Console to Council: Challenges Facing New Radiologic Managers

By Angelic P. McDonald, BSRS, RT(R)(CT)(MR)

The scientific field of radiology is unique in healthcare because of its design of fusing technology and medicine. In recent years, this scientific merger has become even more pronounced with the use of computer aided detection (CAD) in combination with existing equipment and the trend of hybrid modalities such as PET/CT. If technologists find themselves struggling to keep current with the new processes and equipment within the specialty field, how much more challenging is it for the same technologist to then manage these specialties?

With the Baby Boomers approaching retirement, many present radiologic managers will be looking for leaders to take their places. Generation X, those born between 1965–1980, should be preparing themselves now for that very transition. With the latest trends of merging modalities, the radiologic career field needs managers who have a passion for the field, competency in the science, and an inherent desire to continually change things for the better. This will be essential to lead a radiology department through the difficult challenges ahead.

Who Will Step Forward?

Like other clinical fields, most radiologic technologists are asked to be managers by the recognition of their competence in the field and their reputation for a strong work ethic. Technologists should not let pride push them into management unless they truly want to make a difference in healthcare. Before beginning a career as a radiology manager, technologists should first consider the following:

• Do I want the chance to change things in my department for the better?
• Am I willing to commit myself to the difficulties I will inevitably face?
• Can I evaluate people based on their performance and not my relationship with them?
• Would I take this position even if there was not a salary increase?

A negative response to any of the questions may indicate the technologist is not ready for the essential obligations that becoming a radiology manager will require. One should not fool oneself into believing the transition from radiologic technologist to radiology manager is easy or prestigious. It involves a lot more than attending meetings and receiving a new nameplate. One will have to redefine pre-existing relationships with coworkers. Managers put in many hours and often...
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Positive responses to the previous questions may indicate the technologist is ready for the transition into management and should perhaps start preparing now. Future leaders should not wait until the position is available. A good place to prepare for a managerial career is to evaluate the job requirements for the position sought. If a lead tech is looking to move into the position of department supervisor, then she should look at the job description for the department supervisor position. If a supervisor is looking to move into the position of director, then he should look at the job description for the director position. In each facility, and in each position held, the radiologic technologist should keep her eyes forward on the shoes she may one day be asked to fill. Look at what additional duties that person has. If they are doing the ordering of supplies, become acquainted with that process. If they constantly read research articles and attend conferences, then get on the mailing list of those organizations.

Prospective leaders may have to learn to appreciate and gain interest in areas where they previously had none, as the politics and legalities of running a department can be overwhelming. Most radiologic technologists enter the field altruistically, to help others. To step away from the console, where comfort was once found, and to step into a leadership role where people will rely on your knowledge, leadership, and guidance is a major adjustment. It will be important for prospective leaders to rely on their passion for the field, continue to

Challenges Behind the Transition
The new radiologic manager is going to face several challenges in the transition. Some skills which will need to be acquired are academic, while others are more psychological and sociological. Successful technologists tend to be well respected by their peers and are typically the ones encouraged to pursue supervisory roles by their superiors and physicians. In cases such as this, a promotion comes with great anticipation and everyone is eager to see the wonderful changes this new supervisor will bring. Unfortunately, the honeymoon is typically short lived and new managers begin to question why they took on the new role in the first place. Peers tend to not like having a former colleague telling them what work needs to be done. The boss that was so eager to offer the position may be disappointed the new radiologic manager has never touched Excel or PowerPoint and is having difficulty working on a presentation. And the radiologist may be disappointed because he expected the promotion of such an outstanding technologist to make his life easier rather than have that technologist tell him his turn-around times are lagging.

Realistic expectations are going to be a benchmark for new radiologic managers. They should not expect the road to be easy or expect to find a protocol manual sitting on a shelf to guide every move. New managers must set an assimilation pace and determine ahead of time what essential skills are necessary to fulfill the requirements needed by their new departments.

Calvin’s article, “Leadership networking and active transitions in the workplace,” describes the impact of a well networked leader/manager in an environment of continuous change. In the transition from technologist to manager, the most crucial obstacle faced is the establishment of key relationships. Some relationships will have to be altered, others will have to be created, but all will have to be nurtured. The establishment of a sincere network of relationships will be the determination of an effective manager. While an ambitious technologist wishing to progress through the lines as manager may be able to distinguish between healthy working relationships from a personal one, the former peer who is already having difficulty accepting the new role may not.

In a hospital setting, the establishment of sincere relationships with new colleagues also requires a radiology manager to acknowledge their contributions not only to healthcare but also to the organization’s mission. It is not uncommon for technologists, whether they be radiologic, respiratory, laboratory, or nurses, to get caught up in the “my job is more important” game. Previously, the new manager may have even joined in on that banter, but as a manager it is essential the leader set the tone for teamwork. It is not healthy to have the leader of a team joining in on competitive banter between departments. Managers of other departments within the hospital are now peers and, in order to have successful communications in the future, it is important to realize they are part of the team. Together as managers, a

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tacit and explicit knowledge will enable comes from research. Learning to balance explicit knowledge and knowledge that is responsible for navigating the department through tremendous financial, technological, and personal changes, it can be appreciated that areas to which a manager lacks interest will inevitably be areas in which they lack skill. In this regard, it will also be areas in which the department will lack growth.

Many new radiologic managers rely heavily on tacit knowledge, i.e., knowledge derived from experiences. Since a promotion is probably due to technical experience and expertise, the use of this form of knowledge is justifiable initially. Yet to use this as the sole source for decision making would be impractical, especially when the field is ever changing. It would benefit all leaders, new and old, to learn to appreciate explicit knowledge and knowledge that comes from research. Learning to balance tacit and explicit knowledge will enable radiology departments to build an interactive learning approach to change. New managers should appreciate and become familiar with research done in the field. They should read and study white papers on new processes and procedures to determine what impact they may have on the facility and the industry as a whole.

The challenges of relationship building, communication, and knowledge acquisition all lead to the next obstacle: learning to change focus. At the console level, technologists evaluate themselves and their accomplishments on a daily basis. Specific procedure counts are used to determine what revenue was raised that day. Start and stop procedure times determine how efficiently time was used, but as a radiologic manager this is no longer possible. The new manager will encounter the difficult psychological challenge of learning to focus from today to the unknowns of tomorrow. The manager’s time can not be clocked per procedure and this can be the most frustrating transitional adjustment. Projects may require weeks of work before an impact is realized. One of the causes of this particularly difficult adjustment stems from the expectation of linear results for linear efforts. In management, as in career development, there is not a linear exchange. To not produce immediately recognizable results will be emotionally humbling to the high performing technologist.

All of the challenges discussed thus far include the acquisition or modification of skills. The next challenge centers on the relinquishment of skills. As a technologist, it is expected that some skills may be lost in the transition from the console to the leader/manager of the department. This can be extremely deflating to the technologist who prided himself on being the best. The console is, of course, how this new manager made a name for himself. It is very likely that the new manager was given the most competent at the CT scanner, or had been the go to person for all difficult IVs. To lose these hands-on skills can be a humbling process and can cause feelings of depression. This may cause a new manager to think about stepping aside from the new role. This is where mentoring and preparing new managers for the challenges they will face is so important. New managers need to be prepped for the true challenges ahead to include the known emotional turmoil associated with the first 18 months of the transition. It would help to view this career change perhaps as an evolution in the imaging career path rather than a transition. While transition does infer that there would be great levels of energy exchanged when the radiographer moves from technologist to manager, evolution implies that the inherited traits of the radiographer actually changes during the process. The technologist within is still there, but has assimilated larger goals, focus, and much broader perspective in order to become a manager. This evolution is painful at times and that must be taken into account when struggling through stressors associated with the relinquishment of skill sets.

Making the Transition

Knowing the challenges that lay ahead, the career path into the role of radiology manager can now be planned. In fact, advanced planning and preparation can ensure the future manager is equipped both technically and mentally for the transition. This is important because managers who are promoted from within, in comparison to those who are externally hired, are generally given less orientation into their new roles.
The path to becoming a leader/manager can be chaotic and nonlinear. It is built upon a reputation for making things happen. Reputations are built over time so early planning and preparations are in the best interest of the future manager. Each challenge described previously can be overcome or avoided with enough preparation. Fortunately, certain transitional skills can be learned at each level of a technologist’s career.

As a front line technologist, it is important to start learning more about the department. This does not mean learning more about the day to day process of performing the job of radiologic technologist, but about learning the processes that surround the job. It is possible to learn now the differences between doing things right and doing the right things by appreciating skills such as attention to detail, follow-through, and observation. The radiology manager of the future will need to be both competent and inspirational. While competence will come with time, inspiration can begin immediately. Being an inspirational technologist will establish a reputation for getting things done.

The field of radiology, as discussed earlier, is on another great precipice of change. The fusion of modalities in combination with software integration can be intimidating and fearsome to the technologist who is unwilling to embrace it, but to the technologist whose eyes are focused on the future this can be the perfect opportunity to set the foundation for inspirational leadership. A technologist does not have to have the title of PACS administrator to be seen as the go-to person when computer problems arise. Nor does the technologist have to have the title of charge tech to be a trainer. In fact, it is possible to not even be on the day shift to be recognized by peers for organization, precision, and forward thinking.

Another excellent strategy for an ambitious technologist wanting a future in management would be to slowly enter into the web of regulation and structure. For example, a technologist could find out if her modality is accredited with the American College of Radiology (ACR) and, if it isn’t, initiate the accreditation process. The ACR accreditation is not mandatory so, until recently, many facilities did not pursue it. It is a precision process which requires attention to detail, expertise in the field, and the development and maintenance of a quality assurance program.

Another beneficial skill to learn early would be to start thinking more efficiently and strategically about day-to-day operations. For example, note the differences between stocking a room and establishing par levels. Just because 300 sheets can fit in a closet does not mean they should. While others in the department may complain about tasks such as these, approaching them with the future in mind will help technologists appreciate the opportunities ahead of them.

Charge technologists should be even more aggressive with their preparations than a front line technologist. At this point, the technologist should already understand most background processes associated with the department, such as quality assurance, supplies, and staffing. The greatest and most critical skill acquisition to accomplish at this stage would be communications and relationships. It will be crucial in the development of a strong professional reputation to have those critical communication skills early. When done appropriately, respect can be gained but when done poorly trust can be lost.

The New Radiology Manager

Setting realistic expectations is essential to a successful transition from technologist to manager. It is important to sit down with the director and talk openly and honestly.
It will take approximately 18 months for a new manager to begin to feel a balance occur between the emotional and technical components associated with the transition.

Look around and determine who in the team has the potential to some day fill your shoes.
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Home-Study Test

1. Like many clinical fields, most radiologic technologists are asked to be managers based on:
   a. Recognition of their competence in the field
   b. Their reputation for a strong work ethic
   c. None of the above
   d. Both a and b

2. What are some of the questions a technologist should consider before beginning a career as a radiology manager?
   a. Am I willing to commit myself to the difficulties I will face?
   b. Would I take this position even if there was not a salary increase?
   c. Do I want the change to change things in my department for the better?
   d. All of the above

3. What is one of the first things the technologist would need to do when preparing for a managerial career?
   a. Return to college for an MBA
   b. Apply for a number of managerial positions
   c. Evaluate the job requirements for the position sought
   d. Ask how much the managerial position pays

4. Prospective leaders may have to learn to appreciate and gain interest in areas where they previously had none, such as:
   a. Politics and legalities of running a department
   b. Learning to operate a new piece of equipment
   c. Participating in a new procedure
   d. None of the above

5. Challenges faced by technologists who are promoted from within a department may include:
   a. Peers that are resistant to a former colleague telling them what work needs to be done
   b. A boss that was eager to offer the position but is now disappointed that the new manager does not know how to use an Excel spreadsheet.
   c. A boss that is disappointed because the new manager is having difficulty designing a presentation using PowerPoint
   d. All of the above

6. New managers must set an assimilation pace and determine ahead of time what essential skills are necessary to fulfill the requirements needed by their new departments.
   a. True
   b. False
7. According to the author, in the transition from technologist to manager, the most crucial obstacle faced is the establishment of:
   a. A sound budget
   b. Key relationships
   c. Vendor contacts
   d. A working schedule

8. To ensure successful communications in the future, it is important for a new radiology manager to realize that managers of other departments within the hospital are now:
   a. Peers
   b. Competitors
   c. Rivals
   d. All of the above

9. New managers need to increase their knowledge to include:
   a. The financial aspects of the radiology department
   b. The hospital and organization as a whole
   c. Equipment needs in the nuclear medicine department
   d. Anticipated changes in personnel

10. Described by the author, tacit knowledge is defined as:
    a. Knowledge derived from experiences
    b. Technical experience and expertise
    c. Knowledge related to the industry as a whole
    d. None of the above

11. Learning to balance tacit and explicit knowledge will enable the radiology department to build an interactive learning approach to:
    a. Procedures
    b. Change
    c. Tradition
    d. Protocols

12. The manager’s time cannot be clocked per procedure and this can be one of the most frustrating transitional adjustments for a new manager.
    a. True
    b. False

13. New managers need to be prepared for the emotional turmoil associated with:
    a. The first 18 months of the transition
    b. The first 24 months of the transition
    c. The first 36 months of the transition
    d. None of the above

14. Which of the following can ensure the future manager is equipped both technically and mentally for the transition?
    a. Enhancing their clinical skills
    b. Moving to a new department and/or hospital
    c. Advanced planning and preparation
    d. All of the above

15. According to this article, the radiology manager of the future will need to be both competent and:
    a. Educated
    b. Attractive
    c. Inspirational
    d. All of the above

16. Which of the following is/are required for ACR modality accreditation?
    a. Expertise in the field
    b. Development of a quality assurance program
    c. Maintenance of a quality assurance program
    d. All of the above

17. It is essential for a successful transition from technologist to manager that the individual set realistic expectations.
    a. True
    b. False

18. The assimilation period for a new manager should always include:
    a. Measurable goals
    b. Achievable goals
    c. None of the above
    d. Both a and b

19. The entire first year for a new manager should be committed to:
    a. Building relationships
    b. Learning essential skills
    c. Initiating a simple new program
    d. All of the above

20. What is the appropriate solution if the new manager walks into a department that is well staffed and has good equipment, but just can not seem to bring in the volume of patients required to meet productivity?
    a. Determine how to improve morale
    b. Bring in new personnel
    c. Build relationships with physicians
    d. None of the above

21. To help new managers gain confidence in their decisions, they need to develop an appreciation and interest in:
    a. On-the-job training
    b. Evidence-based research
    c. Personal knowledge
    d. None of the above

22. As a rule of thumb, when accepting a managerial position, the individual should stand by the commitment for a minimum of 2 years.
    a. True
    b. False
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