

Meet the Laboratorian – Susan Simmons

Compiled by Josh Rowland, State Training Coordinator, NPHL

Susan Simmons, MT(ASCP), is the Microbiology Supervisor at Regional West Medical Center (RWMC) in Scottsbluff, Nebraska. RWMC is a 180 bed facility that is also one of three Level II Trauma Centers in Nebraska. Founded in 1924, RWMC serves a large area that includes the Nebraska panhandle and eastern Wyoming. Susan celebrated her 30th anniversary as a laboratorian on February 1st this year.



How did you become interested in pursuing a career in laboratory science?

While attending Junior High in Gering, Nebraska, my friend's mother thought the medical laboratory might be a good profession for my friend and I, instead of the popular career choices at the time such as secretarial or teaching. We visited the laboratory at what was then called the West Nebraska General Hospital (now called Regional West Medical Center) on a school field trip and it looked pretty interesting. We were both interested in science and math. As it ended up, we both became Clinical Laboratory Scientists, my friend a blood banker, and myself a microbiologist.

Where did you attend medical technology school?

I had to choose between UNMC in Omaha or the University of Colorado in Denver. I chose CU as I got married and my previous husband accepted a job in Denver.

How long have you worked in your present location?

I have been at RWMC for 30 years as of February 1. I have worked in microbiology almost exclusively and feel very fortunate to have had the opportunity to do so.

Are there any specific areas of microbiology that you have expertise or interest?

I would never qualify myself as an expert in the field, as the field changes so much and there is just so much to know. I have a passion for fungi, and try to learn about the bacterial mechanisms of antibiotic resistance, which I consider a challenge. Bugs are so smart.

What do you see as future challenges for the field of microbiology?

The future challenges I see deal with the scarcity of dedicated microbiologists, or clinical laboratorians as a whole. Many of us "older" microbiologists are looking forward to vacationing more and working less (some call that retirement, I see it as a life priority adjustment). Molecular testing offers an alternative to the gold standard of cultures, and am excited to see that technology becoming more affordable and being implemented in more clinical laboratories.

What is the biggest challenge you face in your job today?

My biggest challenge is finding a way to instill the passion I have for the field into the newer CLS's. It is also a challenge to keep up with the technology and information with the ever changing world of microbes. Education budgets are tight, staffing is sparse, and challenges are encountered implementing the changes so that providers get the information they need for best patient care decisions.

What advice would you give to a first year medical technologist?

Never stop learning. Pick a subject and focus on it until the subject becomes second nature. Each question that is asked provides a learning opportunity for you.

What do you think is the single biggest change in the laboratory since you started?

The biggest changes in the microbiology laboratory that I have seen involve automation and the move towards molecular testing. Thirty years ago I started identification of bacteria using the Kligler's series of biochemicals. Then we became more sophisticated with API and code books, and systems that perform identifications (ID) and antimicrobial susceptibility testing (AST) in micro-titer wells in a matter of hours. I believe that knowing biochemical reactions for most microorganisms that we see in the laboratory is important, although I understand the need for rapid ID and AST turnaround times. Microbiologists should be able to look at the organism on the agar plate and at least have an idea whether the identification is correct. When molecular testing becomes the standard, this art will be lost.

What do you like most about your job?

That's always a hard question. Coworkers and the opportunity to make a difference are always mentioned (notice I didn't say for the money, although CLS's are starting to be recognized monetarily for their efforts). But for me, I think it is the interaction with the physicians and providers. Being able to discuss a particularly difficult case and hoping I provided necessary information resulting in a good patient outcome has always been rewarding.