

Moving into IT and Loving It

BY GENE RAMPALE

When people ask me about my new career in the Information Technology (IT) field, I usually respond, "it sure beats getting out of bed at 2 a.m. to fix a blood gas machine" or answering questions like, "does my stapler need to be safety checked?" But there are many other factors that you should assess before considering a career change from clinical engineering to IT or vice-versa.

For 10 years, I worked in the Clinical Engineering Department at Advocate Good Shepherd Hospital, before crossing over into the IT field 2 years ago at the same facility. There was no specific reason for my change. A position as Network Administrator opened up at the hospital, and it seemed like a good opportunity for a new challenge.

As Systems Administrator, I'm a gatekeeper to the network. In larger networks, the job is limited to mainly creating and maintaining user accounts, and granting access rights to servers, programs, and files. In smaller networks, it may include setting up the network hardware and servicing network problems.

Configuring and servicing of desktop computers also falls under the catch-all title of Systems Administrator. The job also includes working with System Analysts. They are the people who assist in setting up new server applications, testing the applications, and creating and maintaining documentation.

Like any job, there are strengths and weaknesses. As the saying goes, "the grass is greener on the other side of the fence." After climbing that fence and looking back across, the grass is the same color, it's just a different variety of grass.

Staff Interaction

Clinical Engineering wins hands down when it comes to interacting with staff. Everyone knows you, and for the most part, is glad to see you. The social

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interaction with the rest of the hospital staff is an important part of the job. A small problem could turn into a major disaster if interaction between the customer and a Clinical Engineer is handled incorrectly.

In IT, isolation is commonplace. Most of the duties of the Systems Administrator take place on secure consoles locked in cold noisy areas. Most data centers, like biomed shops, are located in out of the way areas. Privacy and security policies prevent most from visiting.

Education

Education is one area where IT prevails. The vast array of teaching systems is truly remarkable. Book learning is usually accompanied with a CD-ROM version of the book, electronic flash cards, and a simulation of the test in the subject area the book covers. Interactive web-based training covers every subject area. Many of the computer-based training programs

Career Moves

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create virtual servers, networks, and computers right on your desktop.

Education is tougher for clinical engineers. Not only do you need to know how the electronics work, but knowing how the body works and interacts with the equipment is just as important. Many community colleges no longer offer biomedical programs. Most of the training is done at the vendor's offices, boot camp style. Travel costs are an added downside in tight times.

Personal Life

Maintaining a personal life has been one of the biggest changes for me. Staying late was common in Clinical Engineering. As soon as an Operating Room closed for the evening, Clinical Engineering stepped in to conduct preventive maintenance or corrective work. It gave you the entire night to work the bugs out. In IT, everything is done early in the morning.

As a BMET, the pager never failed to go off when your dinner was being served or the movie started to get exciting. Most of the calls in IT happen around shift changes, and can be fixed by walking the user through some steps. Taking control of the user's computer and remotely correcting the problem is a great benefit.

I still put in many extra hours—to get projects finished on time or to fix problems. But for the most part, there is no overtime in the IT world.

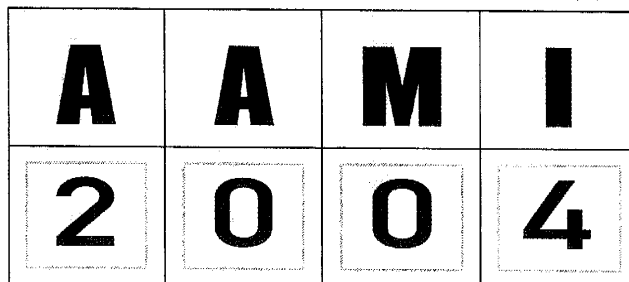
Although some IT departments are managing or merging with Clinical Engineering Departments, there will always be the need for a Clinical Engineer to maintain critical life safety equipment. With today's increasing use of computers to touch every step of patient care from registration, monitoring, supply ordering, to

discharge, and billing, the line between IT's responsibility and Clinical Engineering's responsibility will blur even more.

In IT, we have Clinical Informatics analysts who help the users interface from the clinical practice part of their job, taking temperatures, blood draws, and EKG monitoring to obtaining the information needed from within the hospital's information systems. In Clinical Engineering, there might someday be a Clinical Information Systems Biomedical Equipment Technician (CISBET) who will walk the fence that I crossed over.

Sometimes I miss working on equipment, although I truly enjoy the challenges my current profession offers. ■

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