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Medical Technologist License

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Interviewer: Skylar Kramer (SK)

Interviewee: Luisa Ladaga Zirkle (LZ)

INTERVIEW TRANSCRIPT:

SK: Good afternoon, thank you for meeting with me.

LZ: Go ahead. Ask me my questions.

SK: When you worked in the lab, what was your official job title?

LZ: So back in the day, it was called medical technology. So we were med techs. So in the laboratory, you work in the department of pathology. So my father was a pathologist. He's a retired pathologist, and so I kind of grew up learning about the lab. I saw the morgue when I was eight. And I used to help him back in the day when before HIPAA and everything got so strict. I used to go with him. And then we could also, I don't know if they still do this, I imagine

they probably do. After you got, you know, you go through your program, so you get your BS in medical technology.

And then you still have to take your licensing exam. Right? So med techs have a board licensing, and it's the American society of clinical pathologists that license the medical technologists. A lot of people started working in the lab before they technically got their license. And often it would be like a probationary thing where you'd be given, you know, two years before you could get your license. And sometimes people had to take them if the exam more than once. I don't know how hard they are now. And then you can also take additional exams, and be certified as a specialist. So I had my license. And then I was a specialist in hematology and a specialist in microbiology. So they were just additional, um, I think back then it would make it easier to get a supervisory position if one wanted to climb the ladder and become a supervisor. So I don't even know if they still do those specialized exams or not. But anyway, that's what we're called med techs, medical technologists.

SK: Where did you use to work?

LZ: So when I, my very first job was actually part-time I wasn't even done yet. I started working for a hematology-oncology group. And they had their office right like a block from Norfolk General Hospital. And you know, Norfolk, so Old Dominion was close. So that was actually my first job as a med tech was with a group, a hematology-oncology group. They don't exist anymore. And I went to work for Norfolk General before Sentara was Sentara. Then I worked for a while at a place called Morpheic Diagnostic Clinic. It was so cool. They've kind of gone back to this concept. It was over by Sentara Lee, it was in one of those buildings. So in one of those buildings, it was called Norfolk Diagnostic Clinic, and it was a group of about 25 specialists in all areas, cardiology, neurology, rheumatology, like everything, and they had their own lab. So like the center of the building was a laboratory. And then the periphery was 25 specialists. And it was really cool for people with chronic illnesses and the elderly, who might have three or four doctors. And they just like, get all their appointments in one day and just hop from doctor to doctor. And because it was a vast array of specialties, we did all their lab work, which was kind of interesting, because we got a lot of specialized tests. It wasn't just the regular CBC in your analysis. I mean, we had special chemistry and we did a lot of cool things. It was an interesting place. But then I moved around a lot because I get bored. Like I work with people that had worked in hematology for 25 years in Norfolk General. And I was like, I like change. Most people don't like change. I like change. I like learning new stuff. I got hired as a supervisor in the Navy. I was not in the Navy. I was a civil servant, got a job as a supervisor in the naval toxicology lab. So I don't even know if they still have that. But it was after the Vietnam War. Things had slowed down. Nothing was really going on militarily speaking. And they realized that there was

a big problem. A lot of people would come back from Vietnam addicted to drugs. A lot of military folks, drugs were very cheap.

So the Navy was the first of the military services to create a laboratory. They took a hanger over at NOB in Norfolk and turned it into a state of the art toxicology lab. So then it kind of at the last minute they realized, Oh, crap, we need civilian supervisors. Because corpsmen are doing the testing. It's all military specimens. They didn't want people sabotaging. Oh, this is Commander Johnson. I hate his guts. I want to put some pot in his pee, because you test urine.

So then they kind of scrambled to get supervisors that were civilian. And when I went for the interview, my experience was in hematology-oncology, micro, and so I had no toxicology, or chemistry experience. And they didn't they were like, nope, you're a licensed med tech. That's what we need. You're hired. I'm like, okay. So that was kind of interesting. But I missed clinical. I liked clinical work better. So then I moved after a little while; I was there maybe a couple years. And then I moved over to Portsmouth Naval Hospital. So I was a supervisor in the laboratory. And that's where I was actually hired to not just be the supervisor there, but Old Dominion called me and asked if I would be an adjunct professor and teach clinical hematology to their med tech students, like you. In your fourth year, you're going to be doing clinical rotations. And you'll go to different hospitals in the area. So I said, "Yeah, sure". So Old Dominion students back then, this a million years ago, would come a couple of times a week for a couple of hours. And I was finding that I was really enjoying teaching them. And they're the ones that told me to go into teaching. Like, wow, you explain stuff so well.

And I was thinking, gosh, I'm spending 12 hours at the hospital, because it's a zoo at Portsmouth Naval, it was just huge, right. And when you're a supervisor, you don't punch a clock. So you have to stay until things calm down. And then you can go home. So sometimes, they were long days.

When I went through Old Dominion. Don't do this, because this was really dumb. I was a nerd. I did two science degrees in four years, not a major and a minor. I got a med-tech degree, which is very specific, you know, once you start going in that direction, you have a very specific, kind of like nursing, you have very specific classes that you'll take. Then I also got a biology degree. So I wasn't sure if I was going to do medical technology, or if I wanted to go to med school, and I thought, well, maybe I'll do med tech for a little bit and then and then go to med school, which I didn't do, obviously. So I do regret that.

Instead, I went into education and taught. So I've worked in clinics, a big clinic, a small doctor's office, and then Norfolk General, which is huge and Portsmouth naval, which is huge. And the toxicology lab, which was big, but it wasn't clinical. You know, we didn't have patients. We just had a gazillion bottles of pee. I went through more perfume. Sometimes the corpsman would just be like, Luisa, let me just come near me so I can smell you. So I would spray and walk around. They could smell me because it was so stinky.

SK: What inspired you to pursue medical lab science?

LZ: Well, I grew up in the world of medicine, reading autopsy reports that my dad would bring home. And I just thought it was fascinating. The first time I saw the morgue, which most kids would probably, my mother didn't like it and she thought I was gonna be a serial killer because I really liked it. I thought the morgue was fascinating. Although it really did remind me, when I went it the first time I went in and saw like all the equipment like circular saws and you know, like mallets and to crack a brain and it kind of reminded you of like Home Depot, which didn't exist back then but you know, like home improvement stores where you walk in you see saws and all the things like up on the wall. And it was very, uh, you know, very metallic, like the metal tables.

So I don't know, I just grew up and my dad was so fascinating and had fascinating stories and would explain things.

They didn't have Bayside, the Sentara Independence hospital didn't exist. So there was really Virginia Beach General Hospital and Norfolk General. So that's a big area of Virginia Beach without a hospital. You know, Princess Anne is new, I mean, relatively new. Bayside Independence is new. So the doctors in the Virginia Beach area would bring over specimens to my dad's house, and he would take them to the lab the next day. So we always had, like a couple of shelves in the refrigerator, if they took off, you know, moles, or amputated a finger or a toe, and they would be in the little jars with the formalin. So our house was always very interesting. I think you probably know this: anything that's taken off or out of the human body has to go through pathology, and they look at it, make sure it's not cancerous, even though you're for sure. Like no, I know for sure it's not. It doesn't matter. It has to go. That's the law. So it was just fascinating. I remember my friends in high school would come over and let's look in the refrigerator and see what you got in there.

One day, one of the doctors brought over a leg, I answered the door. So it was about six o'clock. My dad hadn't gotten home from the hospital yet. And the idea was that then he would take all the specimens the next day, and that way the doctors didn't have to get a courier. Later they got couriers to take specimens to the hospital, instead of bringing them to Dr. Ladaga's house. And that was the day my mom came home and when my dad came home, she said, "You have to get your own refrigerator, no more body parts in my refrigerator."

So then he had to buy another refrigerator to hold body parts. So I think I just grew up in a medical, you know, with my dad being a pathologist.

SK: What was your favorite part about being a med tech?

LZ: I like microscopy. I just think it's fascinating that there's a whole friggin world under the microscope that most people have never seen. That can kill you these little things that can kill you. And you were still using Petri dishes, and plating bacteria, and growing them and trying to identify them. So I was just fascinated with it. I still am.

SK: What was your path to your job in the lab?

LZ: I did a lot of so I started in hematology and oncology. So it was a lot of microscopy. When you work for a doctor's office, it's different than working in a hospital. And especially decades ago, you were kind of allowed to do stuff that nowadays you can't do just because there weren't as many regulations. Like in the doctor's office in the hematology-oncology office, the nurses taught me how to administer chemotherapy. So as a med tech, you will learn phlebotomy. But phlebotomizing and injecting are two different skills. They're not the same thing at all. So I just learned a lot at the doctor's office, I was able to do things and work closer with the patients than I did at the big hospital where you sometimes you didn't really even see patients if you didn't go up on the floors and draw their blood. And a lot of big hospitals like Norfolk General will have a phlebotomy team. So even back in the day, med techs did that. But nowadays, I think most big places have their own phlebotomy team. So even as a clinical lab scientist, you probably won't go up on the floors very often. I thought it was fun to see the patient. I talk a lot as you well know. So it was fun to go see patients, I enjoyed that. So anyway, I started in hematology, which was my favorite. Even in med tech school, hematology was my favorite subject. I liked parasitology too, I don't know if you guys don't have to take that. And then I did microbiology for a while at Norfolk General. And then the toxicology, which was totally different, that job though, was more it wasn't so much chemistry as administration. I do not like administration. I did not like being a supervisor. So I became a supervisor pretty early. I don't like to tell adults what to do. I feel like they should friggin know what to do. You shouldn't have to, you know. I can tell a kid what to do. I'm okay. And I can be a bossy teacher. But I didn't enjoy doing that.

Some people like management, I don't like management. I also don't like paperwork. So you know, even as a teacher, do I do detentions? No. The first year teaching I realized, I said, What the hell is a detention? And they tell me what it is. And I'm like, Oh, really. So Skylar gets on my nerves. She's a pain in the ass in my class, and I want to spend more time with her. That's stupid. Uh, no.

My first year, as a supervisor, I actually ended up not making as much money because, and this was at Portsmouth Naval, so maybe different places, you know, have different rules. They didn't want me to wear the nurse uniform, you know, we wore white, you know, with the white, um, you know, the shoes, they almost look like tennis shoes, like nurse shoes. And they

also made some white clogs, because I don't like shoes. So the clogs, you just, you know, your foot just goes into a clog. But then when I became a supervisor, they're like, No, you need to dress nicely. I had to go out and buy clothes, because five days a week, I just wore uniforms, right? You know, the white uniforms with the lab jacket.

So I remember thinking darn, now I'm a supervisor, I'm actually making less money and working more hours, that was the other thing, you wouldn't get paid as a tech anymore, you know, you'll start off with an hourly wage. And if you have to work overtime, you get paid overtime. When you're a supervisor, it's salary. But anyway, so I did move up to supervisor. But I have to say that that was not my favorite. I don't like managing people.

SK: What were your basic roles and responsibilities?

LZ: Um, I think one of the important things, when you're doing medical technology or working in really, in any arena, where you're using a lot of equipment, one of the things that we would have to do, is run standards and controls. And you had to do that every hour, you know, you're running so many bloods on a culture machine. So you need to make sure that it's spitting out the right data, and that it hasn't, you know, so quality control is huge and very, very important. So, back in the day, there was a lot of logging in of patient stuff. Now, you know, everything is digital. I'm sure everything comes into the lab, and it's already, you have pre-printed labels for the tubes when you go draw blood on a patient, you know, everything's digital now. So it was a little bit more manual. They had just gotten this big machine called a SMAC, sequential multiple analyzer computer. And so it could run like 200 specimens at a time. And that was like, whoa. Um, but again, it was very, for those people that enjoyed machines, and computers, they love that kind of thing. I didn't, I'd rather do the microscopy. I have to make the slides by hand and stain them. So the jobs are very specific, as a med tech, if you're in a big hospital, you will work in a particular department. So you work in hematology, or you work in blood bank, or you work in chemistry, or you work in microbiology. So what you do on a daily basis will depend on the department that you work in. But you know, it goes anywhere from logging patient information and data in now, you know, typing in results, as well as performing the actual tests. I enjoyed the hands-on, which is why I liked micro and hematology more because you still were doing it. It's a little bit less automated than some of the other departments.

SK: What was the most surprising part of working in a lab?

LZ: There was an incident. I don't know if I should even tell you about this. There were two things that happened when I was working at Norfolk General, one was one of the other med techs, it was her turn to run controls standards and controls on the I don't know if you know

what a Coulter counter is; it's a big machine that where you run the CBC, complete blood cell count. And it runs, you know, it gives you your red cell count, white blood cell count, platelets. And because at Norfolk general, it's always been a big hospital, we run a lot of specimens, you have to run controls every hour. And it was her turn that day to run controls. And it's not like it's a lot of work, you have to go to the refrigerator, take the controls out, let them come to room temperature in their little bottles, and you just run them through the machine as if it were a patient. And then you would log in, you know, and results had to come in within a certain parameter to make sure that the machine was still working well, and nothing was clogged up because it has a lot of wires and a lot of tubing.

And she goes over and she logs in as if she ran the controls.

And I thought to myself, she didn't run the controls. She logged it in as if she did. So I didn't say anything. And then I watched her for the next hour the next time she was supposed to do it.

And she does the same thing. She just goes over to the log sheet and logs it in. And I went to her and I said: "you didn't run the controls".

"Oh, that machine never breaks down. It's fine."

I'm like, "no, protocol is you're supposed to run the controls every hour to verify."

My name is going on reports going to the doctors. And the doctors are basing their treatments on results that we give them. Right. So that's the rule. You're supposed to do that and she's arguing with me. You know, I turned her in. Because I'm not going to work someplace where somebody isn't ethical enough, doesn't have the integrity. Right? Are you kidding me? But some of the people got upset with me. And I'm like, Yeah, okay.

And then one other incident. It was a girl my age. I think we had like, birthday the same month. And she would come back from her lunch break. And her pupils. And she was very glassy-eyed. And I knew she was probably smoking pot. This is back in the 70s. So I followed her to her van. Do you remember? Have you ever seen the old vans that people used to have? They look like work vans where they just have the windows in the back and the doors open like this in the back. *gestures as if swinging two doors open*

SK: *nods*

LZ: They're not like the vans like the mommy van, you know, that has three, three long seats for all the kids know, back in the day. The vans were like working vans. So there's just metal. So I knew she had her lunch in her van, typical hippie, leftover hippie from the 60s. And I knocked on her door. I even knocked. It wasn't like I opened the doors and "gotcha!". And sure enough, she's smoking. And I hate pot. I'm the only one that lived through the 60s and 70s that I know of, except for my goofy husband, that didn't smoke pot. Like I don't think you're the devil if you smoke pot. I don't mean it that way. But don't friggin smoke pot while you're working. And

you're my partner. And our names are going on these reports. Oh, hell no. So I said, "What are you doing?"

"Oh, it helps me to relax."

"You can relax at five o'clock. When you leave. You don't relax during work." You know, and I said, "you got to stop this. You need to turn yourself in." Blah, blah, blah.

"No, no, and no."

So I think the most surprising thing to me, to answer your question now that I told you two terrible stories, is how people that go into healthcare, that go into any work where you're dealing with patients or, you know, reporting information, how do you not have a high level of integrity? Like, right? And it scares me, like in school, I know a lot of kids cheat. And it just, you know, it makes me feel really sad. Because please don't go into healthcare if you're a cheater go into law. Just kidding. I just insulted the lawyers.

But I think that was the most surprising thing was that there were people, most of them were not, I don't want you to think that. I mean, that's only two stories. Those are my two stories. I don't remember ever, most of the people that I worked with were amazing. And they were awesome. But that was the one thing that was like, just, if you don't have integrity, you don't go into medicine.

SK: What was the hardest part about working in a lab?

LZ: I think passing the exam was hard. Like, once you started working. You learn, like, like many jobs, you learn when you're really actually doing it, you know. Like, you can memorize things but you don't really understand what you're doing until you're doing it. And that's true for 99% of the jobs, maybe 100% of the jobs. Maybe it can become mundane. But as a med tech, you can leave, you can look for another position in another area of the laboratory, like, there's really no reason to get bored. I think you could get bored, you can get bored. And when people get bored, they become sloppy. So I almost felt when I was a med tech, I almost felt that they needed to change people, and force them to work in different departments. After a certain amount of time, like I told you, there was one lady that worked there for 25 years in hematology, it Norfolk General, she didn't even switch hospitals. And I feel like, I mean, I didn't see her do anything bad or anything. But I think that when you get too bored at your job, you're not going to be as effective. Does that make sense? Yeah? Yeah.

SK: What advice would you give to someone who wants to go into the medical field?

LZ: I think that, um, you do need to get it, it's one of those areas, one of those job markets that you can, you can probably find a job pretty easily. It's not as easy as nursing, for instance, you

know, there's a bazillion nurses. And you may not always get the shift you want or the exact hospital you want, but you're gonna get a nursing job. But med tech, um, there aren't as many positions. But I think that there are enough out there that it won't be difficult to get a job. I was trying to think of the kids that have graduated. They all got jobs. Most of them had jobs offered to them while they were doing their clinical rotations.

I think that the more prepared you are, when you select something, the better off you are, you know, going into a field like that. You're pretty quiet. And I would say that most of the med techs that I worked with, kind of had more your personality. I was kind of a blabbermouth for a med tech, like they would look at me like, "oh shut up".

I think that it helps to be good to work by yourself, like can you work or work with, you know, they always say, oh, in the medical field, you have to work with a team, which is true, because you're not going to be the only med tech or clinical lab scientist in the lab. But a lot of the jobs you are kind of by yourself, so you have to have confidence in what you're doing. You'll be trained, you know, you'll have a mentor. Even after you go through your clinical rotations.

Let's say you get a job at Virginia Beach General in the microbiology department. You will have someone assigned for you to go to them, you know. So make sure you ask questions. Don't ever do anything that you don't feel confident and ready to do. Because the worst thing is to do a test you know and have erroneous results that you are reporting out to a doctor.

So there was one department in the lab that I never worked in after I did my clinical rotation. I got the hell out of there. And I thought to myself, I don't ever want to work here ever, because it scared me. And that was blood bank. Because you can actually kill somebody if you don't do a cross-match type and crossmatch properly. And you identify this bag of blood incorrectly.

So I never worked in blood bank after I did my rotation in there. I got out of there.

Um, so my point is, you always want to make sure that you are comfortable. And not to be afraid to ask more experienced technologists that are around you, you know, for help and making sure that you know what you're doing.

For any job you want, I tell the kids, if you get to your job on time, you're late. You should be there 10 minutes early, ready to go 10 minutes early. So if you're slow, and you have to have a cup of coffee, you have to go to the bathroom and brush your teeth again, before you start work, then you get there 20 minutes early. So especially in a hospital, if you go to work in a hospital, you know, it's shift work. And so, you know, you want to be there on time, so that the shift before you is ready to go. I mean, that's just being courteous to your teammates, to your work, you know, co-workers.

I think when you go into any area of health care, you have to really want to do that. And you have to really want to help people. I think a very selfish person, you don't seem that way at all, you seem very, you're very sweet. Quiet. So I feel like I didn't get to know you as well because you are so quiet. Quiet kids are harder to get to know, you know, because they don't. Some kids

tell you more than you want to know, you're like, Okay, that. And then others don't say a whole lot. But you kind of remind me of a lot of people that I did work with in the medical field; they're just very, very lovely people, kind of quiet. So my biggest advice would be to just really see what you're getting yourself into before you invest too much time. If you like microscopy, if you like working by yourself, if you like technology, nowadays, you need to like technology, which your generation is very used to. Because a lot of your job is as a clinical lab scientist nowadays will be a lot more automated than it was when I was one. So you definitely need to like machines because a lot of it's going to be that. But I think you can have a decent, you know, you can get yourself a little apartment and have a decent salary and feel good about the job that you're doing at the end of the day.

SK: Well, you answered all my questions.

LZ: Good.

SK: Thank you so much for your time.

LZ: You're very welcome.