

	<p style="text-align: center;"><b>PROFESSIONAL ISSUES</b></p> <p style="text-align: center;">STANDARDIZATION OF PRACTICE KEY TO RETAINING EMPLOYEES</p>

	<p style="text-align: center;"><b>Why Employees Leave</b></p>
	<ul style="list-style-type: none"> <li>■ The 7 Hidden Reasons Employees Leave by Leigh Branham <ul style="list-style-type: none"> <li>- Job or workplace not as expected</li> <li>- Mismatch between person and job</li> <li>- Too little coaching and feedback</li> <li>- Too few growth and advancement opportunities</li> <li>- Feeling devalued and unrecognized</li> <li>- Stress from overwork and work-life imbalance</li> <li>- Loss of trust and confidence in senior leaders</li> </ul> </li> </ul>

	<p style="text-align: center;"><b>Another Expert View</b></p>
	<ul style="list-style-type: none"> <li>■ Here Today Here Tomorrow: Transforming Your Workplace by Gregory Smith says management drives away employees by: <ul style="list-style-type: none"> <li>- Cutting staff such that professionals are performing tasks like copying, stapling, etc</li> <li>- Freezing salaries and benefits when other job opportunities exist</li> <li>- Promoting individuals who lack training and/or experience to supervise</li> </ul> </li> <li>■ In addition to Mr. Branham's list</li> </ul>

	<p style="text-align: center;"><b>How to Stop the Brain Drain</b></p>
	<ul style="list-style-type: none"> <li>■ Make work meaningful</li> <li>■ Match the employee with the right job/tasks</li> <li>■ Provide feedback and training so employees can move up or feel challenged</li> <li>■ Treat them with respect</li> <li>■ Inspire trust with a clear plan of how the workplace functions</li> </ul>

	<p style="text-align: center;"><b>Who Makes This Happen</b></p>
	<ul style="list-style-type: none"> <li>■ In professions, the professionals themselves make this happen</li> <li>■ Through their education requirements, certification agencies and boards, and culture</li> <li>■ Professional organizations provide the forum for consensus on these "standards"</li> </ul>

	<p style="text-align: center;"><b>PROFESSIONAL STANDARDIZATION</b></p>
	<ul style="list-style-type: none"> <li>■ Every association has mission and vision statements</li> <li>■ The contents speak to protecting the public, elevating the professional, ensuring quality etc. <ul style="list-style-type: none"> <li>- Creating and maintaining standards</li> </ul> </li> <li>■ These are the duties and responsibilities of an association to its members and the profession or interest it represents</li> </ul>

	<b>PROFESSIONAL STANDARDIZATION - HOW</b>
	<ul style="list-style-type: none"> <li>■ Define the Scope of Practice <ul style="list-style-type: none"> <li>– Ensure periodic reviews</li> </ul> </li> <li>■ Define levels of practitioner <ul style="list-style-type: none"> <li>– Add and delete levels</li> <li>– Modify duties and responsibilities</li> <li>– Certify practitioners</li> </ul> </li> <li>■ Standardize requirements for entry into the profession</li> </ul>

	<b>THE ASCLS APPROACH</b>
	<ul style="list-style-type: none"> <li>■ Periodic review of the Scope of Practice since first written in 1970's <ul style="list-style-type: none"> <li>– Latest version found on ASCLS web site <a href="http://www.ascls.org/position/scope_of_practice.asp">http://www.ascls.org/position/scope_of_practice.asp</a></li> </ul> </li> <li>■ Publication of Entry Level Curriculum for CLS, CLT and Phlebotomist levels</li> <li>■ Publication of Body of Knowledge</li> </ul>

	<b>ASCLS APPROACH</b>
	<ul style="list-style-type: none"> <li>■ Documents/positions generated through task forces</li> <li>■ Document/positions revision process <ul style="list-style-type: none"> <li>– Board appointed task force reviews document and suggests changes</li> <li>– Revised document shared with all interested parties at a variety of ASCLS education meetings</li> <li>– Suggestions from field compiled and incorporated as appropriate</li> <li>– New document sent to House of Delegates for approval</li> </ul> </li> </ul>

	<b>Why Is This Important?</b>
	<ul style="list-style-type: none"> <li>■ Education to attain professional standing establishes who you are and what you do <ul style="list-style-type: none"> <li>– Defines the value you bring to society</li> </ul> </li> <li>■ Clear paths to skills and responsibilities frames the complexities of the work <ul style="list-style-type: none"> <li>– Disputes the "anyone can do laboratory work" attitude</li> </ul> </li> </ul>

	<b>Current System Not Key To Retention</b>
	<ul style="list-style-type: none"> <li>– Different levels of practitioner earn similar compensation</li> <li>– Lack of a career ladder for the profession</li> <li>– Practitioners are often placed in practice settings for which their education did not prepare them</li> <li>– A laboratory professional's education and skills are often underutilized in the workplace.</li> </ul>

	<b>Refining The Profession</b>
	<ul style="list-style-type: none"> <li>■ Necessary to keep the profession current and meeting the needs of customers</li> <li>■ Establish benchmark or standard of practice <ul style="list-style-type: none"> <li>– Benefits students, educators, practicing professionals and managers</li> </ul> </li> </ul>

	<h3>The Interorganizational Task Force I 2005-2007</h3>
<p>5/3/2009</p>	<ul style="list-style-type: none"> <li>■ A collaborative project that included representatives from AMT, ASCLS, ASCP, CLMA, and Industry (Abbott Diagnostics).</li> <li>■ Membership included CLT/MLT and CLS/MT educators and laboratory managers from diverse laboratory environments and geographic locations.</li> </ul>
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	<h3>Task Force I</h3>
	<ul style="list-style-type: none"> <li>■ In July 2005, the American Society for Clinical Laboratory Science (ASCLS) Board of Directors commissioned a task force entitled "Practice Levels and Educational Needs for Clinical Laboratory Personnel". This inter-organizational task force was charged with the following goals...</li> </ul>

	<h3>Task Force I</h3>
	<ul style="list-style-type: none"> <li>- <i>Define levels of practice to include knowledge, skills, competencies and attributes.</i></li> <li>- <i>Evaluate titles for all levels of practice and rename them if appropriate/needed</i></li> <li>- <i>Develop a comprehensive career ladder</i></li> <li>- <i>Match educational curriculum to practice needs.</i></li> </ul>

	<h3>Task Force I</h3>
	<ul style="list-style-type: none"> <li>- <i>Develop a process to evaluate changing practice needs and adapt education curriculum.</i></li> <li>- <i>Develop measures to monitor outcomes of the process.</i></li> <li>- <i>Build consensus, within the profession, related to levels of practice. Define levels of practice to include knowledge, skills, competencies and attributes</i></li> </ul>

	<h3>TASK FORCE CHARGE</h3>
	<ul style="list-style-type: none"> <li>■ Review Levels of Practice</li> <li>■ Questions asked: <ul style="list-style-type: none"> <li>- Are we appropriately preparing students for the current clinical laboratory environment</li> <li>- Are the skills taught effectively used at each level of practice</li> </ul> </li> </ul>

	<h3>PROGRESS</h3>
	<ul style="list-style-type: none"> <li>■ Used 6 Sigma/DMAIC (Define, Measure, Analyze, Implement and Control) process improvement to guide work</li> <li>■ Developed a model for the levels of practice</li> </ul>

	<b>MEASURE PHASE</b>
	<ul style="list-style-type: none"> <li>■ Conducted focus groups at CLEC and CLMA meeting to identify problems and solicit suggestions for improvement</li> <li>■ Problems identified include: <ul style="list-style-type: none"> <li>– Associate and baccalaureate personnel are used interchangeably</li> <li>– Non-certified individuals are hired to perform lab tests</li> </ul> </li> </ul>

	Measure Phase
	<ul style="list-style-type: none"> <li>– Laboratory professionals were discouraged by the lack of well-defined practice roles <ul style="list-style-type: none"> <li>■ Morale issues for both CLT and CLS levels</li> <li>■ Feel mismatched for job</li> <li>■ Makes people grumpy and they leave</li> </ul> </li> <li>– Employees lack communication skills needed for today’s workplace <ul style="list-style-type: none"> <li>■ Feel disadvantaged and disrespected</li> <li>■ More grumpiness</li> </ul> </li> </ul>

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	Why look at the Levels of Practice?
	<ul style="list-style-type: none"> <li>■ Laboratory practitioners are grumpy and leaving the profession because there is no career ladder/advancement</li> <li>■ Stress from overwork and/or assuming duties without recognition and appropriate preparation <ul style="list-style-type: none"> <li>– Grumpy again</li> </ul> </li> </ul>

	Why Look at Levels of Practice?
	<ul style="list-style-type: none"> <li>■ Lack of clear distinction between levels of practice reduces externally perceived professionalism of laboratory practitioners</li> <li>■ More automation will increase need for associate degree level</li> <li>■ Advanced practitioner level provides a career ladder</li> </ul>

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	<b>MEASURE PHASE</b>
	<ul style="list-style-type: none"> <li>■ Conducted a review of the literature related to levels of practice in clinical laboratory science</li> <li>■ Reviewed scopes of practice and levels of other health professions</li> </ul>

	<b>LITERATURE REVIEW FINDINGS</b>
	<ul style="list-style-type: none"> <li>■ Considerable overlap in scope of practice of each level</li> <li>■ CLS perform more complex technical tasks as well as management and communication tasks than CLT <ul style="list-style-type: none"> <li>– CLT tasks require problem solving/high level reasoning</li> </ul> </li> </ul>

<b>LITERATURE REVIEW FINDINGS</b>	
	<ul style="list-style-type: none"> <li>■ At entry, CLS perform core tasks more frequently than advanced tasks <ul style="list-style-type: none"> <li>– After 5 years, core tasks remain; high level tasks (lab operations, communication, consultation) increase but with no additional education</li> </ul> </li> <li>■ 64% of CLS report that they perform routine tests frequently and never or rarely perform specialized tests</li> </ul>

<b>LITERATURE REVIEW FINDINGS</b>	
	<ul style="list-style-type: none"> <li>■ Job satisfaction does not differ for CLS or CLT <ul style="list-style-type: none"> <li>– Individuals reporting “very satisfied” with level of challenge declined from 37% to 17% between 1993 and 2002</li> </ul> </li> <li>■ 55% of education programs have changed curriculum but only 5% have eliminated any content</li> </ul>

<b>PROGRESS</b>	
	<ul style="list-style-type: none"> <li>■ Developed a new model for levels of practice</li> <li>■ Model assumes <ul style="list-style-type: none"> <li>– Practitioners be certified at each level</li> <li>– Duties performed at each level include duties of preceding levels</li> <li>– Certain skills such as communication, troubleshooting, ethics, etc apply to all</li> </ul> </li> </ul>

<b>MEASURE AGAIN</b>	
	<ul style="list-style-type: none"> <li>■ Sent survey to members of ASCLS and AMT <ul style="list-style-type: none"> <li>– CLMA and AACC posted the survey on their web sites</li> </ul> </li> <li>■ Received 2,600 responses</li> </ul>

<b>SURVEY FINDINGS</b>	
	<ul style="list-style-type: none"> <li>■ 95% of respondents indicated need for change with 2/3 saying need critical</li> <li>■ 2/3 agreed to some degree with narrowing of tasks for Associate Degree <ul style="list-style-type: none"> <li>– CLT educators did not agree with majority</li> </ul> </li> <li>■ 45% did not want to see model implemented as presented</li> </ul>

<b>ANALYSIS</b>	
	<ul style="list-style-type: none"> <li>■ Reviewed over 1000 comments about changes to model</li> <li>■ Revised model to incorporate new vision with a realistic educational process</li> <li>■ Model represents what should be not what is</li> </ul>

<b>PROPOSED MODEL</b>	
	<ul style="list-style-type: none"> <li>■ <b><u>Level I</u></b> <ul style="list-style-type: none"> <li>– <b><u>High School Diploma/GED plus training and/or certificate (CLA):</u></b> <ul style="list-style-type: none"> <li>■ Phlebotomy</li> <li>■ Specimen Processing (including culture set-up)</li> <li>■ Order Entry – Accessioning</li> <li>■ Culture set-up</li> </ul> </li> </ul> </li> </ul>

<b>PROPOSED MODEL</b>	
	<ul style="list-style-type: none"> <li>■ <b><u>Level II</u></b> <ul style="list-style-type: none"> <li>– <b><u>High School/GED and CLT certification and experience:</u></b> <ul style="list-style-type: none"> <li>■ Waived Testing <ul style="list-style-type: none"> <li>– Basic POC Testing (performing)</li> <li>– Routine Rapid Testing (Strep, Mono, etc)</li> </ul> </li> <li>■ Loading Analyzers</li> </ul> </li> </ul> </li> </ul>

<b>LEVEL III – Associate Degree</b>	
	<ul style="list-style-type: none"> <li>■ Less complex Micro <ul style="list-style-type: none"> <li>■ Culture inoculation</li> <li>■ Loading automated ID/Sensitivity instrument</li> <li>■ Microscopic procedures such as Gram stains</li> <li>■ Subculturing, etc</li> </ul> </li> <li>■ Less complex Blood Banking <ul style="list-style-type: none"> <li>■ ABO, Rh, Ab screen, crossmatch</li> </ul> </li> <li>■ Manual diffs with higher review of abnormal results</li> <li>■ Urine microscopy</li> <li>■ Less complex body fluids</li> </ul>

<b>LEVEL IV</b>	
	<ul style="list-style-type: none"> <li>■ <b><u>Associate Degree, CLT certification and additional relevant experience and training</u></b> <ul style="list-style-type: none"> <li>– Body fluid microscopy with higher level review of abnormal results</li> <li>– Blood bank antibody ID</li> <li>– Micro ID</li> <li>– Manual diff without higher level review</li> </ul> </li> </ul>

<b>LEVEL V</b>	
	<ul style="list-style-type: none"> <li>■ <b><u>Bachelor and CLS certification:</u></b> <ul style="list-style-type: none"> <li>– Blood Bank</li> <li>– Body Fluids</li> <li>– Immunology</li> <li>– Microbiology</li> <li>– Molecular testing with established protocols</li> <li>– Advanced Techniques Hematology/Bone Marrows</li> <li>– Advanced Techniques Coagulation</li> <li>– Advanced Techniques Chemistry (includes Immunochemistry/ Drug Testing)</li> </ul> </li> </ul>

<b>LEVEL VI - <u>Bachelors Plus (Additonal Education/ Certification)</u></b>	
	<ul style="list-style-type: none"> <li>■ Advanced Molecular / PCR</li> <li>■ Cytogenetics</li> <li>■ Cellular Therapy - Stem Cell Transplantation</li> <li>■ Flow Cytometry</li> <li>■ Histocompatibility</li> <li>■ Infection Control/Epidemiology</li> <li>■ IT Systems</li> <li>■ Medicare Compliance/Coding/Regulatory</li> <li>■ Method Evaluation/Development</li> <li>■ Patient Education</li> <li>■ Personnel Supervision</li> <li>■ POC Oversight</li> <li>■ Process Supervision</li> <li>■ Quality Management</li> <li>■ Research Protocols</li> <li>■ Risk Management</li> <li>■ Safety</li> <li>■ Specialist in (BB, Chem, Heme, etc)</li> <li>■ Student/Staff Education and Training</li> <li>■ Technical Consultation</li> </ul>

<b>LEVEL VII</b>
<ul style="list-style-type: none"> <li>■ <b><u>Masters Degree, experience and additional relevant certifications</u></b> <ul style="list-style-type: none"> <li>– Compliance/Coding/Regulatory</li> <li>– Quality Management</li> <li>– Operations/Business Management</li> <li>– Risk/Patient Safety Management</li> <li>– Technical Management</li> <li>– Program Director</li> </ul> </li> </ul>

<b>LEVEL VIII</b>
<ul style="list-style-type: none"> <li>■ Professional Doctorate or other PhD <ul style="list-style-type: none"> <li>– Clinical Assessment</li> <li>– Grand Rounds</li> <li>– Evidence based practice/research</li> <li>– Inter-professional collaboration</li> <li>– Laboratory Services Clinical Consultation</li> <li>– Patient Counseling</li> <li>– Project development and grant writing</li> <li>– Test Utilization/Assessment/Protocol Development</li> </ul> </li> </ul>

<b>What the New Model Proposes to Do</b>
<ul style="list-style-type: none"> <li>■ Attempts to make the educational process more realistic, attainable, and differentiated</li> <li>■ Represents <b>“what should be”</b> rather than “what is”</li> <li>■ Clearly differentiates levels of practice based on education, certification, and experience</li> </ul>

<b>Task Force I</b>
<ul style="list-style-type: none"> <li>– White Paper presented to ASCLS Board of Directors and House of Delegates, July 2007</li> <li>– Participating organizations were asked to disseminate for discussion and input <ul style="list-style-type: none"> <li>■ CLMA – Published White Paper In CLMR Journal</li> <li>■ ASCLS <ul style="list-style-type: none"> <li>– Published White Paper in CLS Journal</li> <li>– State and Regional Meeting presentations 2007 - 2008</li> <li>– CLEC – February 2008 and 2009</li> </ul> </li> </ul> </li> </ul>

<b>Task Force II Objectives</b>
<ul style="list-style-type: none"> <li>■ Identify key concerns from practitioners and professional organization response to the proposed model on the Levels of Practice</li> <li>■ Summarize impact of making change in the practice levels for clinical laboratory personnel</li> <li>■ Identify specific activities that must occur to make a change in the practice levels for clinical laboratory personnel</li> </ul>

<b>Task Force Members – Phase II</b> <small>* denotes members of the original task force</small>
<ul style="list-style-type: none"> <li>– Kathleen Becan-McBride</li> <li>– Susan Beck*</li> <li>– Andrea Bennett</li> <li>– Connie Bishop</li> <li>– Barbara Blasutta</li> <li>– Linda Comeaux</li> <li>– Paul Epner*</li> <li>– Mona Gleysteen</li> <li>– Frankie Harris-Lyne*</li> <li>– Pam Kieffer</li> <li>– Diana Mass</li> <li>– Susan Morris*</li> <li>– Bob Newberry*</li> <li>– Rick Panning*</li> <li>– Elissa Passiment*</li> <li>– Deb Rodahl*</li> <li>– Duncan Samo</li> <li>– Joel Schilling, MD</li> <li>– Linda Smith</li> <li>– Randy Vandevander*</li> </ul>

Task Force Representation	
	<ul style="list-style-type: none"> <li>■ Organizations:               <ul style="list-style-type: none"> <li>– AACC</li> <li>– ASCLS*</li> <li>– ASCP – BOR</li> <li>– ASCP*</li> <li>– CLMA*</li> <li>– NCA</li> <li>– NAACLS</li> <li>– Industry – Abbott Diagnostics*</li> </ul> </li> </ul>

Task Force Representation	
	<ul style="list-style-type: none"> <li>■ Occupations               <ul style="list-style-type: none"> <li>– CLS Educator – University</li> <li>– CLS Educator – Hospital Based</li> <li>– CLT Educator</li> <li>– Manager – Single Facility</li> <li>– Manager – Multiple Facility (Rural and Urban)</li> <li>– Pathologist</li> <li>– Ad Hoc – Public Health and others</li> </ul> </li> </ul>

Task Force II	
	<ul style="list-style-type: none"> <li>■ Expanded Membership               <ul style="list-style-type: none"> <li>– Hospital Based CLS Educator</li> <li>– CLT Educators</li> <li>– Certification and Accreditation Agencies</li> <li>– Pathologist</li> </ul> </li> <li>■ Reviewing Feedback</li> <li>■ Update Model</li> <li>■ Establish Work Group Tasks</li> </ul>

Organizational Feedback	
	<ul style="list-style-type: none"> <li>■ Letter from ASCP President Lee Hilbourne</li> <li>■ Letter from AMT Exec Vice-President Chris Damon</li> </ul>

Feedback	
	<ul style="list-style-type: none"> <li>■ Level III and Level IV – differentiation and concern over diminished duties in Micro and Blood Bank.</li> <li>■ Levels V, VI, and VII – concern over requirement for extra education/training for many duties currently performed at levels IV and V (Safety Officer, QA, Management, etc)</li> <li>■ Levels VIII – Some duties at odds with CLIA</li> </ul>

Feedback	
	<ul style="list-style-type: none"> <li>■ Concern over impact on rural hospitals</li> <li>■ Comparison of CLT/CLS with Nursing RN using 2 different educational levels               <ul style="list-style-type: none"> <li>– Question if there is a difference between the practice of the two levels</li> </ul> </li> </ul>

## Rework of Draft Model

- Assumptions and Definitions clarified as this is an important aid in understanding the model
- Duties were added for Educators and Program Directors
- Bullet points added to help clarify duties at all levels
- Level III and IV have more clarification for duties for Micro and Blood Bank
- Clarified distinction between different levels of management – technical supervision and department operations management.

## Terms and Definitions

- **Training** = structured instructional program leading to competence in a practice skill prior to independent practice. This could be offered by an employer, as a continuing education program, formal educational institution, or professional society.
- **Additional education** = formal coursework or programs leading to additional certification or an advanced degree.

## Terms and Definitions

- **Certificate** = documentation indicating completion of a structured or defined educational program.
- **Relevant experience** = Supervised experience in the practice skill.
- **Entry Level** = Skills expected at career entry. After competency is documented, practitioners can perform the skills without additional experience

## Model Assumes That

- Certain skills needed at all levels such as:
  - Communication
  - Troubleshooting
  - Quality Control
  - Patient Safety
  - Basic Laboratory Safety
  - Ethics
  - Interpersonal Skills
  - Cultural Awareness
  - IT /Computer Skills
  - Terminology
  - Quality / Process Improvement
  - Basic Laboratory Operations.

## Assumptions of the Model

- An **adequate supply** of practitioners and accessible educational programs for each level

## Model Assumes That

- Practitioners receive national certification at each level.
- Practitioners at each level are responsible for performing and/or supervising the duties performed at lower levels.
- Practitioners at each level are responsible for training at their level or at lower levels.

	<b>Model Assumes That</b>
	<ul style="list-style-type: none"> <li>■ Competency must be verified at all levels of practice.</li> <li>■ Systems for documenting continued competence and recertification would be available at each level of practice. <ul style="list-style-type: none"> <li>– Not necessarily the case today</li> </ul> </li> </ul>

	<b>Model Assumes That</b>
	<ul style="list-style-type: none"> <li>■ An individual could enter at the certificate, associate degree level, baccalaureate degree, or master’s degree level.</li> <li>■ Once graduates of educational programs enter the workforce, additional education would be available and required for those who wish to advance their knowledge, skills, and level of practice.</li> <li>■ All <u>new employees</u> complete training and demonstrate competency.</li> </ul>

	<b>Implementation Work Group</b>		
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ <b>Educators:</b></li> <li>■ Susan Beck</li> <li>■ Linda Comeaux</li> <li>■ Frankie Harris-Lyne</li> <li>■ Duncan Samo</li> <li>■ Linda Smith</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>■ <b>Managers:</b></li> <li>■ Connie Bishop</li> <li>■ Bob Newberry</li> <li>■ Deb Rodahl</li> <li>■ Randy Vandevander</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>■ <b>Educators:</b></li> <li>■ Susan Beck</li> <li>■ Linda Comeaux</li> <li>■ Frankie Harris-Lyne</li> <li>■ Duncan Samo</li> <li>■ Linda Smith</li> </ul>	<ul style="list-style-type: none"> <li>■ <b>Managers:</b></li> <li>■ Connie Bishop</li> <li>■ Bob Newberry</li> <li>■ Deb Rodahl</li> <li>■ Randy Vandevander</li> </ul>
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	<b>Implementation of the Model</b>
	<p>–Emphasis on core values</p> <ul style="list-style-type: none"> <li>■ Education and credentials at each level</li> <li>■ Defined and differentiated levels of practice</li> <li>■ Career ladder for laboratory professionals</li> <li>■ Documented competence through career</li> <li>■ Standard credentials</li> <li>■ Standard entry level expectations</li> </ul>

	<b>Implementation of the Model</b>
	<ul style="list-style-type: none"> <li>■ Voluntary <ul style="list-style-type: none"> <li>–Need to build consensus</li> </ul> </li> <li>■ Concurrent process</li> <li>■ Mechanism for continued review</li> </ul>

	<b>Workgroup Charge</b>
	<ol style="list-style-type: none"> <li>1. <b>Standardize credentials</b> <ul style="list-style-type: none"> <li>■ Include the development of the necessary educational programs, certifications, accreditations etc. that will be needed to support the model.</li> <li>■ Plan for working with healthcare administrators and laboratory managers to adopt and enforce the certification and educational requirements.</li> <li>■ Identify how each laboratory organization and stakeholder organization plays a role in adopting the model.</li> </ul> </li> </ol>

Standard Credentials		
	Title	Credential
■	Level I Clinical Laboratory Assistant I	CLA
■	Level II Clinical Laboratory Assistant II	CLA
■	Level III Clinical Laboratory Technician I	CLT
■	Level IV Clinical Laboratory Technician II	CLT
■	Level V Clinical Laboratory Scientist I	CLS
■	Level VI Clinical Laboratory Scientist II	CLS
■	Level VII Clinical Laboratory Specialist	CLS
■	Level VIII Doctor of Clinical Laboratory Science	DCLS

Workgroup Charge
<ol style="list-style-type: none"> <li>Standardize credentials</li> <li><b>2. Include the development of the necessary educational programs, certifications, accreditations etc. that will be needed to support the model.</b></li> <li>Plan for working with healthcare administrators and laboratory managers to adopt and enforce the certification and educational requirements.</li> <li>Identify how each laboratory organization and stakeholder organization plays a role in adopting the model.</li> </ol>

Educational programs
<ul style="list-style-type: none"> <li>- <b>Expansions of existing programs</b> <ul style="list-style-type: none"> <li>■ Level I – Clinical Assistant I               <ul style="list-style-type: none"> <li>- Add culture set-up and order entry</li> </ul> </li> <li>■ Level II – Clinical Assistant II               <ul style="list-style-type: none"> <li>- Waived testing, Assisting duties</li> </ul> </li> </ul> </li> <li>- <b>New programs needed:</b> <ul style="list-style-type: none"> <li>■ Level VII – Clinical Laboratory Specialist</li> <li>■ Level VIII - Doctor of Clinical Laboratory Science</li> </ul> </li> </ul>

Educational programs
<ul style="list-style-type: none"> <li>- <b>Additional work experience and training needed:</b> <ul style="list-style-type: none"> <li>■ Level IV – Clinical Laboratory Technician II</li> </ul> </li> <li>- <b>Additional formal education needed:</b> <ul style="list-style-type: none"> <li>■ Level VI – Clinical Laboratory Scientist II</li> </ul> </li> </ul>

Educational programs
<ul style="list-style-type: none"> <li>- <b>Opportunities</b> <ul style="list-style-type: none"> <li>■ Use the model to decide               <ul style="list-style-type: none"> <li>- what to teach</li> <li>- what NOT to teach</li> <li>- when to teach</li> </ul> </li> <li>■ Provide accessible and affordable education for working practitioners</li> <li>■ Use the model to facilitate articulation</li> </ul> </li> </ul>

Educational programs
<ul style="list-style-type: none"> <li>■ <b>Challenges</b> <ul style="list-style-type: none"> <li>- Incorporating curriculum changes</li> <li>- Determining need in an area</li> <li>- Additional clinical sites</li> <li>- Resources</li> </ul> </li> </ul>

	<b>Certification agencies</b>
	<ul style="list-style-type: none"> <li>■ <b>New certification opportunities / needs:</b> <ul style="list-style-type: none"> <li>– Specialty areas - Level VI and VII</li> <li>– Level VIII - DCLS</li> </ul> </li> <li>■ <b>Changes in exams:</b> <ul style="list-style-type: none"> <li>– Make sure they test the entry level skills in the model</li> </ul> </li> <li>■ <b>Challenges:</b> <ul style="list-style-type: none"> <li>– Job analyses reflect current practice</li> <li>– DCLS – exam needed before there are large numbers of practitioners.</li> </ul> </li> </ul>

	<b>Accrediting agencies</b>
	<ul style="list-style-type: none"> <li>– <b>Opportunities for more accredited programs</b> <ul style="list-style-type: none"> <li>■ Level II – Clinical Assistant II</li> <li>■ Level VI – Clinical Laboratory Scientist II</li> <li>■ Level VII – Clinical Laboratory Specialist</li> <li>■ Level VIII – DCLS</li> </ul> </li> <li>– <b>Changes in Standards</b> <ul style="list-style-type: none"> <li>■ Level V – Clinical Laboratory Scientist I</li> </ul> </li> </ul>

	<b>Workgroup Charge</b>
	<ol style="list-style-type: none"> <li>1. Standardize credentials</li> <li>2. Include the development of the necessary educational programs, certifications, accreditations etc. that will be needed to support the model.</li> <li>3. Plan for working with healthcare administrators and laboratory managers to adopt and enforce the certification and educational requirements.</li> <li>4. Identify how each laboratory organization and stakeholder organization plays a role in adopting the model.</li> </ol>

	<b>Administrators and Managers</b>
	<ul style="list-style-type: none"> <li>■ Key role in implementation</li> <li>■ Must address immediate needs</li> <li>■ Must have sufficient numbers of employees at each level</li> <li>■ Must see the advantages of the model <ul style="list-style-type: none"> <li>– Standard entry level expectations</li> <li>– Better productivity</li> <li>– Improved employee satisfaction</li> </ul> </li> </ul>

	<b>Recommendations for managers</b>
	<ul style="list-style-type: none"> <li>■ Identify gap between current staff and model <ul style="list-style-type: none"> <li>– Plan for move to the model</li> </ul> </li> <li>■ Hire new employees according to the model</li> <li>■ Make the case to administration for employees with appropriate education and certification</li> <li>■ Provide support for employee advancement</li> </ul>

	<b>Challenges for Laboratory Managers</b>
	<ul style="list-style-type: none"> <li>– Voluntary process</li> <li>– Resources <ul style="list-style-type: none"> <li>■ Hiring appropriate staff members</li> <li>■ Supporting staff education</li> </ul> </li> <li>– The shortage</li> <li>– Transition period</li> </ul>

Workgroup Charge	
1.	Standardize credentials
2.	Include the development of the necessary educational programs, certifications, accreditations etc. that will be needed to support the model.
3.	Plan for working with healthcare administrators and laboratory managers to adopt and enforce the certification and educational requirements.
4.	<b>Identify how each laboratory organization and stakeholder organization plays a role in adopting the model.</b>

Laboratory Practitioners	
	<ul style="list-style-type: none"> <li>■ Grandfathering policy:</li> <li>■ Employees who are currently performing skills will be allowed to continue if they have documented competency. New employees could not perform those tasks at that level without the appropriate education and /or certification.</li> </ul>

Laboratory Practitioners	
	<ul style="list-style-type: none"> <li>■ <b>Recommendations</b></li> <li>■ Take responsibility for <ul style="list-style-type: none"> <li>– Education</li> <li>– Certification</li> <li>– Documentation of current competence</li> </ul> </li> <li>■ Perform skills at appropriate level</li> <li>■ Join a professional association</li> </ul>

Laboratory Practitioners	
	<ul style="list-style-type: none"> <li>■ <b>Challenges</b> <ul style="list-style-type: none"> <li>– Resources for education, certification</li> <li>– Resistance to change</li> <li>– Transition time</li> </ul> </li> <li>■ <b>Marketing plan needed</b> <ul style="list-style-type: none"> <li>– Build excitement</li> <li>– Provide accurate information</li> </ul> </li> </ul>

Professional Organizations	
	<ul style="list-style-type: none"> <li>■ <b>Recommendations:</b> <ul style="list-style-type: none"> <li>– Endorse and promote model</li> <li>– Inform members</li> <li>– Appointees to certification / accrediting agencies should help implementation</li> <li>– Encourage membership at all levels of practice</li> </ul> </li> </ul>

Business Case Work Group	
	<ul style="list-style-type: none"> <li>■ <b>Our belief:</b> <ul style="list-style-type: none"> <li>– Organizations are more likely to change if they understand the benefits of change and the consequences of the status quo</li> <li>– Change is more likely to be approved if uncertainty and risks are minimized</li> </ul> </li> </ul>

	<b>Workgroup Members</b>
	<ul style="list-style-type: none"> <li>- Barbara Blasutta</li> <li>- Deb Rodahl</li> <li>- Diana Mass</li> <li>- Elissa Passiment</li> <li>- Mona Gleysteen</li> <li>- Kathleen Becan-McBride</li> <li>- Susan Morris</li> <li>- Pam Kieffer</li> <li>- Rick Panning</li> <li>- Paul Epner, Chair</li> </ul>

	<b>Mission &amp; Methodology</b>
	<ul style="list-style-type: none"> <li>- Mission <ul style="list-style-type: none"> <li>■ Validate that the "Model" will improve clinical and economic outcomes for patients and/or improve laboratory operations</li> <li>■ Create communication tools that will publicize our findings to relevant stakeholders</li> </ul> </li> <li>- Methodology <ul style="list-style-type: none"> <li>■ Assess legislative barriers to implementation</li> <li>■ Determine the cost of implementation</li> <li>■ Identify existing evidence in support of the model</li> <li>■ Conduct novel research to strengthen evidence</li> </ul> </li> </ul>

	<b>Determine Cost of Implementation</b>
	<ul style="list-style-type: none"> <li>- Purpose: Develop understanding of the costs to implement the Model</li> <li>- Created survey for case study analysis <ul style="list-style-type: none"> <li>- Collect demographics</li> <li>- Determine site-specific distribution of current technical workload</li> <li>- Determine Model's workforce needs <ul style="list-style-type: none"> <li>■ Compare and determine needed changes</li> </ul> </li> <li>- Interview site management to determine costs and issues</li> <li>- Revised data collection instrument for national sample</li> </ul> </li> </ul>

	<b>Business Case Next Steps</b>
	<ul style="list-style-type: none"> <li>■ Costs of Implementation <ul style="list-style-type: none"> <li>- Expand sample of sites for implementation costs</li> <li>- Analyze data and develop report of findings</li> </ul> </li> <li>■ Validate Model <ul style="list-style-type: none"> <li>- Complete preparation of NIH Research Proposal and submit</li> </ul> </li> <li>■ Develop communication tools</li> </ul>

	<p><b>If we do not insist on standards for our profession, no one else will and the myth that "anyone can do laboratory work" will live on.</b></p>

	<b>Conclusions from the survey</b>
	<ul style="list-style-type: none"> <li>■ Slightly over half (55%) wanted to see the model implemented as described</li> <li>■ Most support from <ul style="list-style-type: none"> <li>- PhDs, CLSs, CLS Educators</li> <li>- Less than 10 years working</li> <li>- Large, urban communities</li> </ul> </li> <li>■ Least support from <ul style="list-style-type: none"> <li>- CLTs, CLT Educators, Managers</li> <li>- More than 10 years working</li> <li>- Rural communities</li> </ul> </li> </ul>
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	<b>Conclusions from the survey</b>
	<ul style="list-style-type: none"> <li>■ <b>General agreement:</b> <ul style="list-style-type: none"> <li>– Limited opportunities for career advancement</li> <li>– Little difference in job responsibilities based on education or certification</li> <li>– There is a need for change</li> </ul> </li> <li>■ <b>BUT – don't change me!</b></li> </ul>
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	<b>What the New Model Proposes to do:</b>
	<ul style="list-style-type: none"> <li>■ Affirms the importance of certification and verified competency at all levels of practice</li> <li>■ Defines the practice skills that should be taught and can be expected of new practitioners at each level</li> </ul>
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	<b>Without New Model/Staying with the Status Quo</b>
	<p>The following issues will continue:</p> <ul style="list-style-type: none"> <li>– Student attrition.</li> <li>– Blurred lines of responsibility.</li> <li>– Compensation among personnel with different education levels.</li> <li>– Attrition of talented lab professionals due to ineffective use of their skills.</li> </ul>
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	<b>Implications for Students</b>
	<ul style="list-style-type: none"> <li>■ Curricula meaningful and relevant to entry-level jobs</li> <li>■ Well defined curricula facilitates progression from one educational level to the next</li> </ul>
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	<b>Implications for Educators</b>
	<ul style="list-style-type: none"> <li>■ Clear guide for curricula at each level of practice</li> <li>■ New education programs needed</li> <li>■ New methods of education needed</li> </ul>
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	<b>Implications for Laboratory Managers</b>
	<ul style="list-style-type: none"> <li>■ Improved employee morale and decreased turnover</li> <li>■ New job descriptions needed</li> <li>■ Mechanisms for training needed at all levels</li> <li>■ Creates standards for training and certification at Level I</li> </ul>
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	<h3>Implications for Laboratory Managers</h3>
	<ul style="list-style-type: none"> <li>■ Distinguishes between CLS/MT and CLT/MLT</li> <li>■ Makes better use of lab professionals with baccalaureate degrees</li> <li>■ Recognizes the need for higher degrees for advanced leadership roles</li> <li>■ Creates a new clinical role for consultation to mid-level practitioners and physicians</li> </ul>
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	<h3>Implications for Laboratory Practitioners</h3>
	<ul style="list-style-type: none"> <li>■ Differentiates levels of practice while placing limitations on practice at all levels</li> <li>■ Well defined career path</li> <li>■ Encourages professional development</li> <li>■ Recognition for obtaining specialized experience, education, and certification</li> <li>■ Recognizes expertise and ability to contribute to the health care team</li> </ul>
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	<ul style="list-style-type: none"> <li>■ <a href="http://www.ascls.org/members/leadership/index.asp">http://www.ascls.org/members/leadership/index.asp</a></li> </ul>

	<h3>Perceptions</h3>
	<ul style="list-style-type: none"> <li>■ We have perpetuated these beliefs by:             <ul style="list-style-type: none"> <li>– Not having defined standards for education</li> <li>– Not having defined standards for certification</li> <li>– Not requiring state licensure</li> </ul> </li> <li>■ Our other professional colleagues in healthcare have not allowed this to happen</li> </ul>