

# NAACLS News

NAACLS, a non-profit organization, is committed to being the premier agency for accreditation and approval of educational programs in the clinical laboratory sciences and related healthcare disciplines through the involvement of expert volunteers and its dedication to public service.

5600 N. River Road,  
Suite 720  
Rosemont, IL 60018-5119  
Tele: 773.714.8880  
Fax: 773.714.8886  
Email:  
naacinfo@naacils.org  
Web: www.naacils.org

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## Steps for Navigating the Self-Study Process

*Karen Madsen Myers, MA, MT(ASCP)SC  
Member, Review Committee for Accredited Programs*

Are you going through the Self-Study Process soon? Whether you are a new program director or faculty member or someone who has previously navigated the accreditation cycle, the Self-Study Process is probably not going to make your Top Ten List of most memorable educational experiences. The outcome of a well executed Self-Study Process, however, can be quite memorable and leave those who actively participated with a true sense of accomplishment. Moving successfully through the accreditation cycle can be much more: a time of learning and collaboration with colleagues, and a mechanism for strengthening programs through active evaluation.

A successful Self-Study Process involves a thorough and careful look at programs in relationship to a set of Standards developed for and by the profession. Maintaining NAACLS accreditation or approval provides assurance to the students entering programs and the laboratory community graduates serve, that there is curriculum equivalency across programs and that graduates are competent to practice the profession at entry level in the nation's laboratories.

Rest assured that there are steps you can take to ensure that the self-study process goes smoothly.

### **Step 1: Plan Ahead**

The letter informing a program of the due date of the Self-Study Report to the NAACLS office arrives a year in advance and almost two years from the date the accreditation or approval award will be granted by the NAACLS Board of Directors.

**Hint #1: Time is on your side if you start immediately.** Writing the Self-Study Report can be a formidable task, but time is on your side if you start the review process as soon as you receive the notification letter from the NAACLS office. It is easy to be lulled into a false sense that there is unlimited time ahead with a due date a year out. Programs that start gathering information and writing the report as soon as the first NAACLS letter arrives should successfully finish the Self-Study Report with time to spare.

**Hint #2: Come up with a master plan.** Generate a master calendar, a timeline

for completing sections of the Self-Study Report, and a team that will be actively involved in the process, and then stick to the master plan. As part of the overall plan, identify the documents you will need, the narrative that must be written, and the individuals responsible for each component. Meet often and hold your team accountable.

**Hint #3: Do the tough parts first.** I tell my students when they are studying for a major exam to study what's hardest first and leave what they are most comfortable with until last. The tough parts require more time, more documentation, more evaluation and response which take time that you might not have at the end. If you haven't completed a Self-Study Report before, you may not know what the tough parts are. When setting up your master plan, start by analyzing the documentation you need for each Standard and address those Standards which require more complex documentation at the beginning of your timeline. Get advice from other educators regarding the Standards that are most challenging for them. Review the "NAACLS Standards Frequency of Citations" document (*Hint #9*). The Standards that are most frequently cited by self-study and site visit reviewers are related to affiliation agreements and curriculum components.

### **Step 2: Don't Go it Alone**

The Self-Study review process can be a collaborative opportunity involving program faculty and key community members. Another source of critical support, especially for new educators, is individuals who have knowledge of the accreditation process and can serve as expert consultants. Because the self-study process is evaluative in

nature, it is best served by involving those who are critical participants in the program as well as those with knowledge and understanding of the accreditation process.

**Hint #4: Involve your faculty and advisory committee.** Writing the Self-Study Report should not be a solitary process. Because the self-study can be a key component of program evaluation, involve faculty as well as the program's advisory committee in the process. Select a self-study team that is accountable and willing to meet at pre-arranged times as indicated on your master plan.

**Hint #5: Seek the advice of other educators.** Identify other educators within the laboratory community who have been through the self-study process and with whom you can discuss your concerns. Laboratory professions educators are always willing to help a fellow educator and share what worked for them and the pitfalls they encountered.

**Hint #6: Attend a NAACLS workshop.** At least once a year, and sometime more frequently, NAACLS holds workshops on the accreditation process. A workshop is always held during CLEC. For available workshops see the NAACLS website for announcements.

**Hint #7: Utilize the expertise of NAACLS staff and review committee members.** While the NAACLS office employs a small and very busy staff, they are always willing to field a question from an educator. Some members who serve on the accreditation and approval review committees have been assigned discipline lead responsibilities and may be asked by staff to assist you

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Dianne M. Cearlock, PhD,  
Chief Executive Officer  
Gwen James Oriakhi,  
Accreditation Specialist  
Daniel Tice,  
Operations Manager,  
Program Coordinator  
Edward Rotchford  
Program Coordinator  
Elizabeth Everson,  
Information Technology  
Manager and Program  
Coordinator  
Megan Eggert,  
Meetings & Publicity  
Coordinator  
Francine F. Schwartz,  
Accountant  
Ever Jean Frazier,  
Accounting Assistant  
Mark Spence,  
Program Services Assistant

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with your questions. Recently NAACLS started a program the “Volunteer Mentors for Initial Program Directors,” aka VIPs. Individuals who serve as VIPs act as mentors for new program directors who are going through the self-study process for the first time. If you have an interest in working with a mentor, you should contact the NAACLS office.

### **Step 3: Access Available Knowledge**

There is no one right way to represent the content of the Self-Study Report. Yours will and should be unique from that of other programs. Self-Study Reports do share a common structure, and it is important to address each component of each Standard in a consistent fashion explaining in the Standard narrative how your program meets the requirements set forth in the Standard. Each Standard narrative should be supported by documentation in the form of policies, procedures, required documents, and curriculum components. Remember the old adage held by inspectors in all fields, “If it isn’t documented, it isn’t done.” When the Self-Study Report is reviewed by a reader pair or when a site review team visits the program, they look for evidence that the Standards are being addressed in the policies and practices of the program. [A new template is now available on the NAACLS website for programs who wish to submit an electronic Self-Study Report.]

### **Hint #8: Utilize NAACLS documents when writing the Self-Study Report.**

Use not only the Guide to Accreditation or Approval for your program type, but also assess your own Self-Study Report against the Self-Study Review Checklist and the Site Visitor’s Report Checklist. The

Guide to Accreditation is the pivotal document for understanding the Self-Study Process and writing the Self-Study Report. The Standards are presented in Sections II and III of the Guide along with a matrix which includes information on the narrative and documentation required for each Standard. The site visitor role in relationship to the evaluation of each Standard is also provided. Once the draft of the Self-Study Report is written, you can use the documentation and the site visitor role sections of the Guide as well as the Self-Study Review Checklist and the Site Visitor’s Report Checklist to perform a self-evaluation of your program prior to submission of the Self-Study Report.

**Hint #9: Review the NAACLS Frequency of Citations by Standards Document.** NAACLS has posted a document on the website listing the frequency of citations between 2003 and 2009. This can help a program identify the areas of common potential program weakness and serve as a point of analysis and change during the self-study review.

**Hint #10: Access the archived NAACLS News.** The *NAACLS News* is archived on the NAACLS website. Past issues of the *News* can serve as an orientation to NAACLS policies, procedures, and Standards for new Program Directors. The *News* is a valuable library resource for those involved in the self-study process. Because changes to the Standards and their interpretation are dynamic, those who use the *News* archive as a reference resource should always assure they are reading the most current articles on a topic.

### **After the Self-Study: Next Steps**

Once you have completed the draft of your Self-Study Report well ahead of the due date, you will have time for careful review and final editing of your document. Involve your team in the process. Use the documents listed in Hint #8 to complete your final assessment.

Ship your Self-Study Report to the NAACLS office and wait for the Self-Study Report Review to be returned to you. When the Self-Study Report Review is returned, you will be given a specified time period in which to comment. Make sure that you address any and all comments and concerns listed both in the body of the Self-Study Report Review and those items identified as concerns in the summary portion of the document. Submit additional documentation as required by the comments and concerns by the designated date.

If you are going through program approval, you have completed the review process at this step. If you are up for program accreditation, a site visit team will be assigned to your program and at the site visit summation conference; you will receive a verbal summary of the Site Visit Report. A copy of the Site Visit Report will be mailed to you after the site visit is completed. Once again you should respond to any comments in the body of the Site Visit Report and any concerns listed in the summary portion of the document.



# President's Report

*By Peggy Simpson, MS, MT(ASCP)  
President, Board of Directors*

## Professional Skills

Employers expect graduates from NAACLS accredited programs to have professional skills when they are hired. An individual's work ethic can make or break one's ability to stay employed. From my perspective, professional skills expected include but are not limited to regular attendance and arrival to work on time, teamwork, an ability to get along with coworkers, conflict resolution and a communication style that demonstrates an understanding of customer service excellence.

It may be true that "everything you need to know you learned in Kindergarten," pertaining to appropriate behavior, but re-emphasis on these professional skills is necessary especially for customer service. How was your most recent health care consumer experience? Were you treated with respect, dignity, compassion and informed about your health care options? Centers for Medicare and Medicaid Services (CMS) is focusing on meeting the healthcare consumer's needs. The CMS hospital compares website posts the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores. This is a national survey that asks patients about their experiences during a recent hospital stay. These are categorized into categories that

include nurse and physician communication, cleanliness and noise, responsiveness of staff, pain management, medication communication, discharge information and overall hospital rating. You may think that this pertains to nursing staff only but the frontline of the laboratory, the phlebotomy team, can add value to the patient's experience.

The HCAHPS program has been an incentive for hospitals to focus on customer service programs and what is important from the patient's perspective. I was having a conversation with Cindy Wells, a former NAACLS Board President, and she mentioned a video that she liked for customer service training, "It's A Dogs World." The video shows an injured dog and his injured owner going for treatment in their respective health care systems. I could really relate due to personal experience with veterinary care for my animals. Several years ago when my cocker spaniel was having some health care problems, the internal medicine veterinarian explained her condition and gave me medical literature to make sure that I understood her signs and symptoms, treatment options, and prognosis and suggested a care plan. I can remember thinking that I had not had this kind of care for my parents, other family members or myself. Has it changed in recent years? More attention is focused on

patient satisfaction and every member of the healthcare team that has contact with patients must make it a positive encounter. "Patients don't care how much you know until they know how much you care."

I know that there are innovative approaches to teaching professional skills in our clinical laboratory science programs. What are our programs teaching to prepare graduates to interact with coworkers and patients? The front-line phlebotomists have opportunities to develop patient trust with each patient encounter. Most patients do not have the technical expertise to evaluate the technical aspects of health care. They form opinions by judging the things they do understand. Patients expect care, concern and courtesy from staff. A strong relationship exists between communication and patient satisfaction.

I asked Karen Myers, Program Director at The Colorado Center for Clinical Laboratory Sciences, how she prepared students professionally. She indicated that students are taught the theory for conflict resolution, teamwork and interpersonal skills in management classes. Customer service and patient safety are taught in the introductory course in preparation for phlebotomy rotations. Professional behavior expectations are taught and practiced in the simulated clinical laboratory. The

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students clock in and out and follow the student policy manual that defines the student laboratory expectations. The students work in teams on projects and follow team work guidelines. They work through a series of real life lab problems and present the resolution after reaching a team consensus. Working together in teams, the students complete daily responsibilities (refrigerator and eyewash station checks, etc.) They are taught time management by completing timed laboratory assignments and practical examinations. All duties have timed expectations and it requires multitasking and team work to meet the expected turn-around times. The students are coached and given constructive feedback to help them improve. Faculty model and communicate professional expectations in all courses. Karen shared that when she was a young educator a seminar instructor stated: "You have to be honest with your poor performers so you can look your good performers in the eye." "A good instructor doesn't hold back on the feedback so students can make adjustments and succeed." "Modeling and mentoring are extremely important to help students develop professionally." I know that Karen's graduates are in demand because they are prepared with both technical and professional entry level skills.

**Thanks to Karen Myers and Cindy Wells for sharing!**

By the way, I was multi-tasking while writing this message. I took a walk to get my thoughts organized then put my thoughts down on paper while cooking macaroni and cheese!

# Over 140 Participate in NAACLS' Latest Workshop

*By Edward Rotchford  
Program Coordinator*

Over 140 people attended the NAACLS workshop, "The New and Improved Accreditation Process - But Wait.....There's More!" at the Clinical Laboratory Educators Conference (CLEC) on February 25<sup>th</sup> in Biloxi, MS.

Two current members and one former member of the NAACLS Review Committee for Accredited Programs (RCAP) presented the workshop at the Beau Rivage Resort on the Thursday morning preceding the opening session of the CLEC.

The first section of the workshop focused on the overview of the accreditation process and was presented by Teresa A. Taff, MA, MT(ASCP)SM, of St. John's Mercy Medical Center, current RCAP member and former RCAP Chair. The second section was presented by James L. Vossler, MS, MT(ASCP)SM, of SUNY Upstate Medical University, also a current RCAP member, and it focused on the renumbered Standards, as well as how to complete the new electronic Self-Study Report. The final section was presented by Martha J. Lake, EdD, MT(ASCP), of West Virginia University, former RCAP Chair, and it focused on her personal experience in completing and submitting the electronic Self-Study Report.

Participants learned about the basics of the accreditation process, programmatic review, and the most commonly cited Standards. The most excitement, however, was generated from the details surrounding the electronic self-study, which allows programs to complete their Self-Study Report using a free template available at [www.naacls.org](http://www.naacls.org).

Check back soon at NAACLS' website for information about future workshops!



# CEO's Corner

By Dianne M. Cearlock, PhD  
Chief Executive Officer

## Progress With the NAACLS Strategic Plan

In 2007, NAACLS developed a strategic plan to clarify our values, set our goals, and provide guideposts for our day-to-day activities. So how is our progress with the plan? Let's take a look at our five key goals, what we have accomplished and what we are still striving towards.

### ***1. Promote and market the value of NAACLS accreditation through effective use of advocacy, outreach, collaboration and research.***

- NAACLS adopted the Vision Statement: "Medical laboratories will preferentially seek graduates of NAACLS accredited and approved programs to assure quality, value and innovation for healthcare consumers." This vision identifies our core values and sets the goal for NAACLS' outcomes.
- *Program Revitalization: Strategies for Survival*, a toolkit for program promotion, was updated by a NAACLS Task Force and is published on our website.
- The NAACLS' President sent many letters of support to the decision-makers when programs have been targeted for possible closure.
- NAACLS collaborated with the American Society for Clinical Pathology (ASCP) and the American Medical Association (AMA) in developing, distributing and collecting data through the Annual Survey of Programs. Findings from those data were published in the Fall 2009 edition of the *NAACLS News* and are available on the NAACLS website.
- NAACLS sponsored a Research Design Invitational to spark grant development and research investigating the value of accreditation and certification to employers.
- NAACLS is a contributing member of the Coordinating Council on the Clinical Laboratory Workforce (CCCLW).

Still to be accomplished is the development and dissemination of a NAACLS Statement of the Value of Accreditation/ Approval to stakeholders and the public.

### ***2. Support and enhance the professional development of volunteers (paper reviewers, site visitors, Review Committee members and Board members), program directors and faculty.***

- NAACLS has conducted two well-attended workshops per year on topics such as understanding the Standards and the accreditation and approval processes.
- A task force is currently developing online education opportunities for use by NAACLS program directors, faculty, and volunteers. Modules covering accreditation processes, interpretation of Standards, required documentation for the self study, coordinating the site visit, and the roles of site visitors, Review Committees and Board of Directors are planned.

### ***3. Develop a system of process improvements that ensure maintenance of quality assurance practices.***

- Customer service feedback was improved and expanded. The evaluation tools for Self-Study Reports, site visits, and Site Visit Reports were reviewed and updated to eliminate duplication and clarify questions. Site visit evaluation forms were converted to an online format for convenience and to ease the tracking of data.
- A newly developed customer service satisfaction survey was distributed to 200 programs and the data were analyzed. Findings were published in the Fall 2009 edition of the *NAACLS News* and are available on our website.
- The VIP (Volunteer mentors for the Initial Program director) is now in place. This initiative pairs new program directors of both initial and ongoing programs with mentors who are experienced in the accreditation process. New program directors who believe they may benefit from these partnerships are encouraged to contact one of NAACLS Program Services Coordinators.

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- Performance feedback mechanisms for evaluation of NAACLS paper reviewers and site visitors were reviewed, revised and are now being implemented. These feedback processes, coupled with online education modules now in development, will promote consistency of performance across the volunteer pool and longitudinally over time.

- To assist program officials avoid common pitfalls, NAACLS published a summary of the most frequently cited Standards in the Summer 2009 Edition of the *NAACLS News* and a graphical version is posted on our website.

Still to be completed are the collection and analyses of evaluations of the new VIP program and the feedback mechanisms for volunteer performance. These data will be used to improve NAACLS' preparation of new program directors and the quality of paper reviews and site visits. NAACLS system of process improvements is ongoing.

**4. Promote program excellence and innovation through frequent review of Standards and processes, effective use of technology, and evaluation of outcomes.**

- An electronic template for the submission of Self-Study Reports was developed and is now available for use. This template allows programs to submit Self-Study Reports on thumb drives and eliminates the need for bulky documents.

- The Consortium Task Force revised and updated NAACLS consortium policies, allowing greater innovation in program structure and administration.

- NAACLS began collecting certification pass rate data. Those data were used by a task force to develop remediation guidelines and policies for programs that consistently do not meet bench line outcomes. The work of this task force is currently under review by the NAACLS Board of Directors.

- A NAACLS task force was formed to develop new Standards and review processes to foster educational

innovation, harness effective technology in the review process, emphasize flexibility, and focus on outcomes assessment. When a draft is completed, it will be available on the NAACLS website with a period for public comment.

- Still in process is the work of the Globalization Task Force that is developing recommendations to the Board regarding the accreditation of international programs, and the Clinical Education Models Task Force that is charged with developing innovative and cost-effective clinical education models.

The excellence and innovative strategies of NAACLS programs stems from the programs themselves. NAACLS remains committed to promoting the futuristic visions of program officials and programs of high educational quality.

**5. Maintain stable financial position that supports best accreditation practices and supports investment for future initiatives.**

- Despite international economic turmoil, NAACLS has remained in stable financial condition. For transparency to the public, the NAACLS 2009 Annual Report was published on the NAACLS website and is available for review.

- Still to be accomplished is the development of a fiscal plan that consistently builds resources for specific future initiatives. This is under review by the NAACLS Board of Directors.

NAACLS has made progress towards accomplishing the goals of our strategic plan. Some are completed. Most are ongoing, e.g., continuous performance improvement. Others we have not yet addressed such the wide dissemination of a statement describing the value of accreditation. We will continue to use the plan to guide our efforts.

## NAACLS 2010 Face to Face Meeting Dates

Review Committees (RCAP, PARC and DRC)  
July 15-16, 2010

Board of Directors  
September 22-24, 2010

Meetings will be held at the Hyatt Regency Woodfield in Schaumburg, Illinois.



# Essential Functions Revisited

By Maria E. Delost, PhD, MT(ASCP)  
Chair-Elect, Review Committee for Accredited Programs

Although it has been over 20 years since essential functions have been required by NAACLS, many questions from program directors continue regarding this requirement. Program directors may struggle with the concept of essential functions and what is specifically required to meet the Standards. Essential functions define the nonacademic criteria used to determine whether an individual qualifies for admission and is capable of performing in the classroom and laboratory with or without reasonable accommodations. Originally mandated by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) in the 1986 Essentials, accredited and approved programs are required to publish and provide these criteria to prospective students. The essential function requirement was developed in response to the Rehabilitation Act (1973) and the Americans with Disabilities Act (1990) to insure that academic programs develop, publish and make available to the public and prospective students these task-oriented physical and behavioral Standards in which students must engage to successfully complete a laboratory program. There must also be a method to determine if the applicants' health permits them to meet the essential functions of the program. This article will provide a review of essential functions, discuss reasonable accommodations, and

provide some practical guidelines to meet those Standards which deal with essential functions. An electronic survey on essential functions was sent to all 564 accredited and approved programs with 267 (47.3%) respondents. Highlights of the survey results are included in this article.

## Historical Perspective:

The Americans with Disabilities Act of 1990 (ADA) protects qualified individuals with disabilities in the workplace. Federal Law, under Section 504 of the Rehabilitation Act of 1973 requires that an otherwise qualified person with a disability in the United States shall not, solely by reason of disability, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity receiving federal financial assistance. Those postsecondary educational institutions that receive any federal financial assistance must comply with Section 504 and prohibits these colleges and universities from limiting the number of persons with a disability who are admitted to the institution or its programs and from denying a person with a disability the opportunity to participate in or benefit from a course of study or service that is offered to other students. Section 504 further prohibits these institutions from providing a student with a disability with services that are not equal to or

not as effective as those offered to other students and also prohibits limiting the participation of a student with a disability in a program or activity by forbidding the use of accommodations (such as note takers or guide dogs or tape recorders). Finally, Section 504 prohibits counseling a qualified student with a disability toward more restrictive career objectives than other students with similar abilities and interests. Only 103 (38.6%) of the survey participants responded that essential functions are required by both the ADA and NAACLS, indicating that many program directors were not aware of why essential functions are required.

## References in Core Standards:

### **Standard 7: Program Description/Publications**

*Students must be provided with a clear description of the program and its content and current publications, which must include: L. essential functions*

### **Standard 8: Admissions**

*Admission of students, including advanced placement if available, must be made in accordance with the clearly defined and published practices of the institution. Specific academic Standards and essential functions required for admission to the program must be clearly defined, published and provided to*

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prospective students and made available to the public.

### **Standard 11: Health and Safety**

*There must be a procedure for determining that each applicant's or student's health will permit the individual to meet the written essential functions of the program. Students must be informed of and have access to the usual student health care services of the institution. The health and safety of students, faculty, and patients associated with educational activities must be safeguarded.*

#### **How to Fulfill the Requirement:**

What is required for a program to fulfill the essential function Standards? To remain compliant with the ADA and NAACLS, these task-oriented expectations must be developed, published and made available to all students and interested students, and also made available to the public. Essential functions must be published with other program requirements, such as academic criteria and admission requirements. It is imperative that all admission and program requirements are made available to all prospective students before they begin the program. This can be accomplished through publication on the institution or program website, in the student application packet, or the program handbook

The essential function document should be an active document which is revised appropriately if new skills are required for successful program completion. Also, although a generic set of Standards is acceptable, specific refinement is helpful when there are different types or levels of programs. For example, many of the essential functions required for a clinical laboratory technician student are

similar if not identical to those required for a histotechnician student. Yet, the skills set for these programs differ based on cognitive and psychomotor requirements. For example, the inability to sit for long periods might not be as large a concern for a CLT student when compared to an HT student who must sit at a microtome or embedding station for long periods of time. This differentiation becomes apparent when working with applicants who have a documented disability and require specific, reasonable accommodations.

Essential functions must be applied objectively and consistently to all students whether there is or is not a concern, perceived disability or documented disability. Students should be encouraged to review the essential function document with the program director, discuss any concerns, and acknowledge receipt and understanding of the requirements. A student should never be singled out or treated differently than other applicants based on these discussions. Private, confidential discussions when warranted are valuable in confirming that the student understands what is involved in the essential functions of the program. Survey results showed that 255 (95.5%) of the programs distribute essential functions to applicants and discussed them with students in 222 (83.1%) of the programs.

Essential functions include criteria related to vision, communication skills, physical and motor skills, psychological stability, and behavioral, intellectual and integrative skills. These functions must be either possessed by students or attained by students while in the program. For example, students might not have the skill to inoculate

an agar plate before entering a program, but they do possess the manual dexterity and physical coordination once instructed on this process. Essential functions should be written with outcome based verbs to delineate the required attributes. As is seen in the above example, a review of cognitive, psychomotor and affective objectives are valuable guides when developing program essential functions.

Another method to ascertain if an applicant possesses the required health and safety to meet the program essential functions is through a physical examination. While not required by NAACLS, some programs or institutions may require a physical examination as a program admission requirement and this can serve as a useful tool in evaluating the health status of potential students. A general health history, health screen, and documentation of immunization status will assist the program to determine if the applicant's health will permit him/her to meet the essential functions of the program. Physical examinations are required by 146 (54.7%) of the survey respondents, yet reviewed with students by only 109 (40.8%) of the respondents.

What happens when a deficiency in meeting an essential function is identified in a student or applicant? If the inability to perform an essential program function is due to a disability, it is important to discuss the situation with your institution's Disability Services Office. The first step is documentation of the disability if this has not yet been done by the student. If the student has a documented disability, he/she may request modifications, accommodations, or auxiliary aids. It is imperative that students with disabilities register with the

appropriate disability services office at their educational facility. An established policy for documentation of disability, the process required by students to state their needs for accommodations, what the accommodations are and the method of correspondence to faculty exists in institutions of higher education. It is essential that all institutional policies be followed by all faculty for a number of reasons. You may place yourself, your institution and the student in a problematic situation by handling the student's disability accommodation on your own. A student with a disability may not necessarily need an accommodation to meet the criteria described in the essential function tool. Other students with disabilities may meet the criteria if reasonable accommodation is provided. Still other students with disabilities may only meet the essential function criteria if the accommodations made are beyond that which is reasonable. In this final case, the student is not otherwise qualified and it is not discriminatory to exclude him/her from the program. Survey results indicated that many students with a variety of disabilities have successfully completed NAACLS programs; these include students with hearing, mobility, vision and psychological disabilities.

#### How Reasonable is Reasonable?

It might be difficult to define what is a reasonable accommodation for a student with a disability, especially in a health care program. After all, it is necessary to protect the health and safety of faculty and patients, as well as students. There are, however, general guidelines (Jarrow) as to what is not reasonable. An accommodation is not reasonable if it presents a direct threat to the health or safety of others. Will the disability prevent the student

from providing appropriate quality care? Also, an accommodation is not reasonable if it results in a significant change to the components of the curriculum. The element in question must be essential to the course, curriculum or program and the requested accommodation must be demonstrated to be significant to the curriculum. For example, if a student's vision prevents he/she from appropriately focusing the microscope such that he/she cannot observe and identify bacteria or blood cells, it would not be appropriate to remove the identification of bacteria and cells from the curriculum. However, it may be appropriate for the program to purchase an adaptor for the student, if this enables the student to appropriately focus the microscope. Finally, if there is extensive variation in how the services are provided, the accommodation may not be deemed reasonable. For example, a program cannot be required to provide web-based learning if this delivery method is not available or used by other students or programs in the institution to a hearing-impaired student. By contrast, a more reasonable accommodation would be the use of scribes and signers to assist the student in attaining the required material through another delivery method.

Essential functions of an academic program must be differentiated from essential functions of the job, even when preparing a student for a professional position. Although, the essential functions of the program and those of the job are intertwined and highly related, it is not the responsibility of the educator to ensure that the student can perform the essential functions of the job.

#### Resources

Useful sources for addressing questions regarding essential functions and students with disabilities include the Office of Disability Services in your institution as well as other student service offices which might include the health clinic or counseling offices. Students may not often know what services are available for health, academic, or psychological issues and often welcome your assistance in recommending what is available at your institution. Specific legal questions can be directed to the legal counsel of your facility. If your institution does not have a Disability Services office, discussions with your academic affiliates who do have such services are helpful. The goal is to provide a nondiscriminatory educational experience for those students who meet the essential function requirements of the program. A cooperative effort between the student, faculty and designated student service personnel will achieve this goal.

#### **Table 1: Sample Essential Functions (MLT and HT) should address the following:**

##### **1. Observation**

The student must be able to observe procedures performed in the laboratory in which clinical specimens are analyzed. The student must be able to read charts and graphs, read instrument scales, discriminate colors, read microscopic materials, and record results. These observations may be accomplished through use of the microscope, spectrophotometer, semi-automated and automated instruments used in the clinical and anatomic laboratory.

## 2. Communication Skills

The student must be able to communicate effectively and sensitively orally and in writing in order to elicit information. The student must also be able to assess non-verbal communication and be able to adequately transmit information to all members of the health care team. Specifically, the student must be able to participate in discussions in the classroom, the clinical arena and with colleagues and patients; acquire information developed through classroom instruction, clinical experiences, independent learning, and consultation; understand and complete reading assignments and to search and evaluate the literature; complete written assignments and maintain written records; and use a computer for instructional assignments and patient care activities.

## 3. Physical and Motor Skills

The student must possess all skills necessary to carry out diagnostic procedures, manipulate tools, and instruments used in the clinical (CLT) or anatomic laboratories (HT) including the microscope, staining apparatus, and other analyzers and equipment. CLT students must possess the psychomotor skills to collect blood specimens, perform manual, semi-automated and automated analysis on laboratory specimens. HT students must have sufficient motor function to operate, manipulate and maintain a microtome, embedding station, manual and automated staining apparatus and other laboratory instruments or equipment safely.

## 4. Psychological Stability (Behavioral, Social)

The student must possess the emotional health skills required for full utilization of the applicant's intellectual abilities and be able to recognize emergency situations and take appropriate action. The student must demonstrate the ability to follow instructions/procedures with accuracy and precision and possess the ability to maintain intellectual and emotional stability and maturity under stress, while maintaining appropriate performance Standards. The student must be able to manage time, organize workload and meet deadlines; develop and exhibit professional attributes; and practice discretion and confidentiality in regard to laboratory and patient reports. The student must adhere to safety guidelines for self and others and be able to comply with Standards and regulations required by external agencies; function as a part of a team and to learn to delegate responsibilities appropriately.

## 5. Intellectual, Conceptual, Integrative, and Quality Skills

The student must possess the ability to develop and exhibit organizational problem solving skills. Specifically, the student must have the ability to measure, calculate, analyze, interpret, synthesize and evaluate data; have the ability to learn to prioritize and perform laboratory testing; have the ability to learn to make sound judgments and formulate diagnoses after correlating clinical data with histological or clinical laboratory findings; possess organizational skills and be able to solve one or more problems within specific time frames which are often short; have the ability to perform duties and assignments in

a timely fashion while under stress and in a variety of settings; comprehend three-dimensional relationships and understand the spatial relationships of anatomic, histological and cellular structures.

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# Dr. NAACLS

Dear Dr. NAACLS:

What is NAACLS doing to address the issues of program closure, the workforce shortages and advocating for programs?

Sincerely,  
Concerned Program Directors

Dear Concerned:

NAACLS continues to be involved in numerous initiatives addressing these issues. NAACLS is an involved member of the CCCLW (Coordinating Council for the Clinical Laboratory Workforce), has published “Program Revitalization: Strategies for Survival,” which is a guide to assist program directors in program advocacy and, most recently, has written letters to administrations directly advocating for programs that are threatened with program closure. In addition, NAACLS often provides data tracking the numbers of programs and numbers of graduates to program directors, which is then presented to administrations to demonstrate need. Even with these activities, the number of graduates from smaller numbers of programs is not sufficient to meet the workforce shortages looming.

Invariably, the question is then asked, “What more can NAACLS be doing?” Before going into answering this question, there are a few limitations that should be discussed. First, NAACLS does not have a large pool of expertise in the area of marketing. Not a single staff member has a marketing degree, and very few of our volunteers, either on the Board of Directors, on the Review Committees, paper reviewers or site visit team members, have known expertise in this area. Second, as NAACLS is conscious that it does not have the expertise to effectively market, the funding of our marketing efforts has been modest. Finally, and perhaps most importantly, NAACLS is focused on being the premier accrediting agency, and there is some appearance of a conflict of interest if NAACLS is attempting to advocate for programs while, at the same time, maintaining minimum Standards and driving program quality.

These limitations do not mean that NAACLS cannot address these pressing issues. While I suspect that our direct marketing efforts will be minimal, there are three principle areas where NAACLS is building on its strengths to support the efforts of “grassroots” program directors in marketing the profession and their individual programs. First, NAACLS can be a provider of data. These data come from our annual survey and we are working on providing a more detailed annual analysis of the survey to address the needs of programs. Second, NAACLS can connect people. New program directors are often informed of the CLS Educators Listserve, and both staff and review committee members often refer individuals to experienced educators who have addressed similar marketing issues. The “Program Revitalization: Strategies for Survival” document is an example of both NAACLS connecting people to discuss their efforts and experiences, and providing the data to the wider community. Finally, NAACLS is willing to review and adjust accreditation and approval procedures to allow for innovative solutions. Several programs indicated that NAACLS should look at being more flexible in allowing for collaboration between multiple sponsoring institutions, and NAACLS responded with the development of an extremely flexible consortia policy.

The common thread in NAACLS marketing efforts is that NAACLS is supporting the individual program directors by providing data, providing relationships and supporting innovation through flexible accrediting and approving practices. The best use of this support is to market individual programs before the program is in trouble, which is probably best assigned as an ongoing responsibility of program directors.

NAACLS can only support the efforts of program directors, and cannot replace those efforts.

Sincerely,  
Dr. NAACLS

# Spring/Summer 2010 Site Visit Schedule

The Summer 2010 cycle includes programs that will have site visits during Spring 2010 and will be placed on the agenda for the Summer 2010 meeting of the review committees. Recommendations from the committees will be acted upon by the Board in Fall 2010.

## **MLS**

University of California Irvine Medical Center  
Orange, CA

Eisenhower Medical Center  
Rancho Mirage, CA

Loyola University-Chicago  
Chicago, IL **(Initial)**

NorthShore University HealthSystem  
Evanston, IL

OSF Saint Francis Medical Center  
Peoria, IL

Saint Margaret Mercy Healthcare Centers  
Hammond, IN

Good Samaritan Hospital  
Vincennes, IN

University of Kentucky  
Lexington, KY

Our Lady of the Lake College  
Baton Rouge, LA

University of Louisiana-Monroe  
Monroe, LA **(Initial)**

University of Massachusetts-Lowell  
Lowell, MA

Andrews University  
Berrien Springs, MI

Northern Michigan University  
Marquette, MI

Fairview Health Services  
Minneapolis, MN

University of Mississippi Medical Center  
Jackson, MS

Jersey Shore University Medical Center/Meridian Health  
Neptune, NJ

New York Methodist Hospital  
Brooklyn, NY

Woman's Christian Association Hospital  
Jamestown, NY

SUNY at Stony Brook  
Stony Brook, NY

Ohio Northern University  
Ada, OH

University of Cincinnati  
Cincinnati, OH

Conemaugh Valley Memorial Hospital  
Johnstown, PA

Thomas Jefferson University  
Philadelphia, PA

Sanford Medical Center CLS/MT Program  
Sioux Falls, SD

University of Tennessee Medical Center  
Knoxville, TN

Christus Saint Elizabeth Hospital  
Beaumont, TX

University of Texas Medical Branch  
Galveston, TX

University of Utah Health Science Center  
Salt Lake City, UT

Rockingham Memorial Hospital  
Harrisonburg, VA

Old Dominion University  
Norfolk, VA

Affinity Health System – Saint Elizabeth Hospital  
Appleton, WI

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## MLT

Phoenix College

Phoenix, AZ **(Initial)**

Southwestern College

National City, CA **(Initial)**

College of Coastal Georgia

Brunswick, GA

Southern University at Shreveport

Shreveport, LA

MLT Program of Maine - Augusta

Augusta, ME

MLT Program of Maine - Presque Isle

Presque Island, ME

Community College of Baltimore County

Baltimore, MD **(Initial)**

Northern Michigan University

Marquette, MI

Hibbing Community College

Hibbing, MN

Lake Superior College

Duluth, MN

San Juan College

Farmington, NM **(Initial)**

Coastal Carolina Community College

Jacksonville, NC

Midlands Tech College

Columbus, SC

Florence-Darlington Tech College

Florence, SC

Tri-County Tech College

Pendleton, SC

Spartanburg Community College

Spartanburg, SC

Lamar State College - Orange

Orange, TX

Wenatchee Valley College

Wenatchee, WA

## HT

Keiser University

Orlando, FL **(Initial)**

Harford Community College

Bel Air, MD

DMC University Laboratories

Detroit, MI **(Initial)**

Marshfield Clinic

Marshfield, WI

## Pathologists' Assistant

The Ohio State University

Columbus, Ohio

## Stay Current With Your Accreditation/ Approval – Required Annual Program Report

*By Elizabeth Everson, IT Manager & Program Coordinator*

2010 marks the second installment of the Joint Annual Program Report. This collaboration between the AMA, ASCP and NAACLS reduces the amount of surveys requested of Program Directors and is required by NAACLS. The email will come from [PDRReport2010@gmail.com](mailto:PDRReport2010@gmail.com). If your program meets the criteria and has not received an email by late March, please contact the aforementioned address and we will attempt to resolve the problem. Please remember that it is important to do this survey as early as possible so that we do not put your program(s) on Probation.

## Kudos

NAACLS wishes to congratulate Fred H. Rodriguez, Jr., MD, FASCP, who was the recipient of the 2009 American Society for Clinical Pathology's (ASCP) Israel Davidsohn Award for Distinguished Service. The award recognizes an ASCP Fellow who has made a significant contribution to the Society by participating in a variety of roles throughout his or her career.

Dr. Rodriguez is the Past President of ASCP and also is a current ASCP Representative to the NAACLS Board of Directors.