

Future Directions for the Clinical Laboratory Scientist

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Editorials serve many purposes: one is to communicate an issue or concern, another is to provide an overview of the journal articles, and a third is to generate discussion from its readers. The Winter 2003 editorial encouraged readers to become more involved in the profession and perhaps submit articles for publication. The Spring 2003 editorial...well, you can decide its purpose.

Some time ago, I posed the question...“is it time to look at an entry level master’s degree for the clinical laboratory scientist?” Justification ranged from keeping up with the other professions that are moving or have already moved to the master’s level, to the knowledge required to function as a CLS exceeds the baccalaureate degree. CLS educators complain that the body of knowledge of the profession can not be adequately covered in four years. The changing responsibilities for the CLS requires more didactic time to learn laboratory operations, financial management, regulatory compliance issues, clinical correlation, and research design. Thus, an entry level master’s would afford more time to adequately cover the material. This suggestion has not met with unanimous support. Arguments against the idea include low salaries, increased shortages in manpower, and uncertainty of the role the hospital-sponsored programs could play in this type of education program. Even so, NAACLS has appointed a task force to evaluate the move to the graduate level as a future direction for the profession.

Setting emotions aside, look at where the education and responsibilities of the CLS and CLT are in 2003 compared to ten to twenty years ago. The NAACLS Standards (2001) for the CLS/MT and CLT/MLT describe as career entry responsibilities for the CLT/MLT as...“the primary analyst making specimen oriented decisions on pre-determined criteria...”, while the CLS/MT responsibilities go beyond the testing to include clinical decision-making, regulatory compliance, quality assurance/process improvement, evaluation of test systems, all aspects of laboratory management, and adequate knowledge of research design principles to evaluate published studies. Truly the entry-level knowledge required of the CLS has gone beyond the baccalaureate level.

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Some programs view the suggestion of entry level master’s as a threat to their continuance. How does a hospital-sponsored program fit into a master’s level program? Several models can be developed to accomplish this task. The main ingredient is collaboration between the hospital program and the university/college.

For the employer, what would be the advantage of the change? In many institutions there is no clear cut distinction between the roles of the CLS versus CLT. Many institutions advertise for a CLS or a CLT. The message communicated is that work functions are not separated by competencies. It appears the employer expectations of a baccalaureate-prepared CLS are less than the capabilities of the graduate. The required competencies should dictate the qualifications requested, not advertising for either in the event the baccalaureate-prepared is not available. The employer would be able to better utilize his/her resources.

One may ask how does this help the shortage of qualified personnel issue? Through better delineation of functions, it will become apparent the CLT can assume much of the analytical testing and free the CLS to perform at a level that allows his/her to better use his/her education. The education of the CLS prepares the graduate to function as a generalist, specialist, educator, or manager. The CLT is prepared to function, with the supervision of the CLS, as the primary analyst in the clinical laboratory.

The Futures Conference held in Chicago identified roles for the CLT and CLS in the next five and ten years. As we move closer to the five-year mark, we must be certain we are making the prediction possible. Can we reach those predictions with our current education structure?

It is not a time to maintain status quo, we must prepare for the required changes. Using Spencer Johnson’s *Who Moved My Cheese* as an allegory, our profession is Cheese Station N, the maze is the trials it will take to reach our cheese. Laboratory professionals must assume the role of Sniff and Scurry and not be Hem waiting for things to be back like they were.¹

REFERENCE

1. Johnson S. *Who Moved My Cheese?* New York: Penguin Putnam Inc; 1998.