



# NewsScope

I o w a   A s s o c i a t i o n   f o r   C l i n i c a l   L a b o r a t o r y   S c i e n c e s

## Over 300 Laboratorians were “Dealt the Right Hand” at the Annual Spring Meeting

The 2007 Annual Spring Meeting, “Get Dealt the Right Hand”, was held April 18-20, 2007 at Harrah’s Casino and Hotel in Council Bluffs Iowa. The meeting was jointly sponsored by American Society for Clinical Pathology (ASCP), Iowa Association for Clinical Laboratory Science (ASCLS-IA), Clinical Laboratory Management Association – Nebraska and Nebraska Society for Clinical Laboratory Science (NSCLS).

A total of 348 laboratory professionals from Iowa and Nebraska attended the meeting over the course of the 3 -day meeting. There were 4 ASCP sponsored workshops and over 30 PACE approved scientific sessions on a variety of laboratory topics.

Glen McDaniel was the key note speaker. Glen writes for Advance Magazine and spoke on *Resilience – The Essential Leadership Skill*. There was a large vendor turn-out with dedicated exhibit hours on Thursday afternoon.

Laboratorians also like to have fun so on Wednesday evening there was a meet and greet dessert bar with a silent auction to raise PAC funds and on Thursday evening an interactive Murder Mystery Dinner Theater was presented to the great enjoyment of all who attended.

**Plan on attending the Spring Meeting in 2008...see page 2 for more details.**



## ASCLS National Meeting in San Diego

*Jan Frerichs*



“Sun Surf and Science” was held in San Diego, CA July 17 - 21. ASCLS-IA was recognized with an award this year. We had a 22% increase in our membership over the past year! Kudos to all of you who recruited a friend or co-worker to join ASCLS this year. Because of our increase in membership we were able to send 5 delegates to the governance sessions.

The Iowa delegation included Don Johnson, Jan Frerichs, Sheila Pitts, Kim Von Ahsen, and Kim Rieck. Mickey Williams also attended the meeting and is a member of the national By-Laws Committee. The delegation split up to attend the various governance sessions to learn what our society is doing on issues of importance to the clinical laboratory.

There were over 40 P.A.C.E. approved scientific sessions presented by recognized experts and ASCP sponsored workshops that ASCLS members could attend. There were a record number of peer-reviewed member-submitted posters this year. The exhibits were shared by ASCLS, ASCP and AACC (American Association for Clinical Chemistry). The exhibits are billed as the world’s largest clinical laboratory expo. You cannot get through the exhibit hall in just one day (my feet can attest to that!). Some of the meeting highlights were an excellent opening keynote address “Say it With a Story” by Lori Silverman and a wonderful closing keynote by Dr. Michael Laposata on “Going Beyond the Performance of the Laboratory Test: What the Patients Need that Only You can Give Them”.

We also managed to have a little fun in San Diego site seeing (riding in a pedi-taxi was an adventure!) and attending the RhO Sigma (Region VI) dinner.





For those of you, who don't know me, allow me to introduce myself. My name is Jan Frerichs and I am currently the Director of the Pathology Learning Center at the University of Iowa. I am also a part-time instructor at Kirkwood Community College in Cedar Rapids, IA. One of the things I love about my current position is that I have the opportunity to work with many different types of students and faculty and share my love of the laboratory with them. My career in Laboratory Medicine spans 36 years most of it spent at the University of Iowa Healthcare. I have worked as a bench tech on all different shifts in all departments, as a department supervisor, assistant lab manager and now as an educator.

One of the wonderful things about our profession is that things are constantly changing which offers an opportunity for life-long learning. When I started in the laboratory 36 years ago there was not a lot of automation and there were no immunoassays. Those of us working in the chemistry lab thought the SMA 12/60 was wonderful. The first immunoassays had radioactive tags and everything was

hand-pipetted. Drug levels were mostly done by HPLC. There were no safety devices and no one wore gloves. I am always amazed at the new innovations I see at the vendor booths when I attend a meeting. Over the years I have worked with so many wonderful dedicated laboratory professionals who have become friends as well as co-workers.

Joining ASCLS has brought me into contact with many wonderful laboratory professionals from all over Iowa. We have a lot in common whether you work in a small community hospital or a big medical center. The net-working opportunities are invaluable. Becoming active in your state society is a great way to build on those skills you all develop by working in the laboratory; technical, organizational and communication. I encourage you to join ASCLS-IA and get involved in professional activities. Contact legislators about funding cuts or bills introduced in congress that affect laboratory medicine. One of the benefits we are starting to offer to our members is PACE approved CE through our web-site. This will be especially important for new graduates entering the field who will be required to obtain CE to renew their certification. It is a great privilege for me to become your president and I have some big shoes to fill. I want to thank Don Johnson, Vonnie Hinrichsen, and Mick Williams for all their mentoring and support. There are many others out there who have also offered support and encouragement. There are many opportunities to get involved even in a small way in ASCLS-IA. Contact me or one of our board members with suggestions and opportunities for improvement. Working together, we can make a difference. Make your voice heard! Have a great year!

*Jan Frerichs*



## Mark Your Calendars: Spring 2008 ASCLS-IA/CLMA Joint Meeting

Planning is underway for the 2008 joint Spring Meeting with CLMA. The meeting will be held at the Marriott Hotel and Convention Center in Coralville, Iowa. The dates are April 9, 10, and 11, 2008.

Please check the NewsScope and ASCIS-IA web site for more information as the year goes along.

Anyone interested in planning or helping with the meeting should contact Jan Frerichs or one of the board members.

We are especially looking for people to serve as Scientific Assembly Chairpersons in the following specialties: Chemistry/Urinalysis, Hematology/Coagulation, Blood Bank/Immunology and Microbiology.





## The Three Things I Learned In Washington, D.C.

*Theresa Ortner*

**Number one: When the Airline damages your luggage they are not responsible, however they will tape it back together with bright neon pink tape. Number two: People usually don't get mugged in broad daylight; no matter how lost a blonde, midwestern girl looks. Number three: Always wear comfortable shoes on the Hill. Make sure that they are well broken in and not the perfect pair of shoes that go great with your outfit.**

*On a more serious note, if all I had learned in Washington, D.C. were those three things I doubt that I would be allowed to go back. The main three things I learned in Washington, D.C. are; 1) I was clueless to the actual issues facing our profession, 2) Even though I thought I was well informed, there was always something new to learn and 3) If we as a society don't take a stand on these issues then our future could be rather grim.*

*There were five main topics discussed at our briefing before we went to the Hill:*

- 1) Pod Labs
- 2) Fee Scheduling
- 3) Co-payment
- 4) Competitive Bidding
- 5) The Allied Health Reinvestment Act or S.605.



Pod labs are facilities structured to enable referring providers space (a small cubicle office) in a laboratory, to exploit a loophole in Medicare's in-office ancillary exception rules. Pod labs empower referring physicians to mark-up the cost of the Medicare laboratory services, sometimes as great as 45%. These economic incentives distort medical decisions by helping providers to be compensated on the volume of tests ordered, whether they are needed or not.

Fee Scheduling is the current method being used to reimburse for laboratory testing. Fee Scheduling was introduced in 1984 and payments were based on 75% of the reasonable charge of clinical laboratory services. Congress required direct billing of these services to Medicare contractors, thus eliminating the requirement for beneficiaries to make a co-payment when receiving services. It also stipulated that the price of the services would provide for an annual Consumer Price Index. Currently labs are being reimbursed less than they were five years ago for the same testing. Congress has put several freezes on the Fee Scheduling increase for laboratory services, but continues to increase physicians fees by cutting funding to labs and other services.

Co-payment is another suggestion brought forth by Congress to slim down costs for seniors. However, the imposition of co-payments would shift the costs of the Medicare program to beneficiaries and force them to incur an additional \$680 million in out-of-pocket expenses. The co-payment would have seniors paying for 20% of their laboratory fees, which would be decided after the services have been performed and gone through their various insurance companies. The total costs for seniors could be \$2.40, after insurance companies, however the cost for the laboratory to collect payment from the patients averages about \$5.00 per reminder. Thus, putting a tighter squeeze on already limited laboratories budget.

The concept of Competitive bidding is that laboratories in a defined area compete against each other to "win" the bid for laboratory testing. This method has worked in other sectors of the medical field, such as medical equipment, wheelchairs, etc. Government is looking for a way to cut cost for those on Medicare Part B, and let's face it, cut cost for the Government. Some of the problems of Competitive bidding are that most labs are community based and non-profit, and testing is a service, not a commodity. It also creates the problem for labs to acquire more advanced and faster instrumentation, thus slowing down turnaround times and losing accreditations for the hospitals that they are in.

Competitive bidding was first proposed in 1985; however, the Consolidate Omnibus Budget Reconciliation Act of 1985 prevented the Secretary of Health and Human Services from conducting in demonstration projects until 1987. In 1987 the prohibition was extended further delaying any demonstration projects. The 1997 the prohibition was lifted and the Center for Medicare and Medicaid Services (CMS) were free to set-up demonstration sites. The demonstration sites had to meet the following criteria: 1) Located within a single state, 2) Total population between 1-4 million and a Medicare population between 100,000- 400,000, 3) 5-50 percent Medicare managed populations. Under this criteria 22 different cities were chosen. Columbus, OH, Oklahoma, OK, Buffalo- Niagara Falls, NY just to name a few. The demonstrations are being conducted in a three-year period, with the CMS reporting their findings to Congress.

To complicate matters there are defined groups that would/ would not have to bid. Those that would be required to bid are independent clinical laboratories that receive >\$100,000 from Medicare Part B. Hospitals providing non-patient services that receive >\$100,000 from Medicare Part B and Physician owned laboratories acting like independent laboratories that receive >\$100,000 from Medicare Part B. Non-required bidders are classified in the same way except they receive <\$100,000 from Medicare Part B. All the "losers" in competitive bidding would receive the same reimbursement as the "winning" lab. Another catch of competitive bidding is that if a non-required bidder does not bid and moves into the required bidders class and they did not bid then they do not receive any reimbursement from Medicare Part B. One more complication with competitive bidding is that the CMS and the OMB (Office of Management and Budget) still need to agree on the following definitions: patient vs. non-patient, in-patient vs. out-patient, in house in-patient and in house out-patient, and finally in house non-patient vs. out house out-patient. (Confused yet? Don't worry so are a lot of us. A patient is a patient, and there is no non-patient patient that I know of.)

Why be worried now? President Bush has proposed as part of his budget cuts to enact competitive bidding nationwide with out demonstration test sites. Other problems are that the competitive bidding is to be based on zip code to charge for tests, not just the tests themselves, and as far as I know there is not a computer system that orders testing in that way. Let's not forget that it is also the patient and their care that is going to be affected by this. For instance, doctors will have to send their patients to have their testing done at the "winning" lab, which may not be the lab that they are use to working with. Patients will have to, in some cases, drive further for their care or have their tests results delayed due to samples only being picked up from a satellite lab once or twice a day. With the delay in tests results there is a delay in care, hurting the patient even more. The reason we went into this field is to provide the best care for patients, with delays that does not occur.

The Allied Health Reinvestment Act addresses the growing national shortage of allied healthcare workers such as: Clinical Laboratory Technologists, Occupational Therapists, Physical Therapists, Pharmacy Technologists and many others. The act also calls for a reduction in medical errors, increased patient care and better quality of care for patients. In order to achieve those demands there is an amplified call for qualified allied healthcare professionals to provide quality healthcare services.

Some quick facts about our current status in clinical laboratory science; the average age of a CLS/MT is 48; of the 9,000 openings per year academic institutions are only producing 4,990 annually (this number is from a few years ago, before we had even more schools closing). The BSL projects the in the period of 2000-2010 a total of 120,000 positions in clinical laboratory services will be needed in the form of creating 80,000 new jobs and filling 40,000 existing vacancies. Clinical laboratory science will experience a 17% growth rate in the next 10 years.

How does the Allied Health Reinvestment Act help CLS/ MT's? It would amend the Public Health Service Act to provide for the education and training of allied health professionals in exchange for a service commitment. It mirrors the Nurse Reinvestment Act passed in 2003. Some other recommendations in the bill are the use of federal aid to reduce tuition barriers, special assistance to minority candidates and scholarships to students who agree to serve in underserved facilities/ locations after graduating. Sounds pretty good, huh? The problem is that there is currently a bill in the Senate and no bill in the House. Our best chance for getting this bill passed is to have it in both branches of Legislature.

The scary truth is that if we don't get this bill passed everyone suffers. A lack of qualified professionals affects all Americans; women who have Pap tests, men who have PSA tests for cancer, seniors and baby boomers who have cholesterol tests, even babies that are tested for anemia and tests as simple as testing a child for Strep throat can all be affected without having properly educated and trained professionals. Laboratories play a critical role in the detection and diagnosis of illnesses resulting from exposure to either biological or chemical agents. We are America's first line of defense to identify such agents and thus giving the patient the best chance of recovery.

While on the Hill we talked to all the Congressional offices and both Senators offices. (In many cases we discussed these issues with their aides.) We voiced our concerns for the future and for the state of Iowa. With the enactment of competitive bidding many rural labs and hospitals may be forced to close down and then what would people do for care? Iowa is mainly rural areas with some large cities scattered

here and there, but in many cases it could be 2 hours to the next city before a patient could receive care. When they do receive that care we want it preformed by qualified professionals that can aid in the proper diagnosis for that patient.

***What can you do as an individual? Make your voice heard by joining ASCLS/ ASCP and also providing support for the Political Action Committee to keep up with the pressing issues. Get on the web and send emails to your Congressman and our Senators. Log on to [www.ascls.org](http://www.ascls.org) and/ or [www.ascp.org](http://www.ascp.org) and from there find the email addresses for our Senators and your Congressman.***

**I learned one more thing in Washington, D.C. that I would like to pass on to you. The highest point in Washington, D.C. is on the Hill, on top of the Capital Building. Lady Freedom stands tall and proud on the highest point in D.C. No building can be built that would be higher than her, for nothing towers over freedom, our freedom. Please join with me and make sure that nothing towers over our freedom.**



## Student Winners

of the

### Iowa Medical Technology Scholarship Fund (IMTSF)

The Iowa Medical Technology Scholarship Fund (IMTSF) was formed in 1958 for the purpose of promoting and supporting the education of medical technology students at all levels.

IMTSF announced the two students rewarded with scholarships for 2007 at the IACLS/NCLS Spring Meeting held in Council Bluffs, Iowa. **Meredith French**, a Clinical Laboratory Science student at the St. Lukes Program in Sioux City, Iowa and **Priyal Patel**, Clinical Laboratory Science student at the University of Iowa will each receive \$500 scholarships.

Congratulations to both students who demonstrated excellence as students in their programs.

Originally funded by the Iowa Association for Pathologists and the Iowa Society of Medical Technology, IMTSF received a substantial bequest by Miss Pearl Spanswick. Each year, IMTSF awards scholarships to qualifying students.

An additional \$5000 donation was received to honor Marian Schwabbauer, PhD from the Iowa Association of Clinical Laboratory Science. IACLS chose to honor Dr. Schwabbauer because of her dedication and advancement of the field of laboratory science. Her service to the field has been an inspiration to hundreds of students by building and leading the Clinical Laboratory Sciences Program at the University of Iowa.

May both students continue the tradition of excellence and leadership that both Pearl Spanswick and Marian Schwabbauer demonstrated to the profession of laboratory science.

**Congratulations, Meredith and Priyal!**

# From the Editor



Hi ASCLS-IA members!

Let me introduce myself to you...I am a graduate of the University of Iowa Clinical Laboratory Sciences Program and I am the Laboratory Manager at Clarke County Hospital in Osceola.

I am really excited to have the opportunity to compile the Newscope for ASCLS-IA. As the editor, I appreciate any input you may have. Please forward any of the following to me:

- ◆ Articles
- ◆ Ideas for articles
- ◆ Upcoming statewide events
- ◆ Spotlights on individuals or laboratories
- ◆ Any new and exciting news!

This is your newsletter, so feel free to let me know what is important to you.

I look forward to working with each of you!

*Mona*

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### *Membership News!*

The National ASCLS office wants to remind everyone that memberships expire yearly on July 31 and should be renewed at that time. Members who renew late in the year will NOT get an extended expiration date. For example, if your membership expired on July 31, 2006, and you wait until April 2007 to renew, your new expiration date will be July 31, 2007, so you'll only have a few months before you have to renew again. To get the most out of your ASCLS membership, remember to renew your membership on time every summer.

## Lab Tests: Today's Tools for Detection, Better treatment and Greater savings

By Rep. Charles W. Boustany Jr., M.D. (R-La.). *Boustany is a member of the Education and the Workforce Committee.*

In my 14 years as a practicing physician in Southwest Louisiana, I had the privilege of caring for thousands of patients. Each of those patients was unique, each with his or her own medical circumstances and challenges. But virtually all of them would have been better off if their condition had been identified earlier and if treatment or preventive action had been taken much sooner.

For many of those patients, it would have been the difference between life and death.

In the health policy debates in Washington, terms like “early diagnosis” and “preventive care” are the stuff of floor statements and reform proposals. And that’s good. But it is not good if Congress overlooks steps it can take today, right now, to encourage diagnostic testing and preventive care.

### **Consider what we stand to gain:**

Diabetes can cause kidney failure, stroke, blindness and premature death — and costs the U.S. over \$130 billion annually. But laboratory tests can identify the high blood sugar levels that signal danger. This permits physicians to prescribe dietary changes, exercise or medication that can avert such complications and let patients lead normal, healthy lives. In effect, earlier detection and management through lab tests has changed a killer into a chronic disease.

Early detection and management also mean cost savings. A \$13 hemoglobin A1c blood test that helps a physician manage a patient’s diabetes reduces the likelihood of heart attack, peripheral artery disease and kidney dialysis.

Cervical cancer is similar. It too is a deadly disease, but early detection and treatment have also made it one of the most preventable. Here, the technology is the Pap test, which provides a kind of early-warning system that detects pre-cancerous cells. This allows physicians to stop cancer before it even starts. In cases where the cancer already exists, the tests detect it in the earliest stages, when treatment is most successful. Since pap tests were introduced, mortality from cervical cancer in the U.S. has dropped roughly 75 percent. Here again, the test not only saves lives; it also saves money. Late-stage cervical cancer treatment costs \$37,000, but a pap test that can help prevent this disease costs only \$31.

We can count on even further progress on cervical cancer. A new DNA test will improve detection of high-risk strains of the HPV virus that causes cervical cancer, and a new vaccine will significantly reduce the risk of developing the disease.

As a physician, I saw firsthand what early diagnosis and intervention of this kind meant to individual patients. Now as a member of Congress, I see what early diagnosis and preventive care can mean to the U.S. healthcare system overall.

For example, kidney diseases cost the U.S. \$8.2 billion each year and the chronic forms of this illness affect some 20 million Americans. Complications include kidney failure, cardiovascular disease and eye damage. But laboratory tests can help patients manage this disease —even slow down or prevent further progression — through earlier diagnosis and treatment. A 2004 study found that expenditures for kidney disease patients who had appropriate diagnostic testing were 50 percent less than expenditures for patients who did not have such tests.

Congress must understand that we have these tools today to help reduce the devastating effects of disease. But we will not realize their benefits through policies that reduce payment and coverage for these technologies. Over the course of many administrations and Congresses, Medicare has continued to try to cut reimbursement for these vital tools through a technique called “competitive bidding.” In reality, this approach is government price setting at its worst, and, as a physician, I can see clear dangers in this approach.

Between surgeries, I would often go to labs in my hometown of Lafayette. I would meet with pathologists to view the most up-to-date, real-time test results for my patients. That gave me a clearer sense of what was going on and what they were facing. But with competitive bidding, lab testing can be outsourced to cities or states that are nowhere near the patients receiving treatment. If this happened, surgeons like me would never be able to have that one-on-one relationship with the pathologist to go over an individual patient’s medical records.

I urge Congress to recognize what we have in lab testing. I further urge my colleagues to support policies that encourage its use and to oppose policies, such as competitive bidding, which will only harm a valuable tool for improving care and reducing costs.

*From TheHill.com, June 6, 2007*

**We, as laboratorians, are affected tremendously by the decisions that key government representatives must make. Laboratory services can be impacted in a substantial way by these decisions. Be sure that your government representatives have the information to make the best decision for us and our laboratories.**

# 2007-2008

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It's no secret that there is a shortage in qualified Clinical Laboratory Scientists not only in our state, but also across the nation. The secret is how do we attract more people into the profession? Many people believe that in order to minimize the shortage we must take steps to make laboratory careers more attractive; better wages, improved opportunities for training and advancement, measures to address biosafety risks and concerns, relocation assistance and most importantly, increased recognition for laboratory technicians and scientists.

**Where do we begin?** As Julie Andrews says in Sound of Music, "We must start at the very beginning, a very good place to start." Now I don't mean starting with Do, Re, Mi, but start at the point when the decision of "What do I want to do for my future?" starts. We need to start recruiting in High School and even into Freshmen and Sophomore years of college, when many students decide to change majors. We need make our profession more visible to the community surrounding us and let them know what happens to their blood after they are stuck. When people ask what I do for a living and I tell them proudly that I am a Medical Technologist, ASCP certified, not only do I get the confused expression on the person's face, but the standard response of "ok". When you know they have no idea what you just said like you have suddenly switched mid-conversation into another language and didn't bother to tell them.

**It's time to start telling them.** Through combined efforts of getting to talk to High School science students to the College science majors, we can start to make this change. Currently there is a workshop that is given at Wartburg College that does open high school students' eyes to the realm of possibility in the Clinical Laboratory Science field. The workshop is called the "Cedar Valley Science Symposium" (CVSS). In this workshop we have the top science students from around the surrounding area come to the college to see the different opportunities that are available in the field of science. Typically the "Laboratory Pursuits" workshop is the most attended workshop. We take the students through the process of diagnosing three different patients. We have the students perform a manual differential, streak out plates to look for bacteria, perform a gram stain on a "patients" specimen, even blood typing "patients" and analyzing urine and chemistry tests to come to a decision on what might be wrong with the patient. Similar workshops held at area high schools or colleges could be done to introduce students to the "behind the scenes" testing that helps their physician diagnose what is wrong.

However, workshops are not the only way to reach future Clinical Laboratory Scientists. Talking to students in High School and College still opens eyes to the possibilities that lay ahead. Whether it is going to job fairs, classes, or organizations it's still a step in the right direction to help ensure our future. As the Chair for Future Recruitment I am working with Judi Kittleson, the new liaison for the Clinical Laboratory Science Program between the University of Iowa and Argosy in Nebraska and trying to find opportunities to make our profession more wide known. We need individuals who are willing to go and explain what we do and who we are. It's going to take all of us to "start at the beginning" in order to change the future and provide a better answer to what the future will hold for all of us. Remember we can't complain unless we are willing to make the change.

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