



My personal journey

BY TIMOTHY BOWERS, MT(ASCP), MS, CIC

I've been greatly affected by those around me and owe much of my career to the right people giving me the right focus at the right time. I'm going to tell you about my start as a medical technologist, finding infection prevention, and realizing it was more than just a job—it has been an incredible personal and professional journey.

MY START AS A MEDICAL TECHNOLOGIST

My path to finding medical technology was a complete and utter accident. A very average student in high school, I took an extra class in exploring medical careers. Our class toured the lab and observed a laboratorian handling an engorged organ when it ruptured. Blood went everywhere, and I was immediately in love!

I went on to earn my bachelor's degree in medical technology, and for some of my elective classes I took leadership development, which was very motivating in a personal capacity as I hadn't had the opportunity to use those skills professionally.

Upon completion of my clinical rotations, my first position was in Thomas Jefferson University Hospital clinical microbiology. I originally wanted to be in blood banking, but I'm glad I took the path I did. The lab leaders were very supportive in allowing me to learn all of the areas including bacteriology, virology, and serology. They were also supportive of the development of an educational program when the American Society for Clinical Pathology started requiring us to maintain our certifications.

A FIRST—AND SCARY—STEP TO WORK ON LEADERSHIP SKILLS

I took my micro experience and some of the leadership learned in undergrad and developed an educational system for the lab so we could keep up our skills and maintain compliance with those new regulations. It

was the first time I was able to interact with laboratory administration and with individuals outside of microbiology. The previously mentioned supportive staff played roles in preparing for the initiative. It was petrifying. I stammered, hesitated, worried, and lost sleep over connecting with these individuals. It led to doing significant research for the meetings so I couldn't be caught off guard, which occasionally happened anyway, but gave me the ability to educate administration on the thought processes behind the initiative. In short, it was one of the best learning experiences in my career at that point. It also coincided with beginning my master of science in health policy.

FINDING MY WAY INTO INFECTION PREVENTION AND CONTROL

I applied for my first infection prevention and control position toward the end of my master's course work. Many of the experiences from my program were included in the job description. When researching what the job entailed, it peaked my interest intellectually. I got the job, and it meant big changes for me, and the real life transition was scary. I was out of the lab, in a new health system, dealing with nurses, physicians, and occasionally patients! Starting out in infection prevention and control was rough, and for a while it didn't look like it was going to last. Thankfully, early on the two seasoned infection preventionists (IPs) at the facility really helped me stay on track. They mentored



me on the technical aspects as well as the soft skills (e.g., communication and interpersonal skills) needed to be effective. I'll never forget my first important lesson on soft skills. My first draft email outside the department was five paragraphs, three colors, bold, underlined, and italics. Luckily, I asked the lead IP to review it before I hit "send." The lead IP helped me get it down to four sentences and one color (and taught the word 'concise' to me).

It wasn't until completing APIC's EPI 101® course and applying what I'd learned at our facility that I really started becoming engaged in the job and connecting the dots. I was also fortunate to have an incredible first experience with a supportive structure in place already. Nurse managers and nurses helped fill in patient care science and procedures; attending physicians allowed participation in teaching rounds to absorb the medical education given; our medical director educated me on disease processes; the other practitioners in the department helped fill in the multitude of gaps that existed, as well as keeping me focused on the task at hand. I was finally flourishing in my position as an IP. I then went on to earn my board certification in infection prevention and control (CIC®).

TAKING IT TO THE NEXT LEVEL

With a few years of experience under my belt and my new CIC certification, I had the audacity to apply for the ultimate test of my

development. One of the few director positions in the area, responsible for more than one hospital, became available and I applied. It wasn't academic medicine and it was in a different state with a further commute. I wasn't in infection prevention very long and still had a lot to learn. There were so many reasons not to apply, and yet I sent in my resume. I thought it was a long shot, but I got an interview.

The interview lasted all day and involved many different individuals, including the infectious disease/Infection Control Committee chairman. We ended up debating every question asked for more than an hour. It was intense. There was no yelling, but we took opposite positions on almost every aspect of the job. I supported my positions with as much information as possible (e.g., NHSN definitions, CDC recommendations). I left the interview thinking if nothing else it will help me be successful in my next interview, if it were to ever happen.

Regardless of our differing opinions, I was offered the position because (as the infectious disease/infection control chairman noted) of the way I handled differing opinions and communicating my position with literature. This interview was one of the best, most terrifying, experiences of my life. My previous experiences set me up for a successful interview and it set the course for many more leadership learning opportunities I would soon experience in my new position.

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Bowers' leadership tips

Gaining respect from colleagues and leadership isn't something that occurs overnight. Looking back, and asking colleagues who know me best, there are a few things that stand out in terms of their opinion of what I do that makes me a leader and worthy of their respect.

Learn from your mistakes. Learn from previous mistakes, especially in communication. If your message doesn't seem to be resonating with the intended audience and you're not getting results, then take a hard look at what you're doing or how you could improve the delivery of the communication. Are you providing all the relevant information? Is the mode of delivery appropriate (e.g., email or in-person meeting)? Is he/she the correct person to receive the message? Is your tone appropriate? Completely remove all ego and concentrate on what's important—effective communication.

Justify everything with evidence and science. The connection with leadership depends on your technical ability to understand the issues, as well as your ability to communicate to those who don't understand infection prevention on the same level. That skill will separate leaders from technical experts. Always come to a meeting armed with evidence/science and prepare on your communication tactic ahead of time.

Don't let fear hold you back. Sometimes we are our own worst enemies. Try to suppress the inner voices that tell you that "you can't" or "it's not possible." Make an effort to act confident, even if you don't feel it. Walking with nurses or nurse managers into a room to suppress staff's fear or misconception is something I've done on several occasions. Watching surgeries seems tame, but walking into a room with a very unlikely rule-out Ebola case can be just as frightening if you've never done either. Think of everything as a learning opportunity. *"Do something every day that scares you."* —Baz Luhrmann (*Mary Schmich*)



Leadership is a lifelong venture that should be sharp when you need it, even if that need is not every minute of every day. 

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Remain calm under pressure. As Mark Twain noted, "Never argue with a fool, bystanders cannot tell the difference." I believe that professionalism isn't never being yelled at; it is never yelling back. People notice a calm demeanor and will respect you for it.

Find great mentors. They may not search you out, but you should search for them. Many non-traditional roles have influenced me greatly throughout my career. Administrative assistants, graduate medical education surgical residents, co-workers, colleagues, and in my current position my staff have helped continue to push my development. Some gave me a goal to attain, some showed me how to be a leader, others showed me behaviors to reduce or eliminate. Some have illustrated the fall from grace. On that last note, be humble (*oh, the irony!*).

Constantly be a student of your skills. Keep up with *AJIC* and *ICHE* for IP skills, but actively work on your leadership development—especially those crucial soft skills.