

## **Career Series: IV. A Career Path Often Overlooked**

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### **Abstract**

*Raised as an "army brat" through junior high school, my family settled in Spokane, Washington. I attended Gonzaga University, graduated, married, and moved to the Puget Sound area of Washington State where I graduated from and worked at the Swedish Hospital School of Medical Technology. In 1980 we moved to Enumclaw, Washington, at the foot of Mt. Rainier. In May of 1980 Mt. St. Helens erupted (welcome to the Northwest!) and in 1980 the first of our three sons was born. I had to get out of the house (or go stir crazy) and went back to work in January 1982 at Enumclaw Community Hospital. There I stayed for 24 years doing everything from part-time weekend/evenings to full-time days to Microbiology Manager and Infection Control/Employee Health and Safety. In January 2005 I took and passed the exam to become Certified in Infection Control, began classes in September to earn a Master of Science in Infection Control at the University of Washington School of Nursing, and in October I began a new "Prime Time" position in Infection Control at MultiCare Health System in Tacoma, which includes two hospitals with Level II Trauma centers. Today we're dealing with the plans for Pandemic Flu; tomorrow . . . who knows? Every day is a new adventure and challenge!*

### **Article**

Where can you use knowledge of cleaning, reprocessing, isolation, antibiotics, nursing practice, virology, microbiology, surgery, construction, remodeling, safety, air conditioning and heating, neonatology, respiratory care, product evaluation, employee health, policy and procedure, management, bioterrorism, legalities, emergency planning, mechanical engineering, medicine (of all sorts), organization, teaching, and on and on...?

### **Infection Prevention and Control!**

Five years ago my life changed. I was a happily employed Medical Technologist running the microbiology lab in a small community hospital. I had been there since 1982 and thoroughly enjoyed what I was doing. One day, the lab manager came in and asked to talk to me. Our Infection Control Practitioner (ICP) had left and someone needed to step into the job. I can still hear my words, "Well, I guess I'm more qualified than most around here. OK." Little did I know at the time, I was off on a grand adventure! It was April 2001. Up until that time, for me, infection control (IC) was an occasional culture that grew methicillin resistant *Staphylococcus aureus*, an occasional needlestick with subsequent testing of the source patient and the employee, and a rare "rule-out" tuberculosis patient. I figured, "No problem, just another committee meeting and some additional studying to keep up." WAS I WRONG! The more I read the more I realized that if there is one profession in healthcare that is all encompassing, all reaching, and needs to be all knowing, it is Infection Control! EVERY area of the hospital is fair game. I have been in subbasements, on roofs, in surgery, in Central Service (sterile processing) units, in the intensive care unit, in the neonatal intensive care unit, in heating ducts, and wearing scrubs, hardhats,

"bunny suits," decontamination suits, business suits, and my trusty lab coat. The transition to this new job involved a very steep learning curve.

Surveillance is an important part of IC. Surveillance includes monitoring specific surgeries for possible postoperative infections, and if a cluster of infections or trend of infections is detected, then figuring out where the infection occurred and eliminating the source.

Just as my head stopped spinning and I was getting my IC feet under me, September 11, 2001, happened and fast on its heels the anthrax mailings. Immediately I was expected to be at emergency preparedness meetings from my hospital to the city, county, state, and national level, and I was expected to contribute, not just sit back to listen and watch. I learned to write Health Resources and Services Administration grants for our hospital to acquire needed equipment for emergency preparedness and decontamination. Included in this was getting all the staff up to speed so they could deal with "suspicious packages" and coordinating with the local police so we were all doing the right things. A huge component was educating the public to dispel any worries the community might have. I attended Rotary meetings and wrote newspaper articles to keep the community informed and let them know that we were "on it."

Soon after, severe acute respiratory syndrome appeared on the scene and another round of preparedness, detection, identification, and training was implemented with cross-border collaboration with Canadian Infection Control Specialists. Right now we're in the thick of pandemic flu preparation with hospital, city, county, and state agencies so that when (not if) the flu gets here, we'll be able not only to take care of the flu patients but all the regular patients we always have.

Bottom line: I LOVE this job! Every day something new pops up. Knowledge of microbiology is a MUST and my microbiology background has been a wonderful asset. About 70% of the Infection Control Practitioners are Registered Nurses, about 25% are Medical Technologists with microbiology backgrounds, and the rest are a mix of Respiratory Therapists and individuals in Public Health, Epidemiology, and other areas.

Very few people start out as ICPs; they usually arrive via various routes much as I did. A baccalaureate degree in a health-related field (microbiology, nursing, or epidemiology) is required. There is a national organization, the Association for Professionals in Infection Control and Epidemiology, Inc., (APIC) (<http://www.apic.org>). The position requires an "on-the-job" kind of training, but APIC offers various training classes throughout the year and an annual national educational conference, usually in June. Very few universities offer Bachelor of Science degrees or advanced degrees but the tide is turning. The University of Washington offers both a Master of Science and a Master of Nursing degree through the School of Nursing (<http://www.son.washington.edu/>) and other universities are following suit. In September, I took the next step and started graduate studies to earn a Master of Science degree in Infection Control. Certification is preferred by most hospitals and the Joint Commission on Accreditation of Healthcare Organizations (<http://www.jcaho.org>). An individual is eligible to take the certification test after working in IC for two full years with recertification testing required every 5 years after that. The Certification Board of Infection Control and Epidemiology, Inc., (<http://www.cbic.org>), administers the certification process for APIC. Local APIC chapters all over the country meet on a monthly basis and are a wonderful source of information and mentors who hold your hand in the beginning and become fast friends in short order. My local chapter is the Puget Sound Chapter of Washington State (<http://www.pugetsoundapic.org>); we are a very

active group. In addition, an International IC group, The International Federation of Infection Control meets every year (<http://www.theific.org>). Last year they met in Istanbul, Turkey.

ICPs are in great demand everywhere. There is a ground surge of support for patient safety, and Infection Prevention and Control is leading the way. Hospitals all over the country are adding positions in response and right now, there are not enough ICPs to go around. It is a growing field; wages are competitive and steadily going up. So, if you are looking for a fast paced, busy profession where you make positive changes in patient care and are challenged on a daily basis **this** is the job for you. Who knows what's in store for us tomorrow?