



Clinical Laboratory Scientists and Nurses in the Lab, Together? Is this the New World?

Marian Dynis, BSN, MHA – Clinical Nurse Manager of Pheresis and Donor Services and Edward, J. Peterson, Jr., MBA, MT(ASCP) – Director of Laboratories, Barnes Jewish Hospital, St. Louis, MO.

A Nurse Manager's Perspective

Nursing in the laboratory setting will not be found in the core curriculum of nursing programs. Many nurses may not even realize there are teams of nurses who work in the laboratory setting and frequently this is in an apheresis unit.

Following several years as a nurse manager in an intermediate care unit, I made the transition to Laboratory Medicine as manager of the Pheresis Center at Barnes-Jewish Hospital. This transition was seamless in many aspects as the level of care provided to patients is the same regardless if the care is provided for inpatient, outpatient, or by a Pheresis service. Many of the nurses I have worked with in the laboratory bring a highly skilled, critical care background, to the service.

Working closely with a stable core group of the laboratory medical staff who are in a consulting role to the primary care physicians throughout the institution is challenging and empowering. There have been many opportunities for growth in knowledge, participation in research, evaluation of new equipment and for developing best practices in this field. Practicing in the Department of Laboratories,

caring for patients, both inpatients and outpatients, has also provided me with a much broader knowledge and appreciation of the other laboratory specialties and their supportive role in the diagnosis and care of patients. This intimate level of knowledge could only be gained by working in tandem with these other laboratory services.

I have always been impressed with the support I have received from the Laboratory Administration and laboratory physicians. They have a sincere desire to provide the best and highest quality of care for patients. I have found the non-nursing laboratory staff to be very patient focused, appreciative of the patient's needs, aware of individual patient situations and the critical nature of the testing they perform. While I have learned much from them, I have also been encouraged by their interest in the care of our patients as a common goal. There is continuous, engaging communication regarding outcomes and the status of the patients.

As a nurse in a Magnet designated institution that promotes shared governance and with an RN staff actively involved in both internal and external committees

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CLEC 2013

Jan Hudzicki, Meeting Chair

February 13-17, 2013, turned out to be the perfect time for Clinical Laboratory Science educators to travel to the Heart of America, Kansas City, Missouri. The weather was milder than usual for February and travel was easy. We missed the explosion of a restaurant on the Country Club Plaza by a few days, and missed "Snowmageddon" by a week, which shut down the city for two days.

Over 400 educators "Jazzed Up Their Education" by attending the 2013 Clinical Laboratory Educators Conference on February 14 - 16. This year's conference was

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President's Message

Linda A. Smith, PhD, MLS(ASCP)^{CMBB}
ASCLS President 2012-2013

Is It Time For A New Award?

One of the most fun and rewarding things about being ASCLS President is the opportunity to meet members at state meetings and to see how the different constituent societies function. I just returned from the ASCLS-Michigan meeting. They have the unique practice of putting all kinds of crazy ribbons on their badges in addition to the ones that identify someone as speaker or moderator or officer. Titles such as 'Bored Member', 'My Ribbon is Better Than Yours,' 'Official Something,' 'Big Cheese' and 'Troublemaker' provide a light-hearted view of different responsibilities and titles. There was one ribbon however, that just had the word '**Somebody**' on it.....and that got me to thinking.

My last few columns have talked about all of the traits needed to be a leader within ASCLS or your constituent society. But who really makes many of the significant contributions to ASCLS or the state societies? It is somebody who does not necessarily want or have a leadership position but who is vital to the success of all our endeavors. Every organization needs these people – the Somebodies - who make it work on a day-to-day basis and who often function behind the scenes.

Think about the person who does all of your P.A.C.E.® paperwork for the meetings – year after year. How about the person who organizes the Awards Ceremony or who has

for years taken responsibility for ordering all the plaques and ribbons? How about the membership committee members who are always looking for ways to recruit and retain members? Think about all the tasks your newsletter or website editor does. What about your photographer who spends time documenting the awards ceremony, the social events, and the educational sessions and makes sure they are available for all to enjoy? Who volunteers to be on the program committee or do the AV year after year? Who has served for years as a member of the nominations committee and who finds the individuals suited to different leadership positions in the organization? Think about the stalwarts who sit at the registration desk and smile, solve problems, answer questions, and who probably miss out on their opportunity to sit in on some great CE sessions. Each of these people is a **Somebody**.

We all know members who when told about a new project or committee are the first to put up their hands and say "I'll help." They are not necessarily interested in being in charge or even being recognized. They want to be a good follower and a good team member who works for the benefit of the society. They just want

to be **Somebody** who contributes.

So what makes them such a good **Somebody**?

- They fundamentally believe in the profession and our professional organization. They recognize their responsibilities as a professional. They want to support that organization. They are not just a grass roots member. They are the trunk of the tree that gives our organization stability and viability.
- They communicate their thoughts, give constructive feedback, and suggest changes to the process or the project because they work it! They also listen. Sometimes they know the status quo is just fine and other times they know it is time for change.
- Although they may work behind-the-scenes, they are not loners. They network with many different people. They know the organization and what needs to be done and who to ask. They are flexible and resourceful. They are creative – especially when there is a problem to be solved.
- They are good at what they do. They get results. They lead themselves. They lead by example. We trust them with the

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Spring Break!!

Jacqueline Raetz
Government Affairs Committee Student Representative,
& ASCLS Region I Student Representative

I spent my spring break lobbying politicians about health care reform, meeting students from across the nation, and networking with renown professionals within our field. You may be wondering “what does the legislative symposium embody? What can it do for students? Why should I go to a national conference and become involved?”

The answer is because ASCLS is more than just something to put on your resume, it is an organization which truly represents our profession. The Legislative Symposium is a national meeting that makes this vision clear. This year’s Legislative Symposium had an astounding number of 31 students, ranging from freshmen to seniors, from New Jersey, Georgia, Massachusetts, Colorado, Idaho, Texas, and more. This conference gave me the opportunity to network with these students, as well as giving me the chance to met professionals within our field who actually became contacts for potential jobs in my near future.

At the meeting we discussed talking points on day one and then discussed them with our own congressional members the next day. One of the top issues is the workforce reinvestment act; it is essentially legislation that would make funding available to allied health-care programs, especially our teaching institutions. As a student I could tell them how we receive expired reagents via donations due to the high cost of supplies and lack of funding. When my senator’s aide heard this, she was appalled. They realized that we are in a profession that produces healthcare workers and contributes to the economy. They needed to hear this from us. Thus, we need to actively get our voice out via the Legislative Symposium.

In fact when I followed up with some of the other students that I had met at the conference, they had similar experiences. In particular, Ian Wallace, Lauren Calvao, and Gabrielle Wudarski’s comments echoed my own experience:

Ian Wallace, ASCLS-CO, said that “As a student who has just recently entered the workforce, the Legislative Symposium in DC was a fast paced, eye-opening, educating, but most importantly, fun experience. I had no idea about the issues surrounding the laboratory, but after the symposium, I now have a strong understanding as to how the past has had an effect on where we are now and an idea of where things are going. Learning about the issues and speaking to my Representative and Senators was an incredible experience guaranteed to benefit me along the way in my career. Plus, there are a ton of awesome members of ASCLS with whom I was able to network. That alone made the trip worth it!”

Lauren Calvao, ASCLS-CNE, said “I felt a sense of pride being able to help raise enough money to send twenty three students from UMass Dartmouth down to Washington D.C to be able to take part in this experience. It was exciting to see such enthusiastic support from our congressmen for our passion for our field. This was a great experience and I hope to keep carrying on the tradition of sending students to the Legislative Symposium.”

Gabrielle Wudarski, ASCLS-NJ, said “It was a rewarding experience. It was nice to meet students and young professionals as well as professionals already in the field. It was also interesting because a lot of what was discussed isn’t covered in school. It was a great insight into the issues around reimbursement and the importance of funding education to get more people into the field.”

IT’S A UNIVERSAL STATEMENT; you don’t really get to understand the magnitude of what ASCLS represents until you experience it firsthand. I can only hope future Legislative Symposiums will continue to have such a high number of students who take away what we have.

Online Delivery of Health Science Courses Using Active Learning Strategies

Annette Tommerdahl, Ph.D. and Paula L. Griswold, Ph.D.,
MT(ASCP), CPC(AAPC)
University of Louisiana at Monroe
College of Health Sciences
Department of Health Studies

The Department of Health Studies in the College of Health Sciences at the University of Louisiana at Monroe (ULM) offers many health science courses online. These courses are designed to meet the needs of the online student through the use of a standardized template that assures quality and consistency in the design of a course. The next critical step is to deliver the course material in a manner that effectively engages the online learner.

For courses in health sciences, it is important to make the topics relevant for students so they develop a deeper understanding of the topic. Discussion forums work well to encourage higher-order thinking, monitor students' progress, and encourage student-student interaction. They provide a safe venue for students to debate controversial topics. In this article, several active learning strategies, including the affective response, case studies, video clips, and website reviews will be presented as tools and techniques to use in the discussion forum format to more effectively engage students in the topic. Discussion forums become even more effective as a learning tool when paired with these active learning strategies which serve to make the topics real and relevant for students.

The affective response strategy (Kelly, n.d.) works well to generate a healthy debate on a controversial topic. With this activity, students report their reactions to some facet of the course material by providing an emotional response to the material. Obviously, this approach is limited to those subject areas in which such questions are appropriate. However, it can be a very useful starting point for courses such as health care ethics, particularly as a precursor to theoretical analysis. For example, when studying ethical decision making, students may be asked what they think of Dr. Jack Kevorkian's activities before presenting what various moral theorists would make of them. By having several views discussed before any theory is

presented, students are able to see the material in context and to explore their own beliefs while learning the attributes of a given theory.

Another strategy that works well in a discussion forum is the case study strategy (Kelly, n.d.). The case study is widely heralded as one of the best learning methods. A typical case discussion focuses on the issues involved in a concrete situation or example, the action that should be taken, the lessons that can be learned, and the ways of handling or avoiding such situations in the future. The following is an example of a case study used in an online health care ethics course, but would also be very effective in a health care law course.

Example: HIPAA Privacy Rule Discussion -- Here is a real-life issue for you to discuss related to HIPAA. There was an article titled, "Do Ailing CEOs of Publicly Traded Firms Have a Right to Medical Privacy?" in the Global Ethics Weekly January 19, 2009 issue about Apple CEO Steve Jobs and his health problems. He was a pancreatic cancer survivor who continued to have health problems and took a leave of absence from the company until the end of June 2009. In January 2011, he announced another leave of absence from the company to focus on his health, but he revealed few, if any, specific details. Shares of Apple plunged with news and rumors about Jobs' health. Some believe that because he was the CEO of a publicly traded firm, his health information should have been disclosed to the board of directors of the company as well as to the public. What do you think? Does the CEO of a major company give up medical privacy rights? Why does the public feel they have a right to know? How does HIPAA seek to insure patient privacy and protection? Does it succeed? Does it apply to everyone or are there exceptions?

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Up, Up and Away

Jasmin Davis

Jennifer Johnson and Alysen Johnson, students in the McLennan Community College MLT program in Waco, TX, will be heading to the Mars Desert Research Station (MDRS) in Utah mid-April. MDRS is a project by the Mars Society to simulate astronaut travel to Mars hoping to prepare for actual human expansion to the planet. Throughout the year, colleges across the world send crews for one week rotations at MDRS to conduct school and personal research projects. McLennan Community College (MCC), under the direction of program director Diane Schmaus, MA, MLT (ASCP), is the first community college that has been allowed to participate, and students will be deployed this year. The MCC crew commanders specifically requested that students from the MLT program apply for acceptance.

Each crew consists of a commander, co-commander (both professors) and 4 students who each run a one day lab and conduct personal research projects. Alysen, TACLS Student Forum Chair and head chef for Crew 128A, will be conducting personal research on hydration levels on Mars' environment. Jennifer, TACLS Student Forum and Health and Safety Officer for Crew 128B, will be base-lining the general health effects in the Martian environment. Both will be teaching the one-day microbiology lab participated in by the entire crew.

It is an extreme honor to be chosen for the first crew of its kind to be sent on the MDRS mission from MCC, as well as being the first MLT students to participate. Jennifer and Alysen are extremely proud to represent the field of laboratory science within a crew of engineers, environmental scientists, and chemists. The second crew returns April 21st, completes and presents data locally, then looks forward to finding out which students will be chosen to present their research at the annual Mars Society conference in Florida.

More information on MDRS can be found at <http://mdrs.marssociety.org/>.

2013

ANNUAL MEETING

American Society for Clinical Laboratory Science

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Mendelson Awards

Dan Southern

Each year at the annual meeting the Robin H. Mendelson Award for outstanding service and contributions to ASCLS is announced at the closing of the House of Delegates. Last July, Catherine Otto and George Fritsma were honored by the ASCLS Board with this prestigious award, established in 1971 to commemorate a young man who struggled for five years with kidney dialysis and two kidney transplants in the infancy of transplant technology. E&R fund provides a beautiful plaque to the recipient. Mendelson plaques are sponsored by Westminster Publishing Company, the publisher of Clinical Laboratory Science. This award is considered to be the highest award bestowed on a member by the ASCLS Board.

Catherine (“Cathy”) Otto received the Mendelson award for her excellent leadership as ASCLS President from 2011 until 2012. Under her leadership, ASCLS made great advances to incorporate a new management group and construct a new website. Her leadership style motivated board members, committee chairs and committee members to work hard to accomplish their charges and complete their goals. She was always available to ASCLS leadership when they needed help or advice. She has previously served ASCLS as Secretary/Treasurer and Director-at-large. She chaired the ASCLS Patient Safety, Product Development, Professional Affairs and Political Action Committees. Cathy has published 12 refereed articles and has authored 11 chapters for textbooks. She is an associate professor in the Medical Laboratory Science Program at Salisbury University. Previously, she taught in the CLS Programs at Oregon Health and Science University and University of North Carolina, Chapel Hill. She has been a member of ASCLS for 33 years.

George Fritsma was awarded the Mendelson Award for 9 years of service on the editorial board of the Clinical Laboratory Science Journal as a contributing editor and as the Continuing Education (Focus Series) editor. During his tenure on the editorial board he recruited new authors by offering workshops at the CLEC and the annual meeting. Often he personally mentored new authors by phone and e-mail.

He serves as vice-chair for the ASCLS Education and Research (E&R) Fund Inc. and chairs the E&R Grant Selection Committee. George is an associate professor for the Department of Pathology at the University of Alabama-Birmingham. He is the proprietor of www.FritsmaFactor.com, Your Interactive Hemostasis Reference sponsored by Precision Biologic Inc. His CV reflects 56 refereed articles published, 26 book chapters and books and an endless number of hemostasis presentations at state, regional and national meetings. He is an editor for Rodak, BF, Fritsma GA, Keohane E. Hematology Clinical Principles and Applications 4th Ed, 2011. He is a 40-year member of ASCLS.

Since its inception, the Mendelson Award has been presented to approximately 85 ASCLS members who were tapped for their extraordinary service to ASCLS. This list includes those honored since 2000.

- 2012: **Catherine Otto**, ASCLS President
George Fritsma, outgoing CLS editor and Vice Chair for E&R
- 2011: **Mary Ann McLane**, Provide the Face Initiative
Marcia Armstrong, ASCLS President
Carol McCoy, outgoing E&R Chair
- 2010: **Susan Morris**, NCA and efforts with the BOR merger
Mary Ann McLane, ASCLS President
- 2009: **Lynn Ingram**, Leadership Academy
Paula Garrott, CCCLW Chair
Kathy Doig, NCA/BOR negotiations
Scott Aikey, ASCLS President
- 2008: **Susan Leclair**, CLS Editor and Consumer Response Team Chair
Rick Panning, ASCLS President
- 2007: **Shirlyn McKenzie**, ASCLS President
- 2006: **Olive Kimball**, Executive Director of NAACLS
Kathy Waller, NAACLS Board and President
Bernie Bekken, ASCLS President

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Botulism in Alaska

Shellie Smith

Since the 1950s, botulism has been a problem in the Alaska Native population. The illness is uncommon in children and the mean age of persons at the onset of foodborne botulism is 43 years. Outbreaks can occur at any time; however, outbreaks frequently occur during the summer months. Type E botulism is by far the most frequent type, but types A and B can be found on occasion. Botulism occurs predominantly in coastal villages in the western and southeastern parts of the state. In 50% of the outbreaks between 1950 – 1997, an implicated food sample tested positive for botulism toxin. The remaining outbreaks were confirmed as a result of either a positive toxin assay of a patient's serum, stool, or gastric contents; or a positive culture of a patient's stool specimen for *C. botulinum*. When food samples do not contain botulism toxin, the results of the epidemiologic investigation are used to identify the food most likely responsible for the outbreak.

A variety of traditional Alaska Native foods, including seal, whale, and fish has been implicated. The most common method of food preparation is fermentation – a process in which fresh food is allowed to putrefy for 1 to 2 weeks. In the 1950s, fermentation occurred in a pit in the ground. This process has been replaced by closed or air-tight containers (for example: Tupperware) and the containers are kept in the house so fermentation occurs at much higher temperatures than the pit method. No cases of foodborne botulism in Alaska have been associated with home canned food.

Until 2000, laboratory testing of clinical specimens and food samples was conducted at the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia. In 2000, the Alaska State Public Health Laboratory moved into a new facility and began testing using a mouse bioassay method. Being able to do laboratory testing in Alaska meant confirmation occurred within days instead of the weeks it

previously took to get the specimens to CDC, get testing performed and get the results back to the healthcare provider.

Prevention and control of foodborne botulism in Alaska remains problematic. Strategies for controlling foodborne botulism fall largely into two approaches: (1) reducing contamination of food with *C. botulinum* spores and preventing toxin production in food, and (2) early identification of botulism cases. Reducing contamination and preventing toxin formation are difficult to achieve. Subsistence hunting and fishing remain an integral part of Alaska Native life and botulism spores, particularly type E, are ubiquitous in Alaska.

In addition, the traditional methods of preparation of fermented foods produce a flavor and texture that is altered and generally unacceptable if procedures such as cooking are added to the process. However, the traditional methods have been made even more unsafe with the current use of airtight containers – glass and plastic jars, buckets, and plastic bags and the practice of accelerating the process by fermenting food in a warm environment. Attempts to educate preparers of traditional fermented foods in methods to reduce the risk of botulism have not as yet been successful.

In contrast to the lack of success in controlling foodborne botulism by educating the preparers, educating health care providers to recognize botulism early in its clinical course and report cases promptly as well as improved laboratory testing, has proved effective in limiting adverse outcomes. Botulism remains a fascinating illness which challenges the laboratory to use those methods from a bygone time. In spite of all the advances in automated and molecular testing, the mouse bioassay remains the superior method in detecting botulism.

NEWS FROM THE CCCLW

Prepared by Paula Garrott, ASCLS Representative to the CCCLW

The Coordinating Council for the Clinical Laboratory Workforce (CCCLW) is continuing its mission of being a united voice of clinical laboratory organizations and stakeholders, focusing our collective efforts to:

- Increase the number of qualified clinical laboratory professionals;
- Increase healthcare and public awareness of our value in achieving positive patient outcomes;
- Enhance the image of clinical laboratory professionals.

To sustain the activities of the CCCLW, the Council recently implemented a new annual organizational dues structure. A letter was sent to all participating organizations describing the new dues structure and inviting the organizations to continue their involvement in the CCCLW. In addition, a document describing activities and accomplishments of the CCCLW was included. The majority of member organizations have renewed their commitment and paid the annual dues. In addition, there are several new organizations considering membership in the CCCLW.

The CCCLW website is back up and available at www.ccclw.org. We are in the process of developing an editorial board to review content and assure timeliness. The website includes information relative to clinical laboratories and the workforce shortage. Sections include:

- About Us
- Frequently Asked Questions
- Workforce Data
- Articles and Presentations
- Recruiting Resources

- CCCLW Members
- Press Releases
- News and the Clinical Laboratory

Posters (samples on the adjoining page) have been developed by the CCCLW to increase awareness regarding medical laboratory professionals. The posters are now available for download on the CCCLW website. They can be used in awareness campaigns and for events such as Medical Laboratory Professionals Week. They would be perfect for posting in draw stations and other public areas.

A marketing RFP has been drafted and is being reviewed. Strategies for dissemination are also being developed. The goal of the project is to enhance professional awareness with a focus on identifying sentinel events that involve errors and near misses throughout the laboratory field. Identified data would be reviewed for any relationship between certified versus non-certified personnel and states that require laboratory personnel licensure and those that do not.

The CCCLW has volunteered to work with the Bureau of Labor Statistics in the update of the Occupational Handbook. We believe the members of the CCCLW could provide valuable input in assuring accuracy in the depiction of the various medical laboratory and public health professions.

An important function of the CCCLW is sharing among the member organizations what individual organizations are doing relative to the workforce issue. Each member organization reports recent activities at each meeting. The CCCLW continues to strive for enhanced collaboration to optimize workforce initiatives.

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Posters are 11x17, Full Color

The Social Aspect of Online Teaching

Jill Dennis, EdD, MLS(ASCP)^{CM}

Online education is rapidly becoming expected in institutions of higher learning. According to the Babson Survey Research Group along with the Alfred P. Sloan Foundation, online learning in U.S. higher education has grown for the tenth year in a row. Growth is attributed to a weak economy, baby boomers returning to college, and a national acceptance of online education by employers⁴. Online education is convenient for students who can now shop around for the best online course or program to meet their specific needs. As a result, many institutions of higher learning are including online education in their strategic plans to increase enrollment, deliver high-tech education, and participate in the globalization of education^{5, 15}. With this proliferation of online learning, instructors are challenged with how to offer quality online instruction.

Quality face-to-face instruction has historically involved the social component of interacting with other students and the professor. Many learning theories exist that contain a social component. Philosopher John Dewey believed learning should be student-centered and responsive to the student's own social interests and activities and that schools should foster interpersonal communication and group involvement⁸. The most influential social theory of learning is the social constructivism theory developed by L.S. Vygotsky whose work highlighted the importance of the conversion of social

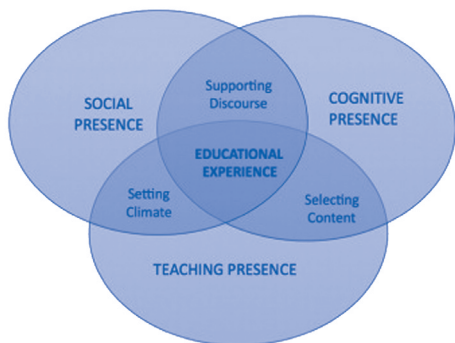
relations into mental functions (1978). A more recent theory involves learning through engagement in a community of practice, called situated learning¹¹. Common threads of these theories can be seen in social constructivism where learning occurs through communication with peers and experts in a context related to real-life tasks¹⁸. Social interaction is practiced in many traditional classrooms every day. Due to the proliferation of online teaching and learning, a valid concern of how to apply the social aspects of learning to the online environment emerges.

Many studies have been conducted to explore the importance of interaction and to find out how to encourage it. Research has shown that social interaction is a key component to successful online teaching and learning^{3, 10, 12}; however, the nature and extent of the social interaction is often unclear. Through research of social interaction, the important concepts of social presence and community have emerged¹⁴. Students need a sense of belonging to a group. A sense of community as outlined by Lave and Wenger (1991) is viewed as crucial in online learning environments^{2, 7, 13}. Kreijns, Kirschner, and Jochems (2003) asserted that social interaction cannot be taken for granted simply because the environment makes it possible. Social interaction is a conscious and deliberate effort that must be encouraged, facilitated, and maintained. In a survey of 14 online

courses asking for student perceptions about essential elements of community in online courses, 85% of students responded that being part of a learning community assists them in performing well and learning course material¹⁶. These students viewed instructor modeling as most relevant to building a community. The same study showed 100% of faculty supporting the importance of building a community of learners with interaction and dialogue as the most relevant factor. The need for instructor modeling can be viewed as instructor presence while the importance of interaction and dialogue can be viewed as social presence. These two crucial components emerged from a conceptual framework that identified three elements crucial to a successful higher educational experience: teaching, cognitive, and social presence⁶. These crucial components make up the Community of Inquiry Model that has been used as an instructional design model of online teaching and learning. The components overlap to form the educational experience for the learner. All three components play an important part of successful online teaching and learning. However, social presence plays a pivotal role in not only setting the educational climate, but also in supporting discourse and creating the educational experience.

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Online Teaching From Page 10



Given the importance of social interaction to the online teaching and learning environment and recognizing the need for social presence to facilitate social interaction, it is important that instructors know how to establish social presence, ultimately creating the community of inquiry needed for successful online learning. Through a Structural Delphi process utilizing three rounds of quantitative and qualitative methods, expert participants from across the country contributed to a list of methods and principles needed to establish and maintain social presence in the online and teaching environment. The results produced best practices (dos and don'ts) to guide instructors who are faced with a myriad of tools and techniques as they prepare to teach online.

Do	Don't
Train and prepare yourself.	Require students to have social media accounts
Organize, organize, organize	Force socially present behavior just for the social aspect
Introduce yourself and model socially present behavior such as using a conversational tone, sharing experiences, and using appropriate emotion	Focus on technology (technology is only a tool)
Communicate effectively	Confuse social presence with social networking
Interact consistently	Overextend yourself
Instruct AND facilitate	
Provide timely feedback	
Acknowledge students individually and collectively	
Offer informal evaluations	
Make note of what works and what doesn't for future reference	

Instructors are often so focused on covering content and providing adequate assessments that the social aspect of learning is forgotten. Adding even a small social component to online instruction may have positive impact for students, instructors, and colleges and universities. Students experience a sense of belonging to the group, have increased interaction with other students and the instructor, and reach a comfort level for collaborating with other students. Instructors partner with students in the teaching/learning process and receive satisfaction in the successful implementation of an online course that produces meaningful interaction. Colleges and universities benefit from increased retention and a reputation of a caring institution that offers dynamic instruction.

For more information on this study, contact Dr. Jill Dennis at jdennis@thomasu.edu

*New World**From Page 1*

throughout the institution, working in the Laboratory has been a rewarding experience.

A Lab Director's Perspective

Clinical laboratory scientists and nurses working in the same department - who would have thought it would come to this? When I learned that as the Director of Laboratories I would be responsible for the Pheresis department, which was comprised of 33 nurses, the first thing I said to myself was, "How do I manage nurses?" My entire career has been managing MLSs, MLTs, Histologists, Cytologists, Phlebotomists and Lab Assistants. I told some friends of mine who were nurses I would be responsible for nurses in my new job and they said, "You? Managing nurses? What do you know about nursing?" Well according to my nurse friends not much. And at first I agreed with them.

So I decided to ask a trusted source. I asked Google. The first link that came up was Tips to Managing Nurses. I couldn't believe it. I thought I hit the mother lode. I wanted to share this with all of my lab colleagues. Here is the secret to managing nurses:

1. You should be open-minded to the suggestions given by your peers and be approachable.
2. Be a good example to your staff members.
3. Explain beforehand what you expect of them.
4. If needed, you should work along with your staff members.
5. Be quick in dealing with all types of problems.
6. As a manager, you should be compassionate with your staff members.
7. Remember, the most important thing is the welfare of all

the patients.

After I read the article you know what I learned? I learned I already knew the secret. At this point I felt like the horse that pulls the carriages in Central Park. You know. The ones with the blinders on. I was so focused on managing laboratorians I could not see that there really is no difference between managing a nurse and a scientist. These are the same tips I have been using to manage people my entire career. But being the skeptic I am, I asked myself will these seven tips really work? After all these are nurses, not laboratorians.

As Sophia Petrillo (from the Golden Girls for you GenYs) would say, "Picture it, June 25, 2012. The new Lab Director's first day." I did not know how the Pheresis Department was going to react. I know the previous person in this position was responsible for Pheresis but it was my first time having nurses as part of my team. I rounded with them like I would any staff member, introduced myself, gave them the fifty cent tour of my life. Over time I got to know more about who they were and what they did. Well it has been nine months and I have had the distinct honor and pleasure to work with and for these dedicated angels of mercy. In fact, I was kind of jealous. They had something I think we as laboratorians sometimes forget about.... the patient.

The Laboratory and Nursing have a lot in common, the most important thing - the patient. We just need to stop being that horse that pulls the carriage in Central Park, take those blinders off, and see the healthcare world around us.

*CLEC**From Page 1*

hosted by the Clinical Laboratory Sciences Programs at the University of Kansas Medical Center, St. Luke's Hospital, and North Kansas City Hospital. The host committee consisted of Jan Hudzicki, Jennifer Jones, and Tiffany McBurney from KUMC, Marisa James from NKC Hospital, and Beth Jones from St. Luke's Hospital. This year's conference had a record number of sponsors and record number of exhibitors who displayed books, reagents, equipment, and other educational aids.

The program committee (composed of Jan Hudzicki, Vanessa Jones Johnson, Suzanne Campbell, Karen Honeycutt, Marnie Imhoff, Marisa James, Beth Jones, Jennifer Jones, Sandy Latshaw, Tiffany McBurney, Farogh Nazari, Rebecca Taylor, Mara Williams, and Mary Jane Yue) selected a diverse program of talks to provide educational opportunities for everyone. Sarah Jane Fishback, Ph.D. from Kansas State University, opened the conference with a fascinating talk on "How We Remember and Why We Forget." We learned ways to help our students learn and retain the plethora of information they need to learn over the course of their clinical laboratory science education. A panel of local lab managers, from a variety of clinical labs, talked about what skills they are looking for in our graduates. Scott Mativi, IBT-ViraCor (a specialty reference lab), Sue Smith, Shawnee Mission Medical Center (a community based hospital), Kristy Gibson, St. Luke's (a multi-site institution with a transplant program), and Linda Reed, Ransom Memorial Hospital (a small rural hospital) brought to light the diverse work settings our graduates must be prepared to handle upon graduation.

Continued on Page 13

CLEC*From Page 12*

Other breakout sessions covered technology talks such as how to incorporate the iPad into the classroom, administrative topics such as FERPA compliance and recruitment, faculty concerns such as academic integrity and the use of electronic information in our programs, and the likely future of all health profession education programs - interdisciplinary education. The luncheon roundtables and Lunch 'n Learns provided a more intimate setting to discuss topics of interest to participants in a small group setting. The meeting closed with a humorous and insightful look at academic burnout and how we educators, can learn to deal with this inevitable part of our profession.

This year, sessions were also held so educators could provide input into revisions of the content in the ASCLS Body of Knowledge, which is the knowledge base expected of those practicing clinical laboratory science 3-5 years post-graduation. These suggestions will be reviewed, collated, and presented to the membership in the near future.

A special session for local bench instructors was presented by Kathy Doig, Ph.D. on effective bench teaching in the clinical lab. Forty-two bench instructors from the Kansas City metro area heard tips on ways to improve their interaction with students from CLS and CLT programs and watched live demonstrations of effective and ineffective bench teaching strategies. These educators were also invited to the Vendor Reception where they could interact with other educators and see the educational products available in Clinical Laboratory Science. The highlight of the reception was the mashed potato bar that complimented the prime rib and

other tasty delights.

With the Intercontinental Hotel located on the famous Country Club Plaza, the Friday evening social event consisted of dinner at either the Tuscan Brio Italian Restaurant or the Plaza III Steakhouse. Following the dinner attendees were able to walk around visiting shops and taking advantage of the many entertainment opportunities available on the Plaza.

Even with the meeting starting on Valentine's Day, attendance at the meeting met everyone's expectations. All those attending enjoyed the conference and the city. Many positive comments were heard about all aspects of the meeting. Many thanks to Joan Polancic, Director of Educational and Program Planning, and Elissa Passiment, ASCLS Executive Vice President, for their assistance and support in the planning and execution of this meeting. I look forward to seeing all of you in San Jose next February, for the 2014 Clinical Laboratory Educators' Conference.

President's Message *From Page 2*

job. They are reliable and indispensable. They are the Cpl. Radar O'Reilly of each of our state societies.

There are many different awards that recognize the leaders of our society or those who have done something outstanding at the national or state level. We nominate a few of them for Omicron Sigma or give them a Board Award, or announce their names at the meeting. But maybe it is time to develop a new award at the state level ... one that recognizes the individuals

who make our societies function. It is time for the **I Am SOMEBODY** award. If I could, I would bestow it on all of the members who work so diligently within the states. Each of you deserves recognition for your contributions. I can't do that, but maybe your state society should. In the meantime, all I can do is say **THANK YOU** to each of you who contribute to ASCLS by being a **Somebody**.

Online Delivery *From Page 4*

Footnote: Steve Jobs died on October 5, 2011 after a long battle with pancreatic cancer.

In addition, the use of video clips is a very effective active learning strategy for presenting a topic. After viewing a video clip, students participate in a discussion based on the video. Several questions may be presented based on the content of the video clip to stimulate the conversation. Again, this brings relevancy to the topic and makes online learning more interactive and engaging.

The online environment also works well with clinical and/or practicum experience courses. Again, it is important to engage the students with the instructor and with other students, so daily discussion forums are utilized to provide student-to-student and instructor-to-student interaction to discuss their experiences. Students keep electronic work logs to document their activities and clinical hours. Some experiential learning courses also require a reflection paper in which students discuss their learning

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Online Delivery From Page 13

objectives, specific experiences, and outcomes.

Website reviews related to specific diseases and health behaviors, and disease prevention serve as a useful tool for students to gain a better understanding of course content and the validity of health information. An example of a website review assignment is to ask students to review the Healthy People 2020 website (<http://www.healthypeople.gov/2020/default.aspx>) and discuss one topic and objective. By reviewing this website students become aware of the goals and objectives that have been developed to improve the health of individuals by 2020.

While there are certainly distinct challenges to address, overall the online courses in the health sciences at ULM have been largely successful and have received excellent reviews from students. Utilizing some of the active learning strategies discussed in this article has enriched our courses and provided a more robust and thought-provoking learning experience for our students in health science disciplines.

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Mendelson Awards From Page 6

- 2005: **Shauna Anderson**, ASCLS
Body of Knowledge
Marion and Ivan Schwabbauer, outgoing CLS
Managing Editors
Susan Morris, ASCLS
President
- 2004: **Kathy Hansen**, Government
Affairs Committee Chair
Barbara Brown, ASCLS
President
- 2003: **James Griffith**, CCCLW
Convener
Cheryl Caskey, Dedication to
Profession and ASCLS
Paula Garrott, ASCLS
President
- 2002: **Michelle Kanuth**, E&R Chair
and Immunohematology
SA Chair
David Fowler, ASCLS
President
- 2001: **Mary Ann McLane**, Research
Activities
Cheryl Caskey, ASCLS
President
Elissa Passiment, ASCLS
Executive Vice President
- 2000: **James Griffith**, ASCLS
President

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