

The Doctorate in Clinical Laboratory Science: A View of the Strategy for Continuity, Growth, and Realization of Potential

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ABBREVIATIONS: ASCLS = American Society for Clinical Laboratory Science; BOD = Board of Directors; DCLS = doctorate in clinical laboratory science; PD = professional doctorate; PDTF = Professional Doctorate Task Force

INDEX TERMS: clinical doctorate; clinical laboratory science; evidence-based practice; professional doctorate.

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In 2005 the ASCLS President Susan Morris charged the Professional Doctorate Task Force (PDTF) to guide the development of the professional doctorate in clinical laboratory science (DCLS): “Implement a Professional Doctorate pilot project involving one or more universities that will develop degree programs, and publish a white paper that demonstrates the importance and value of the doctoral level clinical laboratory professional’s role in the healthcare delivery system.”

PROGRESS TOWARD PROFESSIONAL DOCTORATE PROGRAMS AND PRACTICE

Working toward these goals for two years, the PDTF has produced a model doctoral curriculum to include competencies,

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course descriptions, and objectives; identified universities interested in program implementation; and initiated a process for institutional collaboration in development of program proposals and consortia and identification of start-up funding sources. The PDTF also has been instrumental in the coalescing of a national perspective and “vision” of the practice of the DCLS and its impact on healthcare delivery through multiple presentations, collaborations with NAACLS and other professional organizations, and communications in the professional literature.

PROFESSIONAL DOCTORATE CYCLE

These accomplishments can be viewed in Figure 1.

Step 1. Evolution and model design

The appointment of the PDTF completed the evolutionary development of the concept of the advanced practice degree level. With the charge of the PDTF, the door was closed on the entry-level degree debate and efforts re-focused on the need for the terminal professional doctorate. A model curriculum was developed and the process of program planning was implemented.

Step 2. Program development

Program development begins with the institutional assessment of resources needed for program implementation to include didactic curriculum content areas, clinical experiences, student support, curriculum delivery modes, possible inter-institutional collaborations, and issues of program accreditation. Marketing initiatives directed toward potential applicants, higher education administrators, and employers will address elements of PD education and practice related to student recruitment, program proposal advocacy, and practice opportunities. These marketing initiatives should continue through all phases of the PD cycle.

Step 3. Program implementation

Program openings, student recruitment and selection begin actual program implementation. Institutionally-modified, resources-maximized curriculum and delivery mechanisms will be piloted and evaluated.

Step 4. Practitioner recognition

Graduates of DCLS programs will be hired into the workforce. Data collection will begin to support evaluation of their contributions to and impact on healthcare delivery and to support job analyses for credentialing.

Step 5. Practitioner integration

Reliance of the healthcare delivery system on the DCLS will be demonstrated by evidence generated and utilized in practice and communicated through the profession and throughout the system. Data analysis will inform continuous improvement of existing programs and justify on-going cycles of program development, program implementation, practitioner recognition, and increased practitioner integration.

Though no doctoral programs have actually started, the task force has definitively begun the process of PD program implementation (Step 1 in the PD cycle) with its related accomplishments. Completion of the charge culminating in the production of practitioners and assessment of their impact on healthcare delivery (Steps 2 through 5 in the PD cycle) will not be accomplished within the usual lifetime of a task force. The steps left to be accomplished in the development and implementation of PD programs would best be guided by a more permanent structure focused not only on program implementation but on long-term growth and integration of the DCLS into healthcare delivery.

RATIONALE FOR STATUTORY OVERSIGHT OF PROFESSIONAL DOCTORATE PROGRAMS AND PRACTICE

The PD represents a new scope of knowledge and practice that should be given a formal place within the ASCLS. All development efforts to date have been predicated on prac-

itioner need, in all clinical settings and in all demographic areas, to fill an existing critical “gap” in healthcare delivery. To provide continued oversight, a coordinated effort through a nationally-sanctioned structure is required.

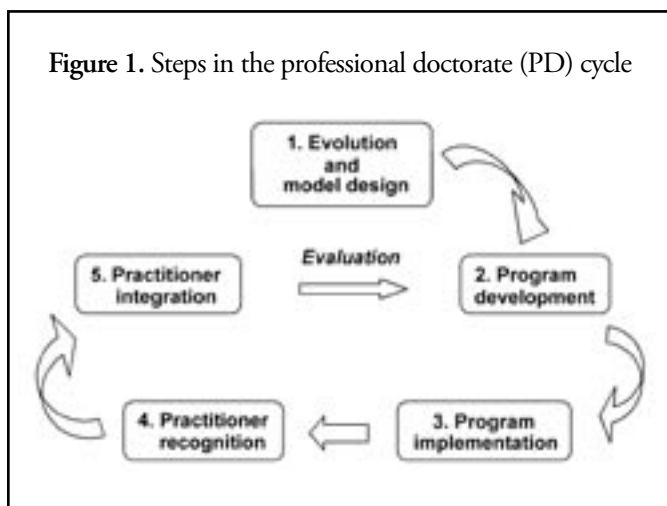
This structure for oversight would replace the ad hoc PDTF as a permanent, ASCLS BOD-authorized, national-level body for guidance in all issues related to the professional doctorate in clinical laboratory science. This body would have designated leadership responsible for addressing pivotal aspects of the practice like educational program development, accreditation, and maintenance; recruitment; scope of practice; marketing; and credentialing. In addition, DCLS practitioners should view the ASCLS as their professional organization since the PD scope of practice is an extension of, and built on, that of the CLS. Establishing this formal structure would create the basis of that connection.

BENEFITS OF STATUTORY OVERSIGHT OF PROFESSIONAL DOCTORATE PROGRAMS AND PRACTICE

Benefits of formal professional oversight include but are not limited to the following:

1. The PD represents a new scope of practice with new competencies, new program accreditation (with a new NAACLS Program Review Committee), and new credentialing resulting in a new practitioner in healthcare delivery. Formation of an oversight body would recognize this new entity and provide a statutory structure for input by professionals vested in the development and on-going success of this practitioner.
2. A formal oversight body would provide a statutory structure for on-going interaction among all practice levels as well as all specialty areas within clinical laboratory science. The scope of practice of the PD is built on the scope of practice of the CLS. A formal structure provides for collaboration among all these interest groups for the coordination of the advancement of all practice levels.
3. The ASCLS has stated that the doctorate is the terminal degree of CLS and will fill a critical gap in healthcare delivery. It is imperative that an organizational structure within the only generalist CLS professional organization (i.e., ASCLS) be in place to educate consumers and promote the practice. A formal oversight body would function in this capacity by serving as the structure housing committees to develop and maintain specific aspects of the practice, e.g., program implementation, practitioner advancement, and practitioner integration.

Figure 1. Steps in the professional doctorate (PD) cycle



4. Doctoral level CLS practitioners need to have a voice in the ASCLS for purposes of professional advocacy. Establishing a formal oversight body will provide a professional “home” for the practice serving to centralize all political as well as recruitment, marketing, credentialing, educational, and practice initiatives. For this keystone practitioner to be “safe, nurtured, and supported at home,” ASCLS must build an appropriate structure to acknowledge and cultivate the pivotal position of the keystone practitioner in the advancement of the CLS profession. There is not, nor ever will be, a more appropriate professional organization than ASCLS to develop and promote the DCLS.
5. The DCLS will embody, empower, coalesce, and direct professional efforts in promoting evidence-based practice, outcomes and translational research, and scholarship

(of teaching and practice as well as basic science research) in its more conventional interpretation. A statutory structure within ASCLS for oversight of the DCLS must also serve to recognize, reward, and support continuing scholarship and leadership in teaching, professional service, and research.

PROPOSAL FOR TRANSITION TO STATUTORY OVERSIGHT OF PROFESSIONAL DOCTORATE PROGRAMS AND PRACTICE

Various structures exist within professional organizations to recognize and promote excellence in one or more of the tenets foundational to the DCLS: education and the scholarship of teaching, service (practice), and research. Examples are (1) awards programs;¹⁻⁴ (2) fellows programs;⁵⁻⁸ and (3) academies within the professional organization.⁹⁻¹² Awards programs are typical of those established in ASCLS and recognize, on a one-time basis, distinguished service in all areas important to promotion of the profession. Membership in fellows programs is competitive and conferred to recognize individuals, usually at the professional terminal degree, excelling in teaching, research, and service (practice). Recognition through a fellows program is an individual honor and would carry the “Fellow” designation with credential to be included in the member’s title. Academies are more robust in their organizational guidelines to include not only fellows programs but also an assortment of other functions like leadership development (mentoring), professional development programs, projects, white paper development, assessment of future workforce needs, practice trends, and scholarship promotion.

The PDTF requested that the ASCLS BOD consider establishing a formal, statutory structure with the responsibility of development, implementation, assessment, and improvement of DCLS educational programs and practice. Because the creation and implementation of the DCLS represents the keystone (and terminal) degree and practice of the profession, it follows logically that this statutory structure would also carry organizational responsibility for not only designations of individual distinguished professional performance but also initiatives promoting advancement of all aspects of the profession.

With ASCLS BOD approval, the intent to establish such a structure could be announced at the 2007 ASCLS Annual Meeting. During FY 07-08, a post-PDTF transition group would oversee the continuing development of DCLS programs as well as creation of guidelines defining the formal, statutory body to assume responsibility for permanent over-

Table 1. ASCLS Professional Doctorate Task Force: FY 2006-07 membership roles

Members

- Elizabeth Leibach (chair)
- Cheryl Caskey
- Anna Ciulla
- Kathy Doig
- David Fowler
- Vince Gallicchio
- Susan Leclair
- Susan Morris
- Teresa Nadder
- Margaret (Cece) Schmidt
- Gilma Roncancio-Weemer

Liaisons

- Susan Beck, ASCLS Practice Levels Task Force
- Dianne Cearlock, NAACLS
- Paula Garrott, CCCLW
- Olive Kimball, NAACLS emeritus
- Mary Ann McLane, ASCLS Board of Directors
- Elissa Passiment, ASCLS executive vice president
- John Snyder, ASCP

Advisors

- Bernie Bekken, ASCLS past-president 2006-07
- Shirlyn McKenzie, ASCLS president 2006-07
- Herb Miller

DIALOGUE AND DISCUSSION

sight of all aspects of DCLS education and practice as defined above. Concurrently, the transition group would work with the BOD and Bylaws Committee to develop statutes for proposal at the 2008 ASCLS Annual Meeting.

The life of the PDTF has been a long and productive one. PDTF members are to be commended for their significant dedication and contributions toward crafting a new practice vision and achieving the final level of professionalism, the doctorate in clinical laboratory science. Because of their efforts, a new path emerges for the advancement of the profession, the benefit of the healthcare delivery system, and the public good. The American Society for Clinical Laboratory Science will now formalize the charge for advancement at the organizational level acknowledging the shared and synergistic futures of CLS and the DCLS. Continue to monitor our professional literature and the ASCLS website (www.ascls.org) for progress updates and ways to become involved in the implementation process.

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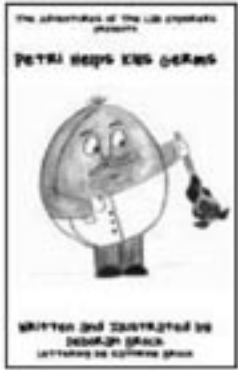
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