As clinical medicine has become increasingly dependent on more sophisticated technologies and the complex equipment associated with it, the clinical engineer, as the name implies, has become the bridge between modern medicine and equally modern engineering.

Clinical Engineering education is based in classical engineering, supplemented with a combination of courses in physiology, human factors, systems analysis, medical terminology, measurement, and instrumentation. It is often capped with a practicum or internship in a university hospital setting, giving the student a firm grounding in hospital operations, protocols, and ethics.

All of this background prepares the clinical engineer to fill a variety of roles in research, design, academia, and most often, in the clinical environment. In daily practice, the clinical engineer often serves as the translator walking between the worlds of the medical, engineering, and business professionals. Today, healthcare technology extends into information and communications systems and traditional medical equipment is more complex than ever. Assessing, managing, and solving problems in this hyper-tech world is the work of the clinical engineer.

**American College of Clinical Engineering**

Founded in 1991, ACCE is committed to enhancing the profession of clinical engineering. With members in the United States and abroad, the ACCE is the only internationally recognized professional society for

**Mission of ACCE**

- To establish a standard of competence and to promote excellence in clinical engineering practice.
- To promote safe and effective application of science and technology in patient care.
- To define the body of knowledge on which the profession is based.
- To represent the professional interests of clinical engineers.
Clinical Engineers are Professionals

Clinical Engineers, by education and training, are members of a proud profession. Through their professional society, the American College of Clinical Engineering, they have established a code of ethics, pursued peer recognition and certification programs (CCE), and developed a heritage of publishing, teaching and humanitarian programs designed to “give back” to society and to prepare the next generation of practitioners. Clinical Engineers, whether employed in hospitals or elsewhere, understand that the opportunity to practice in healthcare carries the responsibility to always give one’s best, maintain appropriate discretion, and keep the well-being of the patient as the highest priority.

Clinical Engineers and BMETs are different

Clinical Engineers are often confused with another professional group in the hospitals, the Biomedical Equipment Technicians (BMETs). In reality, these two groups perform different but equally valuable functions. The BMET is the person responsible for direct support, service, and repair of the medical equipment in the hospital.

BMET education and training is usually of a more directly technical nature, and is supplement with specific schooling in service to the equipment. BMETs answer the call when medical equipment fails to function properly and must work closely with nurses and other hospital staff, as well as the equipment vendor, as they service and maintain the equipment. The job of clinical engineer, however, is somewhat different.

What Clinical Engineers do?

Clinical Engineering is an interdisciplinary field practiced in a variety of settings and presenting a diversity of challenges. The clinical engineer is, by education and training, a problem solver, working with complex human and technological systems.

In the hospital, shared service, and asset management firm, the clinical engineer often functions as the technology manager for medical equipment systems. The responsibilities in this setting include financial or budgetary management, service contract management, data processing systems for managing the medical equipment, and coordination of service agreements and in-house operations. The hospital-based clinical engineer may also have responsibility for supervision of the in-house maintenance staff, depending on his or her skill set and the structure of the department.

Hospital-based clinical engineers also fill other important functions in assuring that the medical equipment is safe and effective. These functions include participation in the planning process and in the assessment of new technology, assuring regulatory compliance in the medical technology management area, investigation in incidents, and active participation in training and education of technical and medical personnel. The scope of these activities is expanding significantly as medical technology continues to become integrated into systems and the line between medical, communications, and information systems continues to blur.

Clinical engineers employed in industry work to assure that new products will meet the needs of tomorrow’s medical practice. They are involved in all aspects of the development, through products sales and support. Often, they work with teams of nurses and other hospital-based professionals in evaluating new products or concepts, and during clinical trials.

Clinical engineers also work in private practice, consulting in a variety of settings as expert witnesses, problem solving, or serving on governmental or international bodies such as the Food and Drug Administration or the World Health Organizations.

Clinical engineers also have a long history of collaboration to find economic approaches to broad technology issues facing the healthcare system. They played a significant leadership role in calming the hysteria over the electrical safety in the 1970’s and Y2K at the turn of the century. ACCE members provided technical leadership to the medical telemetry task force and clinical engineers are actively working in patient safety through medical error reduction.

Clinical engineers do many things throughout the healthcare profession, but most