

Evidence Based Practice in CLS Education

ELIZABETH KENIMER LEIBACH

Traditionally, CLS educators have filled a more supportive, rather than direct, role in the development of our practitioners. In this model, curriculum content was chosen for its relevance to practice, and the referent practice was considered primarily to be technical, that is, practice related to test analysis. With the advent of the evidence based practice (EBP) movement, attention is becoming increasingly focused on pre-analytic and post-analytic processes and the relevance of clinical laboratory information to medical effectiveness, cost-efficiency, utilization/interpretation, patient safety, and reduced numbers of errors. EBP has provided the theoretical and practical framework for *praxis* (i.e., acts which shape and change the world), in clinical laboratory science.¹

CLS educators now find themselves responsible for the development and evaluation of increasingly varied, complex, and crucial clinical skills directly related to consumer well-being and assurance of quality services delivered as interpreted and acted on not only by patients but by other healthcare professionals as well. Represented in this *Supplement to Clinical Laboratory Science* are timely theoretical and practical discussions of many foundational concepts in CLS practice and the *evidence* that supports the development and assessment of the “best” applications of these practices. Evidence supporting best practices in online and blended format course delivery, development and assessment of professionalism and teaching skills, and implementation of research in undergraduate and graduate curricula are just a few examples of practice concepts presented that will be of interest and practical use to CLS educators and practitioners alike. Another timely report examines the restructure and evaluation of baccalaureate

curriculum presenting evidence that “good quality can cost less.”²

The evidence based practice of defining processes and assessing the efficacy, effectiveness, and efficiency of the outcomes of those processes defines CLS quality in all phases of clinical services delivery.³ And evidence based practice in CLS education defines and assesses quality of the processes related to teaching these “best practices.” CLS educators’ responsibilities, then, include identification, assessment, and application of these “best practices” through clinical and educational research. Following the communication of this and, hopefully, more works like it, expect to see incorporation of these best practices in program accreditation, quality improvement studies, practitioner certification, and regulatory requirements. Given the pivotal position of education in CLS, this inaugural *Supplement* is a long-awaited, welcomed addition to the body of knowledge. Contributing significantly in the EBP process and being aligned with its precepts, the ASCLS Education Scientific Assembly, sponsor of this edition, encourages your comments and feedback.

REFERENCES

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Elizabeth Kenimer Leibach, Ed.D., MLS^{CM}, SBB
Education Editor, Clinical Laboratory Science