A New Type of Healthcare Technology Professional

Martha Vockley
Underrepresented in many engineering, information technology (IT), and technical professions, women find healthcare technology management (HTM) a welcoming field with incredible opportunities.

What’s it like to be a woman in healthcare technology? How do women launch their careers, advance in the workplace, overcome challenges, and achieve success? Do women bring special talents to the profession?

Nine prominent and up-and-coming HTM professionals reflected on their experiences as women in healthcare delivery organizations and companies. Their stories, lessons learned, and advice will resonate with women—and men—working in or aspiring to break into the field.

**Captivated by the Career**

Women converge on their shared passion for healthcare technology from diverse pathways—an indication that there are many entry points to a successful HTM career. Few reported that they knew about HTM career opportunities in middle or high school, which advocates of science, technology, engineering, and mathematics (STEM) consider formative years for developing interest in advanced study in these disciplines. Every woman interviewed, however, shared pivotal moments that had a profound and lasting impact on their career paths. They spoke of being captivated by healthcare technology, by the mission and calling of healthcare, and by the thrill of belonging in workplaces that feel just right for them.

For Carol Davis-Smith, who recently stepped down as vice president of clinical technology at Kaiser Permanente for entrepreneurial pursuits, a television show called *Emergency!* mesmerized her in high school. Every episode in the medical drama featured heroic ambulance and emergency room scenes, defibrillators, monitors, and other healthcare technology. “I remember being fascinated by this stuff,” she said. As an athlete who played softball and basketball, she had spent time in emergency rooms as a patient. “I got to see both the emergency and the mundane in terms of patient care and the intricacies of saving lives,” she said.

At the time, Davis-Smith, who hails from a family of physicians, engineers, and nurses, had considered channeling her strengths in math and science into a career as a physician. The show spurred her to ask, “What kind of engineering or schooling did I need to be able work with the medical devices that were on TV? I might as well have been asking for directions to Mars. People thought I was crazy.” But she persisted, discovering “some-
Donna Dyer, AS, BS, MS
Senior Director of Biomed Operations, GE Healthcare, Manchester, NH

Dyer, who began her career as a BMET, now oversees all biomed support operations at GE Healthcare. She advanced in her career at GE Healthcare as a field service engineer, customer quality auditor, director of customer quality, and senior consultant while earning a bachelor’s degree in technical management and a master’s degree in quality assurance.

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—Donna Dyer, senior director of biomed operations at GE Healthcare in Manchester, NH

thing called bioengineering technology,” which would keep her options open for medical school if she chose that path.

“After my sophomore year in college, I met an engineer at the local hospital in Tucson,” Davis-Smith said. “He explained his role to me and introduced me to the terms ‘clinical engineer’ and ‘biomedical equipment technician.’ I actually got to meet people who did that work, and I was hooked. There were lots of signals that said, ‘Carol, go this way.’” She did, and never looked back. She interned at the hospital, earned her master’s degree at the University of Arizona, started her clinical engineering career in a hospital, then moved up to managerial, leadership, and executive positions in industry and healthcare systems.

Like Davis-Smith, both Jennifer Jackson, director of connectivity at Masimo in Los Angeles, and Izabella Gieras, director of clinical technology at Huntington Hospital in Pasadena, CA, considered medical school before the lure of healthcare technology swayed them to HTM. “I was originally pre-med when I was in college,” Jackson said. In fact, she decided to major in biomedical engineering at Boston University, not because she knew much about the field but because college advisors told her it would prepare her well to compete for acceptance into medical school. She and her competitively minded friends accepted the challenge: “Of course we wanted to do the toughest thing possible, because, why not? We can do it,” she said.

“But then I found that I gravitated more toward the engineering side,” Jackson said, inspired in part by exposure to the Boston region’s prominent healthcare and medical device industry assets. “Women who gravitate toward the medical profession have that desire to care and to heal and to improve the lives of others.” For women like her who are mathematically or scientifically inclined, biomedical engineering combines the best of both worlds. Jackson has applied her talents in both healthcare and industry positions, earning a master’s degree in business administration (MBA) along the way.

Gieras majored in electrical engineering, but in her last year at the University of Cape Town in South Africa, she took some newly offered electives in biomedical engineering. “I found this was pretty fascinating,” she said, echoing Jackson’s satisfaction with finding a career that combined her medical and engineering interests. When she moved from South Africa to Connecticut, she found that she was perfectly situated to take advantage of the University of Connecticut’s “fabulous” master’s program in biomedical engineering. She relished the rigorous, hands-on training that led to clinical engineering, management, and leadership positions in hospitals.

The trajectory into HTM was very different for Donna Dyer, senior director of biomed operations at GE Healthcare in Manchester, NH. As a single mom with no notable STEM experiences in high school and no formal training or college education, she needed to figure out what to do with her life. “There are some people who just know what they want to do,” she said. “I was never one of those people. I was just out there, like a dandelion in the wind, thinking, ‘I don’t know, maybe something will come along.’”

Something did. Dyer worked with a career counselor who, after helping her explore many options, suggested she look into becoming a biomedical equipment technician (BMET). “I never even considered that this was a job that people do,” she said. “Maybe she saw something in me that I didn’t see in myself.”

As part of her two-year BMET program, Dyer interned at a local hospital. “I knew immediately when I started working with those guys that it was where I belonged,” she said. “The dynamic was technical and very process oriented, and that resonated with me,” as did supporting patient care and caregivers.
The appeal of HTM has never waned for Dyer. “I just grew throughout my career,” she said. “I went from being an intern at this hospital, to leading a biomed program with GE at a hospital site, to becoming a field engineer and representing GE ultrasound servicing, and to getting into our leadership program.” During that time, she also earned bachelor’s and master’s degrees. Now, as a senior leader responsible for all biomed support operations at GE Healthcare, “I feel like I’m at the top,” she said. “I am proud and humbled to come to work every day to support our BMETs. It’s so fulfilling and really wonderful.”

Other women found their way into HTM careers from different specialties:

**Pamela Arora**, senior vice president and chief information officer (CIO) of Children’s Health in Dallas, TX, began her career in IT in industries ranging from travel and leisure to manufacturing. But she found her calling in HTM. “I moved to healthcare technology about a decade and a half ago for several reasons—one of which is the industry’s readiness to adopt technological transformation. But the most important reason is that I was drawn to the mission of using technology to improve care delivery to patients. Our work makes a difference in the lives of patients. In our case, we are making life better for children. I don’t see how there could be a better cause than that.”

**Jennifer DeFrancesco**, acting associate director at the Dayton Veterans Affairs (VA) Medical Center in Dayton, OH, happened upon biomedical engineering by chance. While interning in Carnegie Mellon University’s Civil and Environmental Engineering department, she was introduced to biomedical technology and immediately drawn to HTM.

Since then, DeFrancesco has had a fast-track career with the Veterans Health Administration (VHA), training in the VHA Technical Career Field Program and working as a lead and chief biomedical engineer in VA hospitals in Richmond, VA, and Indianapolis, IN, where she coordinated biomedical engineering and HTM initiatives across 11 hospitals in three states.

**Kristi McDermott**, president of Aramark Healthcare Technologies in Charlotte, NC, had worked in healthcare support services, such as facilities and food services, and in healthcare operations before taking on a functional role in compliance. She transitioned to leadership roles in field operations and sales of healthcare technologies before moving into her current HTM C-suite position. With leadership skills developed on the job and through an MBA program, she felt ready for this challenge when she heard the knock on her door.

“This was really a great opportunity to learn even more about this exciting industry and develop as a leader,” said McDermott. “The door opened, and I weighed the pros and the cons and decided that, yes, this was an industry that had a lot of growth and a lot of smart people doing meaningful work. It really impacts patient care in a different way than what I had been doing previously, and I made the decision that this was the right step for me.”

**Sue Schade**, principal at StarBridge Advisors, a consulting firm based in Pawtucket, RI, went to a vocational-technical institute to study computer programming, at a time before a computer science degree was the typical path to an IT job. “Prior to that, my jobs through high school and college were in nursing homes and hospitals,” she said. “I didn’t see myself being a clinician, but my first IT job was in a healthcare...
The Impact of Women in HTM

What skills do women bring to a historically male-dominated profession? According to the interviewees, women possess many skills that are in demand in the field now, including communication and collaboration, relationship building, the ability to see the big picture and connect the dots, and a keen eye for patient safety and patient care.

Women also have a “mom instinct,” according to Davis-Smith, which for her translates into protecting her team as a leader. Women also have the ability to sense when people are struggling and, rather than providing feedback, take the time to talk and understand what’s going on in their lives beyond the workplace, Dyer says.

Priyanka Upendra, clinical engineering compliance manager at Intermountain Healthcare in Midvale, UT, began her career with an undergraduate degree in biomedical engineering. “I was a biomedical researcher who wrote codes for signal and imaging processing to assess diabetic retinopathy and image reconstruction in hybrid imaging modalities,” she said. During her master’s program in biomedical engineering at San Jose State University, she interned at Stanford University Medical Center. “I was just fascinated to see how things that were being developed on the factory side were actually used out in clinical settings for patient care,” she said.

“I recall [former Joint Commission Director of Engineering] George Mills’ comment that to work in HTM, you need to find your reason,” Upendra said. “I found my reason when I started working at Stanford Children’s Health as a clinical engineer. I was on rounds in the cardiovascular intensive care unit (ICU) and neonatal ICU and saw several medical devices with my clinical engineer number on them. These were devices that were helping tiny babies get through a critical condition alive. As a passionate engineer, I still find that moment hard to describe—to see that I was contributing in a very small way to patient care. This is the very reason I continue to learn, stay current with advancing technologies, and work in HTM.”

Now, she oversees the compliance, quality, and risk program for Clinical Engineering Support Services at Intermountain Healthcare. “It revolves around incorporating systems engineering concepts in the environment of care and medical device security.” Upendra said.

Career Advice for Women—and Men

While their backgrounds and positions differ, the women interviewed expressed some common sentiments about succeeding as HTM professionals:

**Go for It**

Opportunities abound in HTM—and this will only increase in the future. “Within the next five to 10 years, more than 60% of our workforce is going to retire,” Upendra said. “We need seasoned professionals to mentor the aspiring ones. Women need to get over the stereotype that only men work in engineering. I see a lot of young women enrolling in STEM majors now. You just have to go for it, put your best effort, and not be hesitant.”

Dyer admits that she had to get over her own stereotypes. When she was just starting out as a BMET intern, the male technicians who mentored her in the hospital were “so inclusive ... they were looking out for me, and they really did take me under their wing.” Without talking down to her, they walked her through mechanical concepts that she thought her male counterparts might already understand. In a candid observation, she said, “There was a piece of me that felt less then feminine in this role, and I battled and I struggled with that a little bit. I would get into situations where I would show up with my tool bag and there would be a sonographer or a clinician there with her nails done and her hair done and she’d say, ‘Oh, you use tools?’ And I would say, ‘Yeah, I use tools.’ Sometimes I felt a different tone from them than I did from the men.”

Izabella Gieras, MS, MBA, CCE

*Director of Clinical Technology, Huntington Hospital, Pasadena, CA*

Gieras began her career at William Beaumont Hospital in Royal Oak, MI, as a biomedical engineer, advancing to director of technology management before moving to a similar leadership position at Aramark/Mount Sinai Medical Center in New York City. She has been director of clinical technology at Huntington Hospital since 2010.
Even in hindsight, such incidents still sting. Dyer recognizes that her younger self didn’t yet have the can-do career confidence she feels today. Plus, as more women populate the HTM ranks and as society and gender roles change, these stereotypes are slowly but surely dissolving. “It seems more accepted today. Not everybody has to fit in the box of what people believe they should,” she said.

**Work Hard and Take on Orphan Projects**

Successful women in HTM fields push themselves on the job, and many believe they need to work harder than men to get ahead. These women take on extra work, sometimes while also pursuing advanced degrees and raising families. They don’t necessarily wait for their bosses to assign this work. When they see a problem, they take ownership of it.

“My biggest advice to women is to work hard,” DeFrancesco said. “There’s no substitute for sweat equity.” Hard work counteracts roadblocks and perceived lack of respect. “My advice is just to let your work speak for itself. I definitely spent a lot of long nights working hard on projects—and working hard on projects that other people passed up because they weren’t glorious. You have to be humble at some points and say, ‘I’m going to work on this terrible project and do it great. It’s going to shine.’”

Upendra echoes DeFrancesco’s sentiments about taking on “orphan projects.” “As a clinical technology analyst at Stanford Health Care, I took on projects that other managers and engineers passed,” she said. “Through those projects, I got the opportunity to expand my knowledge base and build relationships with professionals across different domains in healthcare—physicians, nurses, facilities planners, finance, IT, and manufacturers.”

Dyer believes such projects can be simple, and they help develop leadership skills. As a BMET, for example, she enlisted her colleagues to clean the unkempt biomed shop. They joked with her, asking: “Are you going to want to hang curtains?” But she persisted. “I said, ‘We can do better than this. What if we do one thing a week?’” They pitched in and, improbably, even had the floor painted after the dirt and clutter were removed. Although this was a simple project, it professionalized the work environment.

“Do something simple like that where you start to figure out that leadership doesn’t have to be leading a segment of a business,” Dyer said. “It can be, ‘I see a problem here; I think we can do better.’ And gathering people around you to make things happen. Then, you just try something bigger, and a little bigger, and a little bigger, and before you know it you have built different skills that help you do bigger things.”

Dyer does offer women a word of caution on this point. “Feeling like I had to prove myself, that I had to get the work done, that I was someone who could move mountains, did me a disservice,” she said. “I think people thought, ‘She’s not a team player.’ That probably was a little misguided. That’s a theme in my life, just not asking for help. The sad thing is it was all internal. Nobody was saying, ‘You need to do things yourself, buck up.’” Dyer has learned over the years to build relationships and collaborate to achieve goals, which is now a hallmark of her leadership approach.

**Speak up with Confidence**

A number of successful HTM professionals had to work deliberately at overcoming their reticence to speak up, ask for help, and claim “a seat at the table.”

Upendra faced the triple challenges of gender, culture, and personality in this regard. “I grew up in a traditional and orthodox South Indian culture where it was frowned upon for girls to speak loudly, for themselves, or even to wear modern clothes.”

Carol Davis-Smith, BS, MS
Entrepreneur
Davis-Smith left her executive position as vice president of clinical technology at Kaiser Permanente in October 2017 to pursue entrepreneurial ventures, including working to develop next-generation HTM talent. Previously, she held clinical engineering, management, and leadership positions at Premier, Inc., and in several healthcare systems.

**Dealing with Gender-Based Adversity**

Having the courage to speak up is crucial for dealing with subtle and not-so-subtle gender bias and even harassment. Most of the women interviewed have encountered some of this, from “mansplaining,” to unwanted sexual advances, to threatening behavior. “This is one of the things I tell women,” Schade said. “‘Don’t take the crap.’ She said she wasted a lot of time and energy until she finally told her boss about multiple and escalating threats from a hostile colleague, who was eventually fired.

After enduring a similar situation outside of HTM for months, DeFrancesco walked away from an otherwise amazing career opportunity. “I made that choice as a professional woman that that was not the environment I was going to continue to be in,” she said. “When something isn’t right for you, when the environment isn’t the right fit—and this is true whether you’re a man or a woman—you need to be able to get up and remove yourself from it, understand the consequences, face them head on, and move on.”
she said. “You are seen as the problem maker.” She also was a shy person who was more comfortable looking at her shoes than looking another person in the eye while speaking. Public speaking unnerved her. Fortunately, when she immigrated to the United States, her professors, colleagues, and mentors recognized her talents, encouraged her, and gave her opportunities to be more confident in her work. “They told me, ‘Don’t be so timid, you need to speak up if you want to make a mark or to accomplish something. No one else is going to do that for you.’ Working with these experienced people has helped me build the confidence to speak for myself, to talk about the work I do, and to share ideas. I do a lot of homework to make sure I’m doing the right thing. I am so grateful to all my mentors who have given me what I call ‘humbled confidence.’”

Jackson recognizes in herself, and in other women, a tendency to be too polite and hesitant to tout their abilities. “I do think there were certain cultural things that I subscribed to because that was what I was supposed to do—wait for the more senior people to come in and take a seat at the conference table,” she said. “I would always look at my male colleagues who would just plop down, and I thought, ‘Wow, you’re rude.’ But no, they weren’t rude. They were actually taking the right step. They were declaring their importance at the meeting. I kind of learned slowly. It took me a while, but I’ve started doing that—being a little bit more brazen.”

DeFrancesco has had similar experiences. At meetings, she is still sometimes the only woman in the room. She has been mistaken for a secretary and routinely asked to take minutes at meetings, even though she said. “I always tell people, ‘Come sit at the big table.’ Be bold. Raise your hand. Take that chance.”

Arora faced different sorts of obstacles. “Surprising as it may be, the obstacles I’ve encountered weren’t related to gender but rather resistance to change,” she said. “In these cases, I’ve worked to understand where the resistance is rooted and to help assuage those concerns by approaching the change from the other person’s perspective so that I may better help them understand that the technology isn’t a threat, but rather a tool that can help them.”

“I have always tried to learn from my experiences,” Arora added, “and one of the most important lessons I’ve learned is that you should never underestimate how difficult the adoption curve/change can be in an organization. At Children’s Health in Dallas, we have a forward-thinking culture when it comes to technology adoption and integration.”

Upendra has had to deal with difficult teams. “While not specifically a gender-based obstacle, I have had to work with experienced professionals who are ‘hell bent’ when someone younger than them is their manager or supervisor. The biggest lesson is learning to be a coach—someone the team is comfortable approaching rather than pushing changes top-down—and learning to work with diverse personalities.”

Take Calculated Risks and Don’t Be Afraid to Be Wrong
Successful women in HTM think big and think smart. They are willing to put themselves on the line to achieve goals. “I’m not going to take risks on foundational items,” DeFrancesco said. But she will...
risk pushback by asking for $5 million for capital equipment, for example, even if she knows this is a pie-in-the-sky request. “They’ll say, ‘Ha, ha, we have no money.’ Well, next week I might get a call and they’ll say, ‘I might have $5 million. Do you want this?’ I may go out on a limb and get laughed at on occasion. You have to have a kind of ‘chutzpah.’ Don’t be afraid to be a strong person who comes with a strong ask or a crazy idea. Pitch it. Talk about it.”

Women sometimes hold themselves to such high standards that they hold back until their ideas are perfectly formulated. “I feel like women, especially professional women, feel like when we do speak up, we better be right,” Jackson said. “We better be 100%, 110% confident that what’s about to come out of our mouths is perfect.”

The stakes are higher for women when they’re wrong, Jackson said, which she attributes to well-rooted social norms that need to change. If a woman is wrong, she gets a more negative reaction than if a man stands up and says the same thing. She’s wrong because she’s a woman, while if a man is wrong, it’s passed off as a one-off comment or a joke, and he’s still “a good guy,” she said.

“You need to get out and take the risk if you’re stuck and see that your manager is not even considering you as a valued member of the team,” Upendra said. “You know you can get the work done and get it done right, but also see that you’re getting kicked around when it’s time to move up the ladder or even laterally. That’s when you make a hard call to stay or leave for better things.”

Stretch Yourself

Many successful women in HTM recount points in their careers when they took on projects, positions, or challenges for which they did not feel completely prepared. Taking that chance opened up new opportunities.

For Schade, this happened with her first programming job. Fresh out of school, she applied for a job that required two years of experience, which she did not have. “I had enough moxie to just really push it and get the interview and get the job,” she said. Very quickly, her boss spotted her management potential.

“Being persistent was the message there. My overall drive and work ethic have served me well. I do have confidence in what I do and in myself. But there are times when even I question whether I can do something, whether I know enough, or am good enough. Those little voices are always there and so you talk them down.”

Dyer considers this mentality a key factor for her success. “When I’m giving my daughters advice, what I think really helped me to get where I am is putting myself in uncomfortable situations, meaning jumping into a role before I may have been ready for that role,” she said. “Or exploring projects and opportunities that I knew nothing about but that sparked my interest or had some aspect that would stretch me. That would be taking on a project where you report to senior leaders when you’re not confident in your communication abilities. It’s being thrown into the deep end of a pool. I think I’ve been able to really catapult my career by not growing slowly and becoming my boss. I’ve always tried to do something that’s challenging and different.”

Upendra credits her mentors from Stanford and the AAMI mentorship program for strengthening her ability to contribute to influential initiatives. “These were initiatives that required me to put on different hats, learn about things I’d never worked on or

Jennifer DeFrancesco, BS, MS, DHA
Acting Assistant Director, Dayton VA Medical Center, Dayton, OH

DeFrancesco has spent most of her career at the VHA. She now leads 14 administrative service lines on a 382-acre campus, in a role akin to chief operating officer. Previously, she served as chief biomedical engineer for the Veterans Integrated Service Network, coordinating biomedical engineering and HTM initiatives across 11 hospitals in Indiana, Michigan, and Ohio. She earned her master’s degree in biomedical engineering at the University of Miami, graduated from the VHA’s Technical Field Program, and has a doctorate in health administration. She is a graduate of the VHA Healthcare Leadership Development Program, which helps prepare hospital executives, and is a past winner of AAMI’s Young Professional Award.

“Don’t be afraid to be a strong person who comes with a strong ask or a crazy idea. Pitch it. Talk about it.”

—Jennifer DeFrancesco, acting associate director at the Dayton Veterans Affairs (VA) Medical Center in Dayton, OH
read about before, and put forth my best effort—because they greatly improved the way we cared for our patients,” she said.

Transitioning to healthcare technology from healthcare support and compliance roles presented McDermott with new and consistent challenges. “Fear can be very limiting for people, and I just made sure that wasn’t a factor for me.” Instead, she surrounded herself with the right people and spent a lot of time educating herself to get to where she needed to be.

For Gieras, stretching herself has meant developing expertise in human factors. At William Beaumont Hospital in Royal Oak, MI, she was instrumental in forging an unusual industry partnership to establish a usability center to develop and evaluate healthcare technology. For this business venture, her department hired human factors engineers, which sparked her interest in learning this discipline. “It’s interesting that years after leaving Beaumont, I am still able to maintain that human factors approach to evaluating technology, which I enjoy,” she said. Gieras continues to share her expertise by giving presentations on human factors from a hospital perspective.

DeFrancesco exemplified this when she took a chance and applied for a competitive opportunity to represent the United States in the 2016–17 World Health Organization/Pan American Health Organization Leaders in International Health program. She thought she had little to no chance to win that appointment, and she was willing to face rejection. But her HTM knowledge and skills were in demand, and she won the post, which resulted in an incredible professional experience.

For Arora, working abroad had a major impact on her career. “I found tremendous value in working overseas because it enabled me to experience different cultures and business practices,” she said. “More importantly, it demonstrated that although some people have different values and understanding, their insights are valuable. From my perspective, having this experience helps people learn to collaborate with others who have different backgrounds and viewpoints. And in today’s healthcare technology environment, collaboration is more important than ever.”

Still, not every career move has to be a stretch role. Simply doing something different can expand skillsets. “My advice is this: ‘Don’t look at a career as a ladder. Sometimes you’ll move laterally, and it’s in these moves that you can gain a breadth of knowledge that can significantly affect your overall trajectory,” Arora said.

**Developing Next-Generation Talent**

Successful women in HTM make a point of mentoring young women, and men, who are preparing for or entering the field. “But you should always remember that even as a mentor, you are also a mentee—you should always be learning from others,” Arora said.

Women do see a role for organizations like AAMI to play, beyond the well-regarded AAMI mentorship program. To encourage girls and young women to enter the field, many believe outreach in the middle and high school years would develop awareness and interest in HTM careers.

“Women should be drawn to the opportunity that HTM affords in the coming years because the industry is evolving and growing at an accelerating pace, which means the breadth of HTM is expanding, Arora said. “When you couple the evolution and growth of HTM with the fact that the workforce has historically been occupied by long-tenured professionals, the industry is poised for change and opportunity. In my view, the number of HTM openings that will be coming available in the next few years will create tremendous opportunities for a rewarding career path.”

**Take Responsibility and Share Credit**

Even with the best laid plans, mistakes happen. Projects can go wrong. Successful women in HTM are willing to take responsibility, which they find paves the way to solutions. They’re also willing to give credit where credit is due.

Reflecting on her career, Davis-Smith is proud that she has received positive feedback for her “willingness and courage to take on the unknown and to just have high integrity.” She’s willing to say, “I messed up. This is mine. I’ll own it.” Or, “That incredible work was done by that group of folks.’ Probably
one of the things that drives me the most nuts is people taking credit for other people’s work—modern-day piracy.”

DeFrancesco advises not just owning mistakes but also coming up with potential solutions. “This is one of the places where biomed sometimes loses out in interactions with the C-suite,” she said. “You come to me with a problem. ‘Okay, how many patients are being rescheduled? What are we doing with them? What is the ETA for fixing it?’ They don’t know. These are things you should have brought with you. A lot of it is about being transparent and coming with options.”

For example, DeFrancesco and her team dealt with a difficult situation with a new voice over Internet protocol infrastructure for wireless nurse call phones—a big and complex problem that prompted plenty of finger-pointing. In this tense situation, she took full responsibility, apologized, and turned attention toward fixing the problems. Once she had the fix, she laid out the options and recommendations to the chief nursing officer, along with the implications for patient care. Afterwards, colleagues told her they knew this failure wasn’t her fault or responsibility. “But the whole point was, by me saying that and taking responsibility, it lets everyone else understand that we’re just here solving this problem.”

“When I evaluate the factors that have contributed to my success, I can say they almost all involve others—not just me,” Arora said. “The importance of collaboration and building a high-performing team cannot be overstated. As a leader, you have to know you can’t do it all by yourself. You must surround yourself with team members and colleagues who work well together toward a common goal. My team is an example of a high-performing group of professionals—we all work for an organization whose mission is making life better for children. Because our team members are drawn to this mission, we are in a position to keep that focus in the forefront of our minds in everything we do. As a result, our team is driven toward success and continuous improvement of our processes.”

**Develop Leadership Skills and Cultivate HTM Talent**

Successful women in HTM make deliberate efforts to learn from effective leaders, model their behavior, and help younger professionals develop their own HTM and leadership skills.

For Davis-Smith, this has been a career-spanning endeavor that includes formal and informal study. “Leadership and management are two very, very different things to me and to many of my colleagues,” she said. “I think my leadership training began when I was in grade school. And it started on the softball field and on the basketball court. Leadership is about how you conduct your life and do your job. Management is the what you do—the technical skills of engineering, the ‘mechanical’ skills of supervising people.” At Kaiser Permanente, her job entailed developing leaders at every stage of their careers, from new frontline recruits to seasoned professionals and managers.

“We’ve done that through job descriptions that allow individual contributors and technical experts to grow in stature, as well as at the peer level where (at a certain individual contributor level) they’re a peer to a manager,” Davis-Smith said. “At another level, they also can be a peer to a director and have real opportunities—an obligation quite frankly in their job to contribute strategically and in a
thought-leadership way to not only what we do but how we do our work.”

For McDermott, leadership diversity is critical, not just in terms of race or ethnicity but also gender. “When I sit around the table with my leadership team,” she said, “it’s really important that not everybody came from the same background or looks the same because that’s not reflective of our customers. I need to have that breadth of experience and insight to be able to lead and drive the business for what our customers ultimately need us to be doing.”

Spotting untapped talent can put women on the path to HTM careers and leadership. At Huntington Hospital, Gieras noticed that an administrative assistant had impressive skills in finance, organization, and project management. Seeing the benefit to the organization, Gieras created a new position—medical equipment project coordinator—and is mentoring this woman to expand her responsibilities.

Without strong leadership support, Jackson advises HTM professionals to move on. “Regardless of whether it’s a man or woman, if it’s clear that you’re not getting the leadership you need, you’re not learning from the person who is your director or someone else, or if you feel like you’re not being given full credit for what you can accomplish, you need to leave. It’s hard to say because it may mean having to move to a new town or city. Staying in a bad situation—it’s not going to get better. Don’t be afraid. Have enough confidence to know that if you got that job, you’ll get another great job.”

Create a Circle of Support

Successful women in HTM have mentors, coaches, and friends they can turn to for help, advice, and bonding experiences. Typically, these are informal networks, but they can be formal mentoring or coaching arrangements.

Many women keep in touch with their former college or university professors, supervisors, and colleagues. They network with female peers they meet through AAMI and other professional associations and see conferences and other events as opportunities to catch up. “We just happen to have some key, strong women in the field that we kind of have on speed dial,” Gieras said. “It’s comfortable as a woman going to another woman to ask for advice. I value their knowledge in the field, because each of us is pretty unique in what we’ve done.”

Dyer created what she calls her “advisory council,” which is an informal group of people who have traits she wants to emulate, such as communication or leadership skills. “I have someone who dreams big, aims high, and I emulate him when I’m thinking too small,” she said. “I call on these people when I get myself in those situations. And I’ve asked them, ‘I need feedback in this area from you specifically, so if you...
think I’m playing too small you need to send me an email or reach out to me.” Dyer has never convened her “advisory council” as a group, but she’s considering doing that by creating a “mastermind team” to continue upping her game, as well as theirs.

Dyer also has hired professional coaches at times. “People just get in a rut, and it’s OK,” she said. “Sometimes you just need someone in your corner who understands what you’re trying to achieve and who can give you really candid feedback but isn’t emotionally invested in the situation at all.”

Upendra has her circle of mentors and coaches that she turns to on a regular basis. She said, “I call and meet my mentors, coaches, and old colleagues. I attend meet-ups to build my professional network. This allows me to learn new trends, share best practices, and sometimes to just catch-up. When I travel to India, I dedicate a few days to spend time with undergraduate and graduate students in STEM majors so that we can come up with new research-oriented projects. This has helped me build a circle I can turn to at any time.”

Ultimately, the lessons learned from these prominent women in healthcare technology are universal. A passion for healthcare technology, a recognition of HTM’s critical role on the healthcare team, and an unyielding vigor for delivering safe and effective patient care lie at the heart of successful HTM careers, for women and men alike.

Reference