and who got cancelled. Having a consulting group assigned to my department within a month of coming on board made things a whole lot easier for me. I had just done my assessment of the department's operations and wondered what I was getting myself into. It was obvious Bill and I were hired to change the culture

of BMC's respiratory department. There was so much that needed to be addressed that it wasn't just one project or the other; it was the whole culture.

IX. THE POTENTIAL GROWTH OPPORTUNITY

Don't be fooled

At some point in your early stages of being a manager, you will find yourself disappointed and disgusted (yes, disgusted) with your surroundings. You'll say to yourself, "I've had enough of this place and I'm ready to move on to the next chapter of my life or on to the next company that will appreciate my hard work." You'll think highly of your skills and your ability to effectively manage and lead (if you're a true leader) and wonder if some other company has something better to offer you. Sometimes they do, but more often they don't. The decision to jump ship seems easy from the outside, but a manager who has made that attempt and failed can tell you it isn't as easy as it seems.

When I became truly frustrated with the arranged marriage I had with Bill, I started looking elsewhere for a better opportunity. Unfortunately, or fortunately for me (depending on how you look at it), a director position became available at a sister hospital only a few miles away. When the position was initially posted, Bill came to me and said he thought the administrators were looking to regionalize both hospital departments since we weren't too far apart and that he was under the impression he would lead both departments; therefore, he was confused about the position's opening. The position was later closed and then re-opened two months later. It was after the second opening that Bill came into my office and informally encouraged me to apply for the new director job. This would mean that I would work parallel to him if both hospitals did work a cross-campus thing out. I honestly hadn't put too much thought into applying for the position, so I didn't really know how to take Bill's encouragement to apply. For a minute I thought he was trying to obviously help me out the door with ease since we butted heads quite often about departmental operating strategies, but then I prayed about it and couldn't shake the feeling that I should apply. I went on and applied for the job, made it through the first two rounds of interviews, and became a final interview applicant along with two other applicants. But I was ultimately not offered the position.

The negative fallout of me applying for the job was twofold. First, I created a potential trust issue with my boss. There is no doubt in my mind that he knew I

was somewhat unhappy working under him. Therefore, he may have perceived my pursuit of that position as implying that I did not trust him as my leader, hence creating the potential for a greater clash in the future. I spoke to him about it once I was informed I didn't get the position, reassuring him that as long as I remained with the company, I would continue to give my best, which my seven-month record (at the time of applying for that job) had already proven. He seemed encouraged by my words.

Second, I had created doubt in the minds of my staff as to whether my presence would be temporary or permanent, since news travels fast in the small community of respiratory therapists in Southern California. The unfortunate 40+ employees who report to me had gone through three different managers within a three-year time span and here I was, only a few months in and considering jumping ship already. When I didn't get the position, I publicly stated to my supervising staff that I only considered the job because it was a sister hospital and was encouraged to do so by those above me. Still, that didn't squash the doubt and I came to the conclusion that this was something I had to let time heal. I imagined it would heal quickly, because I wasn't going to be dwelling on it. The moral of this section is to discourage managers from attempting to jump ship within the first year of their freshman manager position no matter how difficult the situation may seem. It sends the wrong message to those around you. The message it sends is: I'm selfish and only thinking about myself. This is not a welcoming trait for a manager. Obviously, if you think you can't handle the heat

in the fire that you've chucked yourself into, then maybe you should jump ship, but try your hardest to tough it out, especially since it could also affect your resume.

#FMSOS Nuggets: Success vs. the Rat Race (Regarding Applying for a Director Position)

We all have an innate desire to succeed, to attain a comfortable state with worries different from the ones we have at the moment. We all want more out of life and know there's much more beyond our current state of being; therefore, we go looking for ways to excel. Just as there are many ways to skin a cat, there are as many ways to pursue success. If you find your intended purpose on earth, you'll find success. We have a tendency to "jump to the next big thing," especially those of us who believe we are businessmen and women. The most successful people are those who know their strengths and enhance them, and concurrently identify their own weaknesses and respect them. Running the rat race may never lead you out of the maze, but taking a shovel and digging through that one spot could give you your breakthrough.

X. DEALING WITH DISAPPOINTMENT

Financial compensation gone wrong

I somehow found out that the clinical supervisor over in the NICU/Peds section of my department was making a few dollars more than I was hourly on average and that set me off to the nth degree. Here I was, managing a larger group of employees than she was and putting in more work than anyone else in the department (so I thought), yet she made more than me. Moreover, she had initially reported to me before Bill decided, as a self-preserving move, that he wanted her to report directly to him. I instantly spoke to Bill about it and demanded some correction on my salary to reflect more than the current rate. I sure was a dreamer.

Bill, in an attempt to be supportive, reached out to the human resources department and asked them what the expectation should be, particularly since at least two other RTs were earning more than me. The initial

response was positive, with the manager of HR saying the typical salary of a manager is at least 10% higher than his highest paid employee. This would have pushed my salary up by at least $10,000 annually. I was pleased, but then came the hammer.

The HR manager had directed Bill to the VP above him and told him to present the case accordingly. When the numbers were presented, the VP did her homework, spoke to the VP of HR and the news came down that I was compensated fairly based on my years of experience as a manager, while my employee, the clinical supervisor, was being compensated fairly based on her years of experience as a respiratory therapist. What a bummer. I was disappointed, truly disappointed, although I had known there was a chance I wouldn't get the raise. Thinking about it retrospectively, I had only been at the job about eight months and was already asking for a raise. I also had just recently tried to leave the company for a sister hospital—feel free to laugh at my optimism. The lesson to learn here, however, is to negotiate effectively before going on board; do your homework, don't be afraid to ask the right questions, and sink all thoughts about getting a raise before your first evaluation.

XI. DISCIPLINING YOUR BEST EMPLOYEE

When you almost have to fire your ace

I had one staff member who I thought was my best employee. He was relatively young, probably about 10 years older than me, but you almost couldn't tell. He was one of my supervisors. I scored him the highest on evaluations; he was hardworking and very eager to learn, but he had a problem I was unaware of. In hindsight, I probably could have noticed the issue if I paid more attention to detail, but there were no red flags in his professional and clinical abilities that made me look extra closely at anything. Johnny, as I will call him, was apparently a perpetual womanizer.

Bill came into my office one day, closed the door behind him and said, "I just left HR and a sexual

harassment charge has been filed against Johnny by Esther." I was dumbfounded. I hadn't seen it coming and wanted to know more. Bill went on to say Johnny had promised Esther a part-time position and eventually a full-time position by saying, "Lana listens to me about which per diem employees to hire fully on staff." He had texted her unwelcomed messages when she wasn't working and had even planned a night out with all his employees and explicitly told them not to bring their spouses. When Esther didn't show up, Johnny called her several times, but she didn't answer. He then sent her a text message and her husband replied telling him to leave his wife alone. To top it all, Johnny had shared with another staff member that he "would like to do something explicit to her." I wish you could've seen the expression on my face while Bill was telling me about this situation; needless to say, I was shocked.

It is, however, unfortunate that charges like these do not go away easily—and they shouldn't if someone is found guilty, but the innocent sometimes suffer extensive slander, having their name dragged through the mud. And so I remained open minded as we allowed human resources to do their own investigation. Johnny was not informed about the situation, but he apparently found out about it through the grapevine. He called me one evening while I was at the gym about two weeks into the investigation, asking if it was true that he was being investigated on sexual harassment charges. I told him that I would have to give him a call right back and asked for about three minutes. I called Bill instantly, since human

resources had been working with Bill directly on this and told him of the intriguing phone call I had just received. Bill said he was close by the hospital and would give Johnny a call and dash down there to talk to him about the situation.

Upon Bill's arrival at the hospital, he shared with Johnny the little he could share without disclosing too much of the findings thus far. Johnny began to shed tears (according to Bill), and Bill felt sorry for him but knew, whatever the case may be, the best decision would be made in favor of the department. For another week, Johnny would call on his days off to ask co-workers if human resources had interviewed them, although he had been specifically instructed not to speak to anyone about it. We had to suspend him without pay until the investigation was over.

Through the investigation, we found out that Johnny had run an almost mafia-like regime over his staff, making them all feel they couldn't do anything without potential retaliation. It was also discovered that he had previously made sexual remarks to another therapist who worked the same shift with him at the time; he told her he wanted to do an EKG (electrocardiogram) on her. (This test measures the functionality of the heart with probes placed on the upper front body; basically the therapist would have had to expose her breasts for him to perform this procedure effectively.) Johnny apparently had been a very bad boy.

About three weeks into the investigation, two of the managers of the human resources department called Bill and me down for a debriefing of the case. They presented all their findings. Johnny had denied all charges, but all roads led to guilt. He had even mentioned to Bill during one of his many phone calls to him (he called both of us often for updates and to cry about how unfairly he felt he was being treated) that he may have said something similar to "I'd like to f**k her" but that there were only guys present. He had also told me that he only said this to one person, Victor. Basically, Johnny was found guilty, with the help of multiple witnesses, of making sexual advancements toward Esther. All three men (Bill and the two HR Managers) then turned to me, asking what I would like to do. Initially, I was shocked they were asking me this, because HR and Bill had directly handled the process. But I instantly saw why I was asked to make the decision concerning his fate as Johnny reported directly to me.

I asked for some time, but the gentlemen politely pushed for a response, saying the process had already been lengthy enough. I decided to punish Johnny with a demotion to being a staff therapist instead of a supervisor and all parties were pleased with the decision. Bill made the call to Johnny and had him come into work to discuss his consequence. Johnny didn't take it well. He felt cheated; he felt everyone had conspired against him and was sick most of his first night back to work. He had to be sent home, because he was being unproductive. Johnny called me the next day and asked not to be

punished for calling in sick again later that night. I reminded him of the policy that consecutive absences all count as one.

The day before he was to return to work from his sick calls, he sent me a document granting him medical leave for about three months; to date (about five months later), he has yet to return to work. He filed a grievance against the decision made, asking that the Vice President of Human Resources review and overturn the outcome. He lost the grievance but got an extension for his medical leave, although it isn't protected time off based on his non-benefited employee status. This whole process became a royal pain in the behind. Staffing had been affected, since his position was not replaced immediately; some members of the staff developed ulcers, and I lost a great therapist who just couldn't control his urge to chase women. I know the subtitle above says, "When you almost have to fire your ace," but the moral of the story is for you to just go ahead and fire him. Call it a day and move on. Johnny set himself up for failure, and not only that, he refused to take responsibility as he continued to deny obvious findings and evidence that he was guilty, including admitting to Bill and me that he might have said some unfavorable things. You can't save someone who doesn't want to be saved; moreover, your job as a manager is to focus on the department and all decisions should be made in favor of the department and not in favor of one person. If Johnny had remained a supervisor, we wouldn't have sent the right message to all that sexual harassment is completely unacceptable.

- *#FMSOS Nuggets: Vacation with the Boys*

  I took some time off from work to go on a five-day/four-night trip with the boys and it was probably the most productive time I had spent away from work all year. We were blessed with a two-hour-long sermon on living a purpose-driven life from one of the guys. It was what I needed; it brought to mind the importance of living a purpose-driven life, how the absence of living with purpose could remain the missing piece in one's life, and how to identify your purpose on earth. It was amazing. I ended up writing some project plans for my health-consulting company from this trip. I was re-energized to follow my dream, live my passion, and walk my God-given path. Sometimes we need to step away from the box to see that it's actually not a box, but a circle where you're just going around and around. Once we gain a new perspective, the hope is that we can redirect ourselves to find the box where we can carve our way out of one of the corners. Vacations are truly necessary. Even if you are a freshman manager, take your time off.

XII. FALSE ACCUSATIONS AGAINST YOU? Deal with them instantly

The job of a manager is very tasking in many ways. One of the difficulties of being a manager, especially of a new department where some of your employees don't care much for the changes you are trying to implement, is the possibility of disgruntled employees saying inflammatory things like, "I don't know why a married man would be calling me at home."

I had a female employee who was one of my least favorite employees. Unfortunately for her, she thought the fact that we were both black would give her an upper hand with me; however, her behavior was definitely not something I could accommodate. I just couldn't overlook certain things about her to welcome the "us vs. them"

mentality she was probably expecting from me. Within a couple months of working at BMC, I knew she was someone I had to be careful about talking to, the type of female employee you don't close your office door to counsel. Let's say her name was Jessica.

Jessica had recently been counseled for not completing the online training exercise assigned to everyone in the department. She believed administration was supposed to create additional time for her to complete this training, which is a fair belief, except that my employees worked no more than 80% of their 12-hour shift, leaving well over two hours to complete a 30-minute training, if it even took that long. Jessica again refused to complete this task by the preset deadline that we had announced months in advance and she also failed to complete the training before the extended deadline, so I called her at home. She didn't answer the phone, as she mostly ignores calls from work, and I left her a message. About a week later, one of my supervisors came into my office saying he had to share something with me. He said some of the staff were complaining this morning about their workloads and how some of the things they do were unaccounted for, including periodic assigned training. He said Jessica then proceeded to say she wouldn't do the assigned work unless given the extra time needed to complete it and that she didn't understand why "a married man would call me at home leaving me funny messages." Now, I want you to picture my facial expression when I heard this information—what do you think my jaw did? Yep, you're 100% right; it dropped. And then I got

instantly ticked and told my supervisor that I would like him to stop and instead report the information directly to my boss, Bill, since it seemed like a potential harassment case. I walked him straight to Bill's office, asked him to repeat what he said, and closed the door behind him and Bill so he could complete the story.

After they were done talking, I went into Bill's office and, before he could say anything, I said, "You have to call her in, sir, and nip this in the bud because I will not have an employee drag my name through the mud falsely. I will give her the benefit of the doubt this one time so long as you address this, else I'm going all the way with the worst disciplinary action possible." Bill agreed to speak with her. When he finally did, she apparently was shocked that the information had come to him and apologized for what she'd said if it seemed out of context. She said she didn't think it would come off in that way and would be more mindful of what and how she said things. The moral of the story here is to never sweep anything under the rug or expect things to die down without directly addressing them. You as a manager need to stand up and stand tall, and you can't do that if there is a rumor about you potentially making sexual advances to an employee who is at least 20 years older than you. I must say again: do not shy away from uncomfortable situations. Address them head-on. If nothing else, you will at least learn how to deal with it the next time around.

XIII. OPEN DOOR POLICY? Yeah, right . . .

As a freshman manager, you're likely to welcome the open door policy; heck, you may have even sold your employers on the idea that it's your strongest belief. The truth about such a practice, however, is you're likely to get very little done if you're not the flexible type.

Most new managers have an open door policy with their employees, especially managers whose job responsibilities have them dealing with difficult people over 50% of the time. I often wondered why most of the executives I've worked with at various hospitals rarely have a true open door policy where even a fellow hospital administrator (manager and above) could visit. In most cases, the front line staff hear the CEO or VP of Operations say, "Come to me anytime, my extension is 2786 and my doors are always open," but there's little truth to this, as their door may be open, but a gatekeeper such as an administrative assistant could prevent you from seeing who you want to see.

I quickly learned in my freshman year as a manager that an open door policy is best suited for environments where your staff are truly self-sufficient, self-reliant, and individual problem solvers. The problem with that is why then would a manager be needed? If you were brought on to solve human relations issues among staff, straighten out the kinks, and improve operations due to inconsistencies in practice between individuals, then you're probably going to be faced with the dilemma of trying to get things done while dealing with human relations issues. You'll have to learn to be flexible.

Several books have been written on being a multitasking manager—having the ability to get multiple things done, managing multiple projects, and completing them within the deadline given to you by your manager. My research also finds that a decent amount of literature on focusing on one thing at a time exists; a very good book to consider if you've got a self-diagnosed version of ADD (Attention Deficit Disorder) is *The One Thing* by Gary Keller (it discusses focusing on one task at a time). In comparison, my research finds that not as many books have been written on being flexible. Flexibility is what is needed in a midlevel management role. When you have to balance human relations issues that are in most cases unpredictable, as well as complete tasks assigned to you by your superior, you need to be truly flexible.

With an open door policy, your staff will continue to interrupt your workflow. You may have to stop what you're doing many times throughout the day to attend to some supposed urgent issue, and sometimes you may

have to delegate or have that staff member return at a more convenient time (but first you must acknowledge their need and somewhat address the concern. Knowing when more time is needed to solve certain problems is key to being a successful freshman manager).

Some think a manager who doesn't know how to multitask is an incompetent leader. On the contrary, most people who attempt to multitask do things haphazardly, which can result in wasting time and resources across multiple projects. Let's speak about multitasking for a little bit. Multitasking is, in my opinion, an acceptable concept in management, but my definition of multitasking has more to do with flexibility than anything else. When we say we are multitasking, often we are just dividing our attention. The brain can only truly focus on one thing at a time. You may have something in the clouds waiting to be downloaded to your frontal lobe for action, but I believe you'd be lying to yourself if you said you could fully focus on two things at the same time. What you're likely doing is focusing on one and then switching to another immediately after concluding a very short section of that task and then refocusing on the prior. Basically, changing what foot you put forward when walking—you're rarely ever going to have both feet moving forward simultaneously when walking.

To be an effective team leader/manager in an environment similar to the one where I was employed, you'll need to be flexible. I know I've said this numerous times, but it is that important to remember. Flexibility is the key to staying as productive as possible without

making insanity a part of your legacy as a new manager. I know there are many other things that could drive a new manager crazy, but if I can help alleviate some of those feelings by encouraging you to be flexible, then this book just paid for itself.

XIV. STICKS, CARROTS, AND CAKES

Employee rewards and recognition

At my local bookstore, there is a subsection of the management and leadership section solely devoted to employee rewards and recognition. In my research, employee rewards and recognition have been labeled by management over the decades as "*the most important*" strategy to improving employee productivity. I have found books that encourage managers to spend more time on rewards and recognition than recruitment and retention with the assumption that a rewarded employee is a satisfied employee, and therefore productive. Certain books also assume that recognizing an employee for what they've done right encourages their productivity; therefore, they'll give more to the company than they

ordinarily would in the absence of this recognition. There's some truth to these theories, and in my first year as a department manager I saw firsthand the outcome of investing in rewarding an employee but the reward had to be what they wanted.

I stated earlier the assumption that a rewarded employee is a satisfied employee. Let's explore this further. Let's assume for a second that you have a 10-year-old son who loves to play soccer on the weekend with his friends in the neighborhood, enjoys an occasional game of chess with you, and loathes going to grandma's house. That good son of yours has just completed a summer long camp you made him attend for youths interested in medicine. He just came home with medals; he was awarded as the most intellectual student in his category (ages 9–12 years old), defeating the 2-year reigning champion of the camp's version of a spelling bee and placing second overall (there were 653 kids in total at the camp, ages 9–16 years old) in medical terminology. On your drive back from the camp, you tell him how proud you are of his accomplishment and how you're glad he made the best of the situation; had fun, according to what he's told you; learned a thing or two about teamwork and the medical field; and competed with favorable results. This son of yours is obviously a good kid; he does what Mommy and Daddy want him to do and you never hear him complain or argue. You then proceed to tell him "for being such a good boy, we can play chess every day for the rest of the summer before you return to school, and if I'm not too busy next weekend we'll go visit your

favorite grandma." Huh? Did I not say earlier that he "loves to play soccer on the weekend with his friends in the neighborhood, enjoys an occasional game of chess with you, and loathes going to grandma's house"? Shouldn't a fitting reward be to allow him to play soccer more often up until school resumes? I mean, he enjoys an occasional game of chess with you, not a daily game of chess.

I'm sure you've spotted where I was going with that analogy. Often, managers and directors reward their employees in the same manner. We reward our employees with what we trust to be good, what we think the staff will like, or most common of all, what's within our budget. We are so used to the carrot-and-stick approach that we sometimes forget people want cake, not carrots. I am a big proponent of healthy living as a way of being productive in your daily life, so don't get me wrong on my support of an unhealthy delight versus a healthy carrot, but when your employees want a gift contrary to what you have or plan for them, you might as well throw productivity out the window.

When I started at BMC, there was an existing reward system in my department where the employee of the month got a $5 gift card or a lunch box; it was the same gift every month. The first problem I noticed was how the employee of the month was being determined. There exists a recognition card that employees write for each other, stating how thankful they are for another's help and how awesome they believe this helper is. This card is then placed on a tack board in the department

break room, and the manager retrieves the cards every month and tallies up who got the most cards. After the first few months of being there, I quickly realized that the same three people were writing the same notes for each other on rotation, and since most of the employees didn't care much for the system, those same three employees got the gift card and lunch bag monthly. This had to stop.

So I asked the team what they would like to see as part of their reward. They wanted to keep the recognition card model and promised to participate more if the gifts were appropriate. Knowing I had a budget for all things related to rewards and recognition, including my Morale Committee funds, I created a list of potential gifts including gift cards, items, and merchandise I'd heard them ask for based on what my budget could cover. Gift cards are obviously the easiest way to go; I could give a $10 gift this month to Amazon if that's what the staff member who was recognized for the month wanted and offset the price of that with an actual gift of a mug the following month if the next staff member wanted a mug. In essence, a shared process of gifting was utilized and participation increased, which in itself improved morale. Work on rewarding your employees with what they want and not what you think they may like.

It's also interesting to see that we group rewards and recognition together, as if they are sons of the same mother. A reward is an object given in recognition of one's efforts, work, action, or achievement; notice the word "recognition" in the description of a reward. Recognition is the act of acknowledging an individual for

an act done. To recognize someone is to validate, acknowledge (often publicly attest), and describe their act to them. When an individual is recognized, they become aware of your observation of their good work. It's kind of funny, but when you recognize someone, they know that you know that they've done a great job (hope you aren't confused). So recognition is just one aspect of rewarding an individual. You may have recognized that your son did a great job at the medical camp for the summer by telling him, "I noticed you placed on the spelling bee and medical terminology competitions," but if you didn't give a reward for his accomplishments then all you've given is recognition.

What is interesting, however, is how there are those employees who delight in recognition much more than rewards. You may have employees who value bigger rewards than your budget may permit so your recognition of them is more important. These are the folks you want to show a public display of affection to. When you have the opportunity to recognize them at staff meetings, your daily huddles, and hospital-wide picnics, you should recognize their work and try to find something unique about it. Don't just give a generic praise such as, "Tanya is one of the best employees I have," without adding, "her way of doing things is unique. She spends an extra minute with patients who need more attention and goes as far as checking on them later." Make sure you follow-up; in essence, be more detailed in your recognition of the work your employees do.

Now, if you're a freshman manager, it may take you some time to create your own way of remembering unique things about your employees. Fortunately for me, my previous work as a supervisor afforded me the privilege of writing comments on the yearly evaluations for my staff. In that role, my strategy was solid. I would write in an Excel spreadsheet every time an employee went above and beyond, and then I would use that as a reference for their evaluation. I instituted the same process at BMC, and soon after my staff felt a personal connection with me. They felt my accolades of them were sincere. For me to have remembered "little" details on how they care for their patients often overlooked by others meant a lot to them; you can almost say they got rewarded through recognition, for it is what they wanted and what mattered most to them.

XV. GRADES AND REPORTS
Yearly evaluations and raises

Evaluation season is typically a busy time in a manager's life. Sometimes, if you are lucky with where you work, you get a reminder about two months before the due date from human resources. In most hospitals, the evaluation period is broken down by discipline. For example, nurses do their yearly evaluations separately from ancillary services (respiratory, physical therapy, pharmacy, occupational therapy, and radiology). In addition to yearly evaluations, some hospital departments have a yearly competency period where all the employees are assessed for their competency in their field of endeavor, particularly in critical tasks. BMC has a fairly effective system going. The evaluation period is typically the quarter after the competency period; therefore, each department manager is given an idea of their employees' clinical ability.

There's an unspoken rule in management, and I honestly don't remember how I first got wind of this, but somewhere in my career I was indoctrinated into the process of evaluation through what I'll call "scaling." Scaling is when your most valued employee is scored a certain percentage (say 98%) and then everyone else is referenced from that individual. The truth is most managers with over 30 direct reports may not be able to remember every good deed an employee has done and every mishap that's occurred (although you are more likely to recall mishaps than good deeds), so having a reference point with your best employee helps. A modified approach to scaling is to also rate your least valued employee (and to be honest, we all have them unfortunately) at a certain percentage, the lowest score you are willing to report to human resources, and then everyone in between your highest and lowest performing individuals falls into the range outlined. Scaling allows a manager to complete the evaluations within the set time frame with desirable results that employees will feel to be just and fair as well as financially effective for your facility.

The evaluation process at BMC is unique. Just as most companies have gone digital, BMC uses an online system to complete its yearly evaluations. The evaluation process begins at the end of the previous cycle. It is at this point that employees set out their goals or are issued goals by their managers for the next evaluation cycle/year. When I began at BMC, they were halfway through their evaluation calendar, for their evaluation calendar year was August to July and I had started in January. The process

they followed was for the employees to develop their own goals and objectives. What I found in their portfolios was comical. I saw objectives such as "Continue to work as a respiratory therapist," and "Come to work when scheduled." To me, that is not a goal or an objective. That is merely my expectation of you. There is nothing new about that; if you don't do that then you don't work for me. It's that simple. So I changed the system once August came; I developed the goals and objectives I wanted my staff to work on based on our department's opportunities from the SWOT analysis (an assessment of the strengths, weaknesses, opportunities, and threats of an organization) I performed within my first few months of hire.

The evaluation form at BMC is broken into three phases. The first is an assessment of the employee's alliance to the vision, mission, and purpose of the organization and its values. The second is an assessment of the goals and objectives the employee set (or in my department's case, set by me and pushed out to them), while the third is an assessment of their work as a respiratory therapist (clinical skills assessment). The first phase carries 25% weight, the second 25% as well, while the third weighs 50% of their overall performance. Once the employees enter their goals and objectives for the next cycle, they send them to me for approval and then they are expected to work actively on them with the understanding that their evaluation is dependent on it. About two months before the evaluation is due to HR, the system is opened back up for access to the employees who then rate themselves on a scale of 0 to 3, with 0 being

"did not meet expectations," 1 being "performing at minimal expectations with room for growth," 2 being "meets expectations and performing at 100% of what is expected of you," and 3 being an employee who exceeds expectations and goes above and beyond. In most cases, employees rate themselves with a 2 on most questions in any of the three phases, but it is in ranking the objectives that I see the 3s, and my expectation is that they write a comment in the provided box about how they believe they've exceeded expectations. I also request a comment for those who rate themselves at a 0 or 1 about how they plan on improving that rating. Once they've completed their evaluations, they send them to me and I then do an evaluation of them based on the comments, accolades, and concerns outlined by my supervisory team and other hospital-wide personnel for each individual. The employees then receive my final evaluation of them, review it, and then we have a sit-down discussion about it. It is in these moments that uncomfortable discussions may arise.

The evaluation period is also a comical time. It is in this season that employees remember the staff physician who commended them for doing their job, the patient's father who said they were the most valued individual that had come into the patient's room, or the former employee in another unit who said she sent a note to the manager on how they played a key role in a patient's wellness from a multidisciplinary approach. It is important for a new manager not to take any of these "I remember" moments lightly, although you may think it's

all comical and made up. What your employee is yearning for is recognition, a verbal affirmation of a job well done. The relationship you have with your employees sometimes is like that of a distant father whose 16-year-old teenage son living in a different household needs acknowledgement of work well done, and whose words remain revered by that child; your employees need to hear from you that they've done well, and they sometimes feel they need to help you see how so. It is then your responsibility to take what they've told you, cross-reference it with the information you've received over the year, and write your evaluation report based on it. When you send them your final review, you should ensure you attach a statement, possibly a short paragraph, outlining how valued they are at your facility. You should also not fail to mention the opportunities for improvement, particularly for the 0s and 1s you've given them.

Somewhere in my short career also, I learned about the 3% rule in compensation. When the human resource managers at your facility evaluate the current market value of hiring, training, and retaining an employee, they also attempt to scale the potential raise that employees may be entitled to; the business trend for a raise has been about 3%. Most companies set out a 3% dollar amount for all employees based on their salaries at the beginning of the year as part of their budget. Managers and directors are sometimes privy to the dollar amount and sometimes are expected to stick to this dollar amount when performing evaluations. There are some companies, however, whose managers and directors are unaware of

the dollar information and are just expected to rate their employees, send the ratings to human resources, and let them figure out the ratios. Having said that, knowledge of this process is important, because how you rate an employee relative to others is most important to their actual dollar raise when your organization's system is that of scaling. As a manager you'll end up having your favorites; you'll be tempted to overlook their mishaps and sometimes its okay, but just make sure to be fair in your evaluation of all your staff. Your favorite employee may be the staff member who knows to say hello to you from time to time, crack a joke in staff meetings to diffuse intense situations, and is seemingly liked by all for carrying a positive vibe, but remember these qualities are just one part of being a stellar employee. Do not be blinded by such activities; do not ignore the quiet, yet hardworking, employees who are passionate about their patient care. Everyone needs attention and recognition of a job well done.

XVI. VIOLATE YOUR BUBBLE

Personalizing, humanizing, and demystifying your role

There's been a movement in hospital management over the past couple decades that's focused on giving patients the best experience possible under the circumstances of being in the sick house. This movement encourages hospitals to create a home-like environment for patients and their families. Such appealing features like paintings in the hallways, fresh scents in the air, and music playing in the background—in essence, a hotel feel when possible—are things being newly introduced into hospitals nationwide. This movement started out of Canada and is called the "Planetree Movement," a program developed by a former patient in a hospital who felt the hospital environment could be more conducive to

healing. The Planetree coordinator at BMC shares the general belief that the Planetree Movement is a process of personalizing, humanizing, and demystifying healthcare to patients and family members. A manager should do the same regarding their role to employees. Some employees do not see the manager as human; therefore, the manager needs to personalize the role, humanize it, and demystify it for all employees.

A personalization of the role of a manager involves violating your bubble so to speak. It involves helping your staff see you as one of them when you possibly can, letting your guard down from time to time, laughing a little, smiling a little, letting empathy be seen through your actions when appropriate, and letting them see you as a person, not just as their leader. A person has emotions, moments when they may be vulnerable, and moments when they are wrong and will apologize for that inappropriate action. It is in these moments that people get to know who you really are. How you react in uncomfortable situations is who you truly are. Being a good leader involves knowing to apologize when wrong, to give the appropriate accolades to those who've corrected your actions, and to work on capitalizing on those opportunities for improvement in your personal and professional life. A good leader lets their employees see them in those vulnerable times so that a true friendship may develop between them and the employees.

Humanizing the role of a manager can be daunting; however, it's quite similar to personalizing that role. The role of a manager is one representing the

organization. You become an agent of the corporation; therefore, you are the corporation—"the man" as some will say and the "administration" as others may say. The manager is the gatekeeper between the corporation and the staff; they stand in the gap mediating the desires of both parties. In a situation where either party is unhappy with the other, the manager's job is to help both parties reach a reasonable agreement to move on. It is sometimes difficult for employees to see someone who "talks from both sides of their mouth" (as a manager often has to) as human. It's easier to label them as "administration" than it is to see them as "one of us." It is the manager's duty to give the employees as many opportunities to see them as human; this is again important for effective communication. When employees become unhappy, a growing revolt exists with the administration, and the managers are unable to mediate effectively, this is when you hear of "unions" coming into an organization to be the "voice of the people," something I'm sure most business leaders (in health or other industries) would rather not have occur in their organization.

Demystification of the role of a manager involves being able to eliminate the mysteries that come with being a manager so that your employees can relate with you easily. Merriam-Webster dictionary defines "demystify" as "to make [something] clear and easy to understand; to explain [something] so that it no longer confuses or mystifies someone." A manager has to explain their role as often as possible to the staff so they no longer think of the manager solely as an administrator but also as a liaison

between them and the administration. When the employees are more knowledgeable about the role of the manager in fostering the affairs of the corporation, the employees and most importantly, the customers (in my case, the patients), can easily approach the manager about any of the affairs stated above.

On the flip side, a manager whose relationship with their staff is amicable could face alternate challenges. A true manager is like a mentor, someone an employee looks up to and someone whose acknowledgement of the employee's work is important to that employee's daily life. Employees value the words of their manager when they have a good working relationship with them and sometimes get so lost in the hierarchical thinking that they forget the manager is human. In an attempt to respect the role, some employees, particularly new staff members, start to fear the manager. Fear in any form is obviously not good for any system, organization, or operation, but the kind of fear that cripples communication, and hence productivity, is dangerous to any department in operations. So what can you do to potentially alleviate this fear? You do the same thing you would have if the employee saw you as an administrator versus one of them: you violate your bubble; you personalize your role and you give your staff the opportunity to see how laid-back you can be.

XVII. I GOT YOUR BACK

Another lesson that could be learned from the previous story on false accusation is that, in some circumstances, your superior could have your back only if it's convenient for them. Not that there was a particular situation where Bill did not take my side on something when I needed him to, but as a freshman manager you will need to depend on your own integrity, sustainability, and productivity, as other people having your back is not guaranteed.

I want to paint a scenario for you. Picture getting assigned a $2.5 million project—a new program that is the wave of the future in your industry, a new department for you to start. You've done your homework and you've written a proposal to the operations committee that determines what projects are viable and which projects will yield the desired return on investment. You've visited other organizations doing the same project with a few years of success under their belts. You've pretty much

created your organization's program based on the success of others as a turnkey program. You've done all that to the best of your abilities. Now, assume the project was handed to you by your boss's boss; in my case, it would've been the Vice President of Ancillary Services. What if your boss wanted this project and knew what the success of the project could do for his career? What if he is envious of the opportunity you've just been given to shine with the knowledge that nothing could possibly go wrong if the program is executed following the guidelines of the successes of other facilities? How would this affect your rhythm? Would you, as a freshman manager, rub it in your boss's face? I'm hopeful you wouldn't, because you never know what the consequences could be.

Remember when Bill had my back in the situation with Jessica's false accusations of me being a "married man calling her at home"? Well, that situation was convenient for him. Jessica knew she was wrong and she instantly apologized; therefore, Bill didn't need to say anything in particular to her at that point. Now, picture the project scenario presented above and imagine that six months into the new program you find out that someone in contracts did not get the right signatures to hold another company accountable if there was a financial meltdown (which happened five months into the program). In other words, you find out that you did not make sure all the i's were dotted and all the t's were crossed, so your project failed and your organization just lost $2.5 million. Do you think your manager would have your back in this situation?

Your ability to function as an effective manager/leader sometimes requires being anal about things that could get you into trouble or put you out of a job. If you remember that you worked so hard to graduate college and earn your position, you should also remember to fight equally hard, if not harder, to keep the job you have. Your job as a manager is like a promissory note; you promised the company that you would deliver on everything you wrote in your resume and more. To keep that promise, you have to be diligent in having your own back. You have to be a shark about never giving anyone a reason to displace you. You have to shine above and beyond people's expectations, because no one else can propel you or defend you better than you can yourself.

- *#FMSOS Nuggets*

  Mentorship: One of the interesting things about leading is the need to be led. I have been blessed to have a few experienced leaders in the management world as mentors and have learned to pick their brains whenever I possibly can. My pastor is someone I look up to as a father, spiritually and experientially. His experience spans from engineering practice management in foreign lands to leading congregations of over 1,500 Christians; dealing with difficult people is something he knows all too well. On numerous occasions, we've discussed dealing with difficult people in our lives, professionally and personally. In those conversations I've learned to listen attentively, for being an effective manager requires learning to deal with difficult people. What you learn from a mentor is

something you very possibly couldn't learn in an MBA program or internship; what you learn is quite similar to the experience of doing it yourself, but through the eyes of someone else. The benefit of a mentor in your personal and/or career life includes having someone speak the truth to you, share their experiences with you so you don't make the same mistakes they made, and hearing those words in a non-threatening way or in a structured business/learning environment. This relationship is a blessing worth more than dollars could buy. Choose your mentors wisely, however, for with every relationship there is a give and take involved. Ensure you aren't giving more than you are taking and vice versa.

XVIII. BE A LEADER, NOT A MANAGER

Who is a leader?

Being a freshman manager can have anyone confused as to what your true role in your department is. If you are a manager who reports to a director, it's even harder for you to identify your true role in your organization. Typically, the job of the manager is to maintain the status quo, keep the employees and customers happy, make sure payroll is done, ensure the equipment needed for employees to complete their jobs is available, and be an effective servant to your employees and director. But what is needed in today's management world is not just a manager, but also a leader. Who is a leader? What are the differences between being a leader and being a manager?

A leader is typically the visionary. In my case at BMC, although I was part of the leadership team, I sometimes didn't feel like it. I had to play more of the

manager role where I ensured all was well with staff, patients, other related departments, and my boss. I'd sometimes tell myself that Bill was supposed to be the visionary, the leader, the one who gave us the directions on what to do, the director. What I failed to remember in the first few months of being a manager is that being a visionary isn't just one person's job; it's everyone's job when they are in a leadership position. Some newly published leadership books completely discount the need for managers. Some describe the role of a manager as that of a transactional or action-based leader, similar to the Chief Operating Officer, while describing the role of the director, leader, or visionary as that of a transformational leader. In my freshman year of being a manager, I saw that wearing both hats was necessary at every level of leadership. A freshman manager needs to quickly learn to complete a task while sharing his vision for his department. Your employees should be able to share with other department employees what your vision is for your department within six months of you being in your new role. This means you ought to have completed an assessment of your department, identified the opportunities for improvement, drawn an action plan, and communicated that action in an overview format to your staff with the blessing of your supervisor (director/VP/COO).

Some folks still believe that leadership is an inherent trait individuals are born with rather than one that is developed. I do believe that certain individuals are naturally confident in their abilities to carry others along,

but I also believe that being a true leader requires nurturing whatever existing traits you have and/or for those who don't think they have it in them, developing completely new abilities. Leaders are developed over time, not born. As a freshman manager, you may only consider yourself a manager and not a leader, but I challenge you to work toward becoming an exceptional leader. I challenge you to think it, for if you think it hard enough, you will believe it, and if you believe it, you can be it through hard work and diligence. Management in this day and age requires more than just maintaining the status quo; therefore, if you choose to grow in your organization, you will need to have leadership traits, be a visionary, carry people along, have voluntary followers, and convince difficult employees that your plan is for the best.

XIX. WIN AT ALL COSTS?
Achieving your management career goals the right way

There's nothing more fulfilling in a career than getting to where you want to be. When you started your journey to becoming a manager/leader you had to endure some pain. You had to learn to deal with difficult situations, sleepless nights studying, early morning meetings, and embracing embarrassing mistakes. The list goes on, but at the end of it all, you are here (or at least you're in that seat). To my readers who are still on that journey to becoming a manager/director, there's always room at the top. The road is not going to be easy, as I'm sure you've heard, but the end justifies the means.

To my soon-to-be managers, I encourage you to follow the diligent hard-working path to growth. Others

have tried the political route by stepping into roles that they inherited or were appointed to through a friend's dad or a mom's friend; their quick path up is often followed by a cascading downfall. If you want to leave a lasting legacy, if you want a truly successful career in management and leadership, make sure you do it right. A manager who knows what he is doing is invaluable to an organization. This is someone who has attained the position of manager by studying hard and learning from practical experiences. Someone who was handed the role of a manager via politics most likely has no idea how to deal with some of the daunting tasks that role involves. As a friend of mine says, "A bullshitter can only bullshit for so long"; you either get worn out from trying to cover your tracks or you get exposed by those patiently waiting for your downfall, particularly if your reign was that of an egotistic tyrant.

It used to be difficult in developing countries like Nigeria to advance in your career based on performance, and in some cases and careers, it still is. However, the globalization of cultures is making performance-based promotions much more common. The United States of America and other Western countries reward hard work and diligence. It would, however, be ignorant to assume that there are not still some industries and areas that promote based on politics and knowing the right people, but these places are few and far between. A young professional willing to relocate and grow will have as many opportunities as his abilities allow when he is ready to grow as a leader. I strongly encourage building a

professional career ethically, even if you've got the connections to instantly put you in the right seat. Work hard, be diligent in your dealings with all, be ethical, be zealous yet patient, and carpe diem when presented with the right opportunities.

XX. FINAL CURTAIN CALL! Your resignation

When all is said and done, and you're ready to move on from your current organization to bigger and better things, the way you say goodbye could be the key difference between you being welcomed as a consultant on future projects and receiving the worst reviews ever by hiring agencies.

One morning, while at breakfast in the cafeteria with an employee who had recently lost her daughter, I ran into the previous Director for Respiratory Care for BMC, Jose. I did not recognize the gentleman, as I had never met him; however, he walked to my table to speak to the woman I was at breakfast with and I noticed his badge. Needless to say, he was doing some consulting work for the hospital in a different capacity. A side note: when I told Bill I ran into Jose, he was a little upset and said he had heard about them bringing him on board for some consulting work and would've been pissed if it had to do with respiratory. I thought that was funny—there

went his insecurities again. Jose had left BMC with a stellar reputation. He left only because there was a bigger opportunity for him at a larger organization, and everyone at BMC was happy for him and proud of his accomplishments. This is the kind of relationship you want to have when leaving your organization.

When I left my supervisory role in Oklahoma, it was on similar terms, at least in my opinion. I was with that organization for over six years, three of those years as a respiratory supervisor, and I believe my peers and superiors blessed my exit. The position I vacated was filled and subsequently vacated about a year later and my former boss even joked about me coming back if I wanted to. There was also a director position with the same company open in a neighboring state and my then director all but guaranteed I could have the job if I wanted it. The final curtain call is your key to a lasting relationship with any given organization.

At the time of this publication, Bill had returned the NICU/Peds department I was initially supposed to manage back to me. He said his plate was getting too full and that I have shown an ability to effectively manage multiple projects and people in the past 18 months of us working together. It may be said, that what was mine was returned to me, the question to ask is was that decision just a few months too late? Had I become so detached from a growth prospect at BMC that this new development was not as exciting as it should have been? Would I still jump at an opportunity to grow elsewhere or give BMC another chance?

With those questions in mind, I end this book. I pull the curtain on my words and I hope I've created a yearning for more from me—a lasting relationship between you and my words, a desire to meet again. I hope you've enjoyed every story told, every nugget shared, every lesson learned. I periodically share with my employees that there's never enough knowledge to gain; get more, I tell them, and get understanding while you're at it. The Bible says, "*Wisdom is the principal thing; Therefore get wisdom. And in all your getting, get understanding.*" – Proverbs 4:7. I beseech you to read more on being a better leader and a more effective manager. I beseech you to study and continually improve. I beseech you to live life on purpose. And I beseech you to be great.

THE END.