

# Opportunity Knocks: First Jobs offer first Opportunities to gain experience and confidence

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By Meg Featheringham

Career development opportunities come in many forms. They can come as a result of changes in the industry, such as the implementation of DRGs or ICD-10, or changes within an organization, such as a new master patient index system. They can happen by chance or design.

Whatever form they take, the opportunities provide the experience and confidence that can help professionals find their career niche or take their career to the next level.

Here seven AHIMA Fellows share their first on-the-job career development opportunities and the lessons they learned from those experiences.

**My first position** was as a director of medical records in a 250-bed hospital. The opportunities that presented to me were changes in regulations by Medicare and the Joint Commission.

The first opportunity was to develop and manage the utilization review program to meet Medicare requirements. I originally thought that nursing would want to control this program. When nursing didn't step up to the plate, I volunteered to do it.

The next opportunity was to develop the quality program required for Joint Commission accreditation.

Both programs were very successful and resulted in my being appointed as an administrative representative on both the medical executive committee and the hospital board of directors. I learned that volunteering for new program design and implementation resulted in increased opportunities to grow and to interact daily with the decision makers.

This philosophy has carried through my entire career, and on July 5 I began the next step, which is to be the director of ICD-10, responsible for the implementation for a national healthcare system that consists of 47 facilities.

*-Carol A. Jennings, MPA, RHIA, FAHIMA*

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**My first on-the-job** career development [opportunity] happened with my first job, actually. I started out in a coding position and performed release of information two days a week. This was a small rural facility, and we had summer college help with microfilming at the time.

I was put in charge of supervising the college students. I also was put in charge of any HIM students that were on site for practical experience.

My first project management opportunity was when I was a director in a small rural facility in Iowa. We were moving from a paper [master patient index] system to an electronic system for our MPI/registration/coding/billing and accounting system. I was put in charge of the project. I had to use my credential knowledge to ensure that the MPI was loaded correctly and that the registration/coding and abstracting was a smooth process with testing/training and implementation and then creation of policies and procedures. The project was a success with little backlog following the go-live.

I was assigned this project by the CFO. The reason he assigned the project to me was because of my credential and because of my knowledge and experience. It was an opportunity to prove what capabilities I had with a successful project. It allowed me to have the courage to move on to a larger facility and expand my knowledge in other areas.

*-Jane DeSpiegelaere-Wegner, MBA, RHIA, CCS, FAHIMA*

**I was fortunate** to be involved in setting up a brand-new HIM department at a new hospital affiliated with the one where I was working as an assistant director (at that time it was just paper records on shelves). Then when another new hospital opened, I had this rare experience that made me a great fit for the director position. [It was] unusual to be able to participate in not one, but two new hospital medical record departments.

A former HIM classmate (to whom I am grateful!) offered me the opportunity to teach a class as an adjunct instructor while I was working as a director. That let me into the HIM education field, where I have had many opportunities, first in teaching and then administration.

*-Karen Patena, MBA, RHIA, FAHIMA*

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**During fall 1984** I was working full time as the director of HIM at a hospital in Pinellas Park, FL, when I accepted a temporary consulting job for St. Petersburg Junior College to assist in the development of the physical laboratory/classroom for their new HIT program. The executive director of my hospital approved my accepting the job, and I got right to work.

As a 1977 graduate of Alfred State College's HIT program, I remembered taking a mock RHIT exam, and so I contacted the program director (Janette Thomas) to ask if she would share it with St. Pete's HIT program. She misunderstood the reason for my call, because the college had available an opening for a full-time instructor. She thought I was calling to apply for the position.

Moments later, while still on the phone with her, the department chairperson (Glenn Fairchild) walked into her office. Janette handed Glenn the phone, and he interviewed me on the spot. During our brief conversation, I told Janette that I didn't know about the job opportunity, but I was very interested in it. The following morning, Glenn called to offer me the position, and I accepted. I started my full-time position as an instructor at Alfred State College on December 4, 1984, and 26+ years later I am still teaching full-time and advising students.

What I learned from these experiences is that it is crucial to push myself to do things that I am not convinced I can do. As a 26-year-old HIM professional I wasn't sure I was capable of assisting St. Petersburg Junior College, but I was willing to give it my best shot.

*-Michelle A. Green, RHIA, FAHIMA, CPC*

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**My big opportunity** was the implementation of DRGs in 1983. I had the opportunity to improve all coding at St Luke's Hospital in Fargo, ND, as supervisor in the HIM department in preparation for DRGs. I then worked with our data quality coordinator to monitor and track payments made under the DRG/PPS system to the hospital. This included watching sequencing of diagnosis and procedures, quality of coded data, and the overall performance of the coding staff. During this time, I developed self-confidence to move on to my next position as a director of HIM in Orem, UT.

*-Patricia L. Shaw, MEd, RHIA, FAHIMA*

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**As a new graduate** in 1971 my first job was as the assistant director of an 800-bed teaching hospital. Part of my responsibilities involved training all new employees in the health information department. My director saw my interest and skills in working with new employees and felt that I would be a good role model and program director for the new health IT program at a local community college. Through her mentoring process, I was hired as the new program director. From that point I was recruited by a Big Ten university as a faculty member and was successful in achieving promotion and tenure.

The learning experience was invaluable in allowing me to share my knowledge and experience with new young professionals. The positions I have held in educational institutions have given me opportunities to discover my enjoyment of working with young professionals and departmental employees.

*-Vickie Rogers, MS, RHIA, FAHIMA*

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**My first on-the-job** career development opportunity occurred way back in the late 1970s-actually 1979 into 1980. My hospital was investigating various computer companies to help us manage our finances, patient accounting, and clinical data collection. This required me to work on a team comprised of leaders from our finance, patient accounts, nursing, and various ancillary departments. Since the medical record department played an important role in timely coding and submission of charges, I was very involved in the selection process and the implementation.

I discovered it was not a one-meeting process and that I had to look beyond the functions of the medical record department in evaluating the various companies. The process opened my eyes to how the HIM department impacted so many different departments in the hospital, as well as physician practices, since we supplied medical information to help them code their physicians' hospital activities. I also learned the need to negotiate and compromise for the best outcome for the hospital. It also taught me how to delegate better.

The implementation required a lot of file building. I needed to identify and trust certain staff members to convert our master patient index. I believe that once I demonstrated my willingness to be a team player and look at the big picture, I was selected to participate on additional projects for our hospital, all of which contributed to my professional growth and eventual expansion of my responsibilities.

-Janice Crocker, MSA, RHIA, CCS, CHP, FAHIMA

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