

## **INCOSE Spotlight on Rick Schrenker**

Interviewed by Sandy Young, info@incose.org

**Name:** Rick Schrenker

**Titles/Organizations:** Systems Engineering Manager, MGH (Massachusetts General Hospital) Biomedical Engineering; Senior Biomedical Engineer, MD PnP (Medical Device “Plug-and-Play” Program)

**Place of Birth:** Baltimore, Maryland, USA

**Current Residence:** North Reading, Massachusetts, USA

**Domain:** Biomedical

**Studied in college:** Electrical engineering

**Year joined INCOSE:** 2008

**Roles in INCOSE:** Member and former chair, Biomedical Working Group (2011 INCOSE Outreach Award recipient)

**Years in systems engineering:** I’ve been calling myself a systems engineer for about 20 years.

*What are the biggest changes you’ve seen in biomedical systems engineering in hospitals over the years?*

That’s easy: Recognizing the need for a more formal approach to engineering in hospitals in general and in clinical engineering in particular is rapidly emerging. That’s a HUGE change. Systems engineering has a lot to offer, especially in the requirements engineering area.

*What is the biggest challenge you face?*

Discerning what I can and should do over the last few years of my career. I’m used to reinventing my professional self every three years or so, and I’m planning to retire in less than four years. Ironically, the clinical engineering and healthcare technology management (CE/HTM) literature has recently raised awareness of the problems that could arise as we boomers exit, because we make up a large percentage of our community. There could soon be an unfulfilled need. If that’s not a system’s problem, I don’t know what is.

*What advice do you have for younger colleagues in your field?*

First and foremost, connect and share problems and perspective with INCOSE. As an extension of that, figure out ways to bring industry systems engineers into hospitals to actually see what goes on there and likewise, get invited to industrial sites and meet with systems engineers working in their domains. Systems engineers from outside our domain need to work with clinical engineers and experience healthcare from the inside before prescribing treatments for our problems. It needs to be a joint effort. I also suggest looking into graduate certificate and degree programs in systems engineering.

Slightly tangential, leaders of clinical and systems engineering graduate programs should be talking with each other. Both communities need to get out of their boxes, and my guess is the push for that has to come from younger engineers in both communities.

*Please tell us about your most memorable INCOSE International Symposium experience.*  
I attended the one in Las Vegas a couple years ago. I liked it for three reasons: It focused on the practical; it brought together a wide swath of interests; and it enabled me to actually meet people who up to that point I knew only as email addresses.

*What do you like to do outside of work?*

I am writing this on my first day back from a trip to Aruba to celebrate my wife's and my 40th anniversary (this is an easy way to get back up to speed). We have three adult children and two grandchildren, with our third on the way (each of our children will have one as of April). In addition to visiting the grandkids, Marilyn and I are active in our church. We also keep busy with music and dance lessons.