

# Changing of the Guards

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It's a new year and there are some changes occurring with the *Clin Lab Sci* journal editorial staff. First let me begin by stating as the new editor-in-chief, I find myself in a situation with some very big shoes to fill. As you are probably aware, Dr. Susan Leclair is "retiring" from this position after serving the profession for two very productive terms. She has served admirably and has led the way to make the journal become more recognized as a first-rate journal. *Clin Lab Sci* is somewhat unique in its efforts to meet the needs of the members of our profession. Many journals only print research manuscripts. While these journals are recognized in the academic world as the premiere format, the *Clin Lab Sci* journal has a much more diversified readership. Thus, we offer not only research articles but also clinical practice manuscripts for the practitioner and a Focus section to provide continuing education opportunities for the entire profession. Susan has done a great job in ensuring that the quality of the journal has continuously improved. I believe this journal offers something for everyone. There is still work to be done to further our efforts and I just hope I will be able to continue with the standards Susan has set. I wish her the very best and hope to see some great manuscripts in hematology.

I have served as the Research and Reports editor for the past couple of years and now this position is being filled by a very capable new editor, Dave McGlasson. Many of you may know Dave as a well-respected expert and researcher in the field of coagulation. I know he will serve the journal well and I look forward to working with him along with our other editors, Bunny Rodak and George Fritsma. I would like to encourage each of you to help them out by providing us with Research and Reports, Clinical Practice, and Focus manuscripts. We can't publish a journal without your valuable input.

The *Clin Lab Sci* journal is one of our links to other professions to be recognized as a legitimate player in healthcare. Lack of recognition is one of the problems our profession has always experienced, with not only the public but also other healthcare practitioners. Over the years we have worked hard to put our profession more in the forefront. Our educational programs have continued to improve and include more complex scientific theories, techniques, and methodologies. However, in the past few years I've noticed some troubling changes to our academic programs within many universities. Several of

our programs are being merged into other departments and losing recognition as an independent profession. Although I understand administrators' efforts I do not agree with them. They are hurting the profession.

In academics, as in many healthcare areas, administration must show fiscal responsibility. This means getting the most out of your money. In the business world this is known as return on investment or ROI. In the academic world this is measured by how many students can be educated for the least amount of money. Since CLS programs have small enrollments, the financial model used in academia is not in our favor. CLS education is expensive. Therefore, healthcare programs with small enrollments are merged into single departments with some generic healthcare title resulting in larger student numbers at the expense of a loss of our presence as an independent healthcare profession.

So what do we do? I think there are two areas that need to be addressed. We need to have more CLS faculty moving into dean positions in schools and colleges of health professions. This is where the decisions are made, and it is imperative to have individuals who truly understand health care education. The other area is the academic ROI model. Education funding by state legislatures does not really look at investment returns. Basically, they measure how many students can be educated with a certain level of funding. A true ROI model should measure the financial return the graduates of the programs make to the state. I believe if we determined this payback by practicing CLSs it could easily be shown that the financial return is much greater than by other majors such as biology and chemistry. A CLS degree puts tax-paying individuals into local jobs while other science degrees create individuals looking for jobs that do not exist.

Once again our profession is facing another major obstacle to becoming a valued member of the healthcare team – one I believe we will overcome. I look forward to doing my part to ensure that our profession moves forward by making this journal the very best it can be in promoting our profession within the healthcare industry.

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