Yes, You Can Publish!
Converting Performance Improvement Projects into Manuscripts

Mary Ann McLane, PhD, MLS(ASCP)CM
Professor, Department of Medical Laboratory Sciences, University of Delaware

At the summer 2013 ASCLS annual meeting, I was one of four panelists who gave a presentation on “Are You Perishing Because You’re Not Publishing?” It was meant to address a question often heard from medical laboratory colleagues at both the hospital and college/university setting: “How can I find the time to do research that can get published?” I would like to propose that such time is already being found in every clinical laboratory setting in this country, through the development of Performance Improvement (PI) projects specific to patient safety questions raised at that site. I further hypothesize these projects fail to add to the body of knowledge for our profession because of research design flaws or the failure to share those results with those outside the four walls of the facility. The Laboratory Medicine Best Practice (LMBP) Initiative of the Center for Disease Control and Prevention is doing a huge service by providing resources to address both problems. Additionally, ASCLS itself has a wealth of experienced writers ready and willing to help get results published.

A report by Colleen Shaw and Diana Mass in 2012, “Evidence to Practice: Building the Evidence For Quality Improvement in Laboratory Medicine”1 provided two key findings from a 2006-2010 pilot phase of the LMBP Initiative. In a first attempt to perform a systematic review of studies dealing with pre-analytic and post-analytic sources of error, it was revealed that (1) there was limited availability of well

HELP! I’ve Lost My HDL!
A Case of Extremely Low Concentration of High Density Lipoprotein

Alice Hawley

When it comes to cardiac risk many lay people understand that you want your high density lipoprotein to be high and your low density lipoprotein to be low. Imagine that you worked in a laboratory and suddenly you “misplaced” someone’s HDL! Continue reading “The Case of the Missing HDL.”

A 50+ year old male visited his provider for his yearly physical. The patient had known hypogonadism with low testosterone of 213 ng/dL(RR: 250-650), hyperlipidemia and was being treated for both conditions. His lipid profile showed a total cholesterol of 200 mg/dL(RR: 100-200), HDL of 55 mg/dL(RR: 40-80), LDL of 131 mg/dL(RR: 66-130) and triglyceride of 68 mg/dL(RR: 50-150).

During the patient’s next annual physical his HDL was found to be extremely low at only 8mg/dL. To ensure

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Today's Agenda

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President’s Message

J.R. Constance, MHA, MLS(ASCP)CM
ASCLS President 2013-2014

Share Your Passion – Do the Heavy Lifting!

What do you think of when you hear the words “Heavy Lifting”? I have often heard the term used in relation to the work that ASCLS members and staff do in representing laboratory professionals and the laboratory profession and was wondering what that might really mean, so I looked up the definition.

The American Heritage® Dictionary of the English Language defines Heavy Lifting as:
- Noun: Slang
  - Serious or difficult activities or work

And here’s the Merriam-Webster online dictionary definition:
- Noun: a burdensome or laborious duty

When I think about “heavy lifting” in the context of the work that ASCLS members do, I have to say that I believe that both of these definitions apply. The work that we do is certainly serious work, and can certainly sometimes be considered laborious, but it is also worthwhile work. Please note that when I use “ASCLS in this article it really means “ASCLS members and staff”.

When I asked for input from the ASCLS Executive Committee on how they would describe the "heavy lifting" that ASCLS does I receive a couple of interesting responses. ASCLS Executive Vice President Elissa Passiment stated, “What I have been told is that ASCLS is the organization that is always out there speaking up for the non-physicians, we are always out there talking to CMS, submitting comments, etc. We are the ones who put together the scope of practice that outlines the profession and made this profession. We are always rallying people for something and we are the ones who bring the most people to the Hill from all of the organizations.”

ASCLS Region VI Director Suzanne Campbell responded, “I believe that ASCLS does the heavy lifting in many ways: the organization is a peer organization thus we represent the non-physician aspect of laboratory medicine, ASCLS is always present to represent the profession at highly visible conferences as well as a presence on Capitol Hill, we are the ones that step forward to volunteer for councils or letter writing campaigns, i.e. CCCLW, political action requests. The organization has a strong “grass roots” structure thus ensuring a voice and a stakeholder position at the state, regional, and national level. We provide a multitude of continuing education opportunities at an affordable cost.”

I received several other great responses but I believe these statements from Elissa and Suzanne capture the essence of the heavy lifting that ASCLS does.

I have already mentioned the Legislative Symposium in an earlier article, so I won’t spend much time on that event here, except to say that ASCLS (as ASMT) was the initial sponsor in 1989. The current cooperative effort of multiple laboratory organizations gathering in Washington, D.C. to learn about legislation impacting laboratories grew from an initial instance of ASCLS doing the heavy lifting by thanking Congress for enacting CLIA 88 and for communicating the value of medical laboratory professionals to members of Congress.

As another example of heavy lifting, ASCLS also has multiple representatives to other laboratory or healthcare related organizations, including the American Hospital Association (AHA), the International Federation for Biomedical Laboratory Science (IFBLS), The Joint Commission (TJC), the Clinical Laboratory Standards Institute (CLSI), the Coordinating Council
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designed studies published in the peer reviewed literature eligible for inclusion in LMBP reviews, and (2) unpublished laboratory PI projects, which are routinely performed for continuous quality improvement, provide eligible data for systematic reviews. The A-6 method (Ask-Acquire-Appraise Analyze-Apply-Audit/Assess)² promoted by the LMBP Initiative for designing and evaluating such projects includes a critical appraisal checklist. This can be used as a guideline to increase the likelihood that results from a PI project will be eligible for inclusion in a national systematic review for best practices.

The manuscript “Improving Patient Safety through Enhanced Communication between Emergency Department Clinicians and Medical Laboratory Staff”³ is a direct result of a cooperation between myself and the clinical laboratory staff at Christiana Care Health System in Newark DE. It is also the first fruit of a sabbatical I was privileged to take in spring 2013. For the past 20 years, I have done basic research in melanoma metastasis, with a publication record of 36 peer-reviewed papers. I therefore possessed the skills to (1) design the research study, (2) obtain data, (3) organize that data into a cohesive, interesting story, (4) craft that story into the format required by the chosen journal, (5) submit the manuscript to the editorial staff of the journal by its unique mechanism (e-mail, online, snail mail), (6) reply to the reviewers on all items cited as needing revision (even when I disagreed!), (7) obey the rapid turnaround required after receiving the “proof,” and (8) coordinate the input of all the co-authors and verify the submission of the forms required (financial interest, conflict-of-interest, transfer of copyright, level of contribution). With federal grants available for cancer research being awarded to fewer than 10% of all who apply, it has become very hard to be in that successful number. For my sabbatical focus, I therefore looked elsewhere for an avenue to follow where my skills could still be an asset. With my life-long passion for “providing the face,” it seemed a win-win situation to facilitate the efforts of local hospital colleagues to get their PI project data published. After this first success in publishing, I continued to work together with the lab staff on a second paper on blood culture contamination rates, sharing research tools (RefWorks, PubHub) with the staff, and providing a continuing laboratory presence on the Value Institute at the hospital with the goal of positioning the clinical laboratory staff to be a critical component of any grant submitted by the hospital staff, especially for the national Patient-Centered Outcomes Research Initiative (PCORI).⁴

There are many, many colleagues within our profession who also have the same skill set. One particularly eager group consists of the editorial staff for the Clinical Laboratory Science journal. These individuals can provide help in the conceptualization, organization and manuscript development of performance improvement projects done at your facility. It only takes a request to CLS Editor-in-Chief Susan Leclair, sleclair@umassd.edu, who will then assign you to the team of Consulting Editors, all of whom have expertise in writing and reviewing manuscripts. In addition, the ASCLS Clinical Laboratory Educators Conferences, held in February each year, offer a session called "BYOA – Bring Your Own Abstract." Attendees at this particular session, the sixth of its kind offered since 2009, not only had a one-on-one critique from an experienced reviewer of a draft (or even just an idea) of an abstract, manuscript, poster or grant, but a promise of follow-up in the next 12 months, with the goal of getting that “something” published! Such sessions are also frequently offered at the ASCLS annual meetings in July each year. I strongly encourage those in academic settings looking for research to do for promotion and tenure to link up with your local hospital colleagues who will be very happy (and even a bit amazed) to have an offer of your expertise in helping to develop PI projects that are sound in design, and then to facilitate getting those results published. This could truly be a win-win for all involved, not the least of whom would be the patients who will benefit from the establishment of true best practices in laboratory medicine.

2. https://www.futurelabmedicine.org/our_methods/
Bringing the Leadership Academy to Region VIII

Holly Weinberg, Region VIII
Leadership Academy Coordinator

One of the largest challenges for Region VIII, like most other ASCLS Regions, has been identifying an adequate number of new leaders in each of the states in the Region to maintain and grow strong, vibrant organizations. In January, 2013 Susan Morris, Region VIII director, tasked a group of us with evaluating the merits of bringing the Leadership Academy to our Region. Joni Gilstrap pulled together a task force of representatives across the 5 states of Region VIII: Colorado, Idaho, Montana, Utah and Wyoming. The task force researched leadership initiatives already in place and developed a plan for a Region VIII Leadership Academy (R8LA) to begin in September. Thanks to the efforts of Lynn Ingram with the national academy and Lisa Anderson, Region III Director, our task force had a lot of good material to help us get started.

We quickly realized to initiate this new venture for our Region, we would need to prioritize how we used our limited financial resources. We voted to support this endeavor financially by utilizing a conference call for our Spring Region VIII Council Meeting instead of a face-to-face meeting (holding our face-to-face meeting prior to the national meeting in July since the majority of the Council will already be attending the National meeting). The assessment that each state paid to support the face-to-face meeting will now be applied to the Academy. We also added a new position of Leadership Academy Coordinator to our Region VIII Council. We opted to begin the Academy year in September just prior to the opening of our Region VIII conference in Jackson Hole, Intermountain States Seminar (IMSS).

This was an excellent beginning to the program. We rented 2 condos, one for faculty and one for the interns, and opened the academy on Monday afternoon with sessions on the ‘History and Structure of ASCLS’ by Barbara Brown and ‘Leadership Styles’ by Susie Zanto and Susan Morris. Tuesday opened with sessions in the morning; ‘Communication Styles’ by Susie and Susan and ‘Time Management’ by Debbie Shell and Holly Weinberg. Tuesday afternoon we had a team building event consisting of a bicycle ride from Jackson to Moose – 13 miles each way! Wednesday morning we finished the opening sessions with ‘Team Building’ by Buffy Kelly and ‘Project Planning,’ also facilitated by Buffy with input from the other faculty. The focus of the project planning session was to define a project for the interns to work on during the academic year. The goal of the project was to create something that would be useful to Region VIII and the individual states in the Region.

After the initial 2 ½ days in Jackson, monthly video conference sessions were scheduled for most months through June. We did not schedule a session in December due to the busyness of the season. We also did not schedule formal sessions for April and May as this is when the state meetings will take place and the interns will be presenting something to their society members detailing the program. The video conference sessions deal with many topics – e.g. advocacy, networking, parliamentary procedure, etc. We found a website that has free conferencing and can include up to 12 locations. It was challenging for some of us who are less electronically sophisticated but so far it has worked well and has been an important part of the academy. The interns use it for their project planning sessions as well. Our faculty is representative of the region, with many strong leaders participating and sharing experiences. We will culminate the year in Chicago prior to the opening of the national meeting with the interns graduating, after presenting their completed project to

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The Keys to the Future are the new “sprouts” that are the future of ASCLS.

Now is the time to recognize the new talent around you! Each Constituent Society can submit the names of up to 3 members who have become recently active. They may be new members, or members of long standing who have recently become active participants.

So put your thinking caps on—is there a new professional who has stood out this year? A new member who has made an impact? A "seasoned" member who is just now becoming active in your society? Someone who has quietly mentored or provides support to other members?


This award serves to recognize and encourage members who have demonstrated their leadership potential. Recipients are awarded a unique Key to the Future pin at the annual ASCLS meeting. In addition, each nominee should be recognized by his or her Constituent Society for their contributions.

Questions? Please contact Leadership Development Chair Tim Randolph at randoltr@slu.edu; nominees should also be submitted to Tim.
Why Students Should Attend Their State and National Meetings

Rosemarie Nguyen

Whether you are a student, first-year professional, or an experienced professional, there is no personal benefit if you are paying dues to a professional society and NOT utilizing some or all of the resources the professional society has to offer. Professional societies play a huge role in overall learning and developmental success as well as the advancement of professionals within their field of interest. ASCLS and your State professional society provide opportunities for expanding and strengthening your professional network with other members for future collaborations and mentorships. At these annual meetings, it is a good idea to have business cards ready to exchange information with potential employers and other professionals. Career fairs and information booths are also usually scheduled during part of the annual meetings to provide employment opportunities for those looking and to give students an idea of where to apply for a job after graduation.

Annual meetings are also a great place and time for top industries to exhibit their latest advancements in technology and testing methods that will provide better healthcare and, sometimes, faster turnaround times. Many lab professionals, MLS professors, and managers visit these exhibits to find the next investment that will fit the needs of their laboratories. Demonstrations, free goodies, and a surplus of information can all be found at the expos open to all MLS students and professionals alike.

Since annual meetings for State and National professional societies are held in different cities each year, members get to visit different places for a change of scenery and a chance to explore the host city. ASCLS, the State societies, and other affiliated organizations provide travel scholarships to help fund selected students to the annual meetings and some will even pay for registration costs. These scholarships are listed on the ASCLS website and might also be found on your State society website.

To fulfill continuing education requirements, both the State and National meetings provide dozens of opportunities for P.A.C.E.® approved CE credits in numerous fields of interest that appeal to every member. Most members are able to complete their CE requirements by attending the annual meeting and listening to fellow MLS speakers discuss their interesting case studies and presentations. Annual State and National meetings have keynote speakers who set the theme or framework for the meetings. Keynote speakers at these annual meetings come from different backgrounds and fields of interest and provide knowledge, insights, and business experiences that you can relate to or benefit from.

Attending annual State and National meetings allows you to be prepared and actively participate in the current issues that arise on your job as well as current issues that are taking place throughout the country. Your attendance gives you the opportunity to lend your expertise in such matters or it may allow you take home a solution to an issue you are currently having in your own laboratory. Attending can also keep you up-to-date in current healthcare laws or bills that will affect the MLS profession and encourages active participation in political decision-making.

Professional societies have various committees that focus on different areas of the profession as well as the development of the professional society itself. It is important to be active in your profession as it ensures the promotion and advancement of your own career and others. Becoming an officer of the Student Forum or a member of a committee can prepare you for the challenges you will face in your new profession as well as help you to develop and strengthen leadership skills. It also gives you the opportunity to be active in your profession while learning from many experienced professionals who will act as your mentors. These supportive and encouraging mentors can help you hone your communication and leadership skills. Remember, at some point, they were also students and first-year professionals. Holding a position on a committee in your professional society also allows employers to see the commitment and motivation you possess for your profession and can help with further advancement in your career.

You may be a student today, but in the future, you may be the experienced professional who other students will rely on for advice. Your experiences, skills, and
Member Wins Free Annual Meeting Registration!

Andrea Leonard, from Kentucky, won a free registration to the 2014 ASCLS Annual Meeting to be held July 29-August 2 in Chicago, Illinois. How did she do it? She simply returned a completed meeting evaluation at the 2013 ASCLS Annual Meeting in Houston. This automatically entered her into a drawing where her completed evaluation form was selected at random as the winner.

We thank her and all who submitted an evaluation form. The evaluation forms provide valuable information to the Annual Meeting Steering Committee each year and assist them when planning for future meetings.

You can find information about and register for the 2014 Annual Meeting by visiting the website at www.ascls.org/ascls-meetings/annual-meeting.

South Dakota

Robert Jenson
ASCLS-SD President 2012-2013

ASCLS is a grass roots organization where the power of the organization is with the members. When you think of grass my mind goes to South Dakota and the rolling prairie where you can still find Big Blue Stem, Indian Grass, and Switch Grass—all types of native prairie grasses. ASCLS-SD is just like these prairie grasses as it is actively growing. ASCLS-SD is active in getting our message to Congress by sending 4 members to the Legislative Symposium this March. We actively attend and help plan continuing education opportunities at state, regional and national levels. The Student/New Professional Task force has been busy over the past year with fund raising events for the ASCLS-SD scholarship fund.

I then thought: what does it take to keep grass/turf healthy and green? It needs to be watered deeply and nourished so the roots can grow deep and strong to sustain it during the hot summers and cold winters. There are many opportunities for that deep watering with ASCLS-SD from the Region V meetings each fall, the Fall Collaborative meeting hosted with CLMA, our state’s spring meeting, to the National meeting in July. Other watering comes from the ASCLS Today newsletter published 10 times a year, the quarterly Journal of Clinical Laboratory Science and our award winning state newsletter the Volusion. We gain nourishment from connections through state and national emails, ASCLS on Facebook, Twitter and LinkedIn. We have specialized nutrients from the Leadership Academy. Another exciting opportunity comes from the ASCLS-SD Leadership Development Task Force. They have worked with ASCLS-ND and ASCLS-MN to develop a regional Leadership Academy which we hope to kick off this fall. The opportunities for professional growth are endless.

But turf isn’t just made up of an individual blade of grass. A strong turf is made of many blades combined and knit together with a strong root system. ASCLS is that root system that knits laboratory professionals together from all areas of the country. The more members we have the thicker and greener that turf becomes.

Since many medical decisions rely on the results of laboratory testing you could say that laboratory professionals are the turf that healthcare is played on. So help us keep this grass roots organization strong, vibrant and actively growing.
Lost HDL

From Page 1

the validity of this low HDL result the laboratory took the following steps:
• The testing had been repeated on both the original analyzer and a second analyzer with the same outcome.
• The specimen had been tested for both total protein and immunoglobulins because of the possibility of interference due to a monoclonal gammapathy. Immunoglobulin interference was mentioned in both the lab policy and reagent package inserts, with IgM being the likely culprit. Both total protein and IgM were within reference ranges.
• A dilution utilizing half patient sample and half normal serum control was made and tested. If a unique interfering substance was present then the ability to recover the control in its entirety would also be impacted but both control and patient results were recovered.

Upon receiving the results the physician noted - “Test results questionable, calling patient for recollection.” The patient was referred back to his endocrinologist who included the following notation in the chart, “Low HDL cholesterol which is new. I suspect that this is laboratory error.” However, when the patient was redrawn two weeks later his HDL result was again low at 9 mg/dL. Suspecting a gammapathy, the endocrinologist then ordered a serum protein electrophoresis and a lipoprotein metabolism profile, the latter of which was sent to a reference laboratory. The dictated notes now stated, “Both tests ordered normal but testosterone could lower HDL, therefore, skip next month’s dose and retest HDL in two months.” Unfortunately, two months later the HDL was still low at 9 mg/dL and the notes now stated “I doubted that testosterone had anything to do with low HDL level and indeed after he stopped his shot, the HDL level came back low again. We excluded gammapathy or myeloma… and technical error in the laboratory.”

The doctor also referred to a March 2007 article from the Journal of Clinical Lipidology1 which referenced “disappearing HDL syndrome” pointing to drug interferences. However, the patient’s drug regimen was reviewed with no apparent issues. The doctor decided to start the patient on Tricor (fenofibrate) to “get Cholesterol/HDL ratio more in balance” and ordered a repeat HDL to be done in eight weeks. Six weeks later the patient called the doctor complaining of moderate to severe abdominal pain and long-term constipation (possible side effects of fenofibrate). Labs were ordered and now the HDL was 23 mg/mL. An upper GI was performed and a diagnosis of Irritable Bowel Syndrome was made with a request for repeat lab work in three months.

Four months elapsed before the patient’s labs were repeated, including some endocrinology assays; all were normal except for an HDL of 14 mg/dL. After two more months the patient arrived at the emergency department with gas, bloating and severe abdominal pain. Tests ruled out pancreatitis, but imaging detected an obstruction of the small intestine, and a complete blood count yielded 34 band neutrophils. The patient was scheduled for surgery which revealed a large “phlegmon” (a walled-off inflammatory mass without bacterial infection) and a firm, thickened mesentery. A right hemicolectomy was performed and multiple enlarged lymph nodes were discovered. Tissues were sent to pathology which reported “Diffuse large B-cell lymphoma with high mitotic index rate in the distal ileum.” The patient was referred to an oncologist and chemotherapy was begun. Within five weeks the patient was pain free. Two months later a lipid profile was performed and the patient’s HDL was 44 mg/dL. The missing HDL had returned but why?

Non-Hodgkin’s large B-cell lymphoma has been associated with declining HDL levels; in some cases the decline is noted several years prior to diagnosis of the lymphoma.2 “This highlights the need for investigation into secondary causes for low HDL-C, especially malignancy, when there are no other discernible causes. Recent evidence suggests a decrease in circulating HDL-C may occur during lymphomagenesis, but the pathogenesis is unclear. Proposed mechanisms include metabolic depression or increased utilization of cholesterol during carcinogenesis. It is unclear whether the observed association is causal or due to an effect of the preclinical disease (malignancy).”2 In fact, “researchers at Northwestern University have taken advantage of this dependency on HDL to create an HDL-mimicking nanoparticle that starves lymphoma cells of cholesterol, triggering them to commit programmed cell death without the use of any other anticancer agent.”3

The case of “the missing HDL” involved a common chemistry test result that was pointing to a serious disorder. Ultimately it took almost three years from the initial (albeit unusual) lipid finding to a correct diagnosis and treatment. Who knew that our simple, automated, common HDL test could be hiding

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its ability to be so much more? The moral of this story – even common, automated analyses we think we have understood for years, can teach both laboratory and clinicians new lessons. We never know when something we do will be the key to unlocking a mystery.

References

ASCLS Today  February 2014

Given that I only have a certain amount of space I will focus on just one group of representatives for this month’s article, and will devote a future article to the rest of this dedicated group.

Four individuals have represented ASCLS on the Board of Certification since 2009. They are Scott Aikey, Sue Beck, Kathy Hansen, and Susan Morris. All were active volunteers with the NCA Board and/or Exam Committee in the past. BOC members serve three-year terms and may serve three terms for a total of nine years.

The ASCLS representatives to the BOC have served many roles in the four plus years since joining the BOC:

- Scott Aikey – serves on the Policy and Procedures Committee; has served as Liaison to Lab Management and Safety Exam Committees; serves as parliamentarian during BOC meetings; currently serves on the Editorial Committee and the Finance Committee
- Susan Beck – serves on the Examination Oversight Committee, which evaluates requests for new examinations and oversees the work of all the exam committees in the various areas of laboratory practice. She is currently chairing a subcommittee evaluating the possibility of an exam for a laboratory assistant level exam. Sue serves as the ASCLS representative to the BOC Executive Committee.
- Kathy Hansen – first ASCLS representative elected to the Executive Committee, served on the Certification Maintenance Committee; chaired the BOC Ethics Committee (established at the suggestion of the former NCA representatives). She began a term as Chair-Elect of the BOC in October 2013, and as part of that role, she continues on the Executive Committee and chairs the Examination Oversight Committee. She will become the Chair of the BOC in October 2015.

- Susan Morris represents the BOC on the CCCLW. She serves on the Editorial Committee, the Policy and Procedure Committee, and the Nominating Committee.

I’m sure that you’ll agree with me that the work of the ASCLS representatives on the Board of Certification is serious, after all the BOC is responsible for the certification exams for individuals entering our profession! I don’t know if they would consider their efforts on the BOC burdensome or laborious, but I do know that they, and we, consider their work to be important. I believe that they, like so many ASCLS members, believe their ‘heavy lifting’ is a critical component of ensuring that ‘our’ voice continues to be heard.

Leadership  From Page 5

President’s Message From Page 2

for the Clinical Laboratory Workforce (CCCLW), the Health Professions Network (HPN), the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and the Board of Certification Board of Governors (BOC). Our representatives to these organizations certainly do their share of heavy lifting by representing both ASCLS and the profession of medical laboratory science.

We have a wonderful group involved in the R8LA from our faculty to our interns. This has already been a great experience working with these young professionals, tapping their enthusiasm and their ‘new age’ skills. The project they have taken on will be a huge boon to the Region and uses inventive ways to centralize helpful materials for leadership roles. The opening days in
Jackson couldn’t have been better. They gave us all a chance to build relationships, share experiences, and create wonderful memories. Everyone brought food and refreshments to fill the kitchens in the condos and we decided we need to start a R8LA Cookbook. The bicycle ride took place on a picture perfect day in the West; however, we did learn from this experience to provide alternate options since not everyone is thrilled about riding 13 miles on a skinny bicycle seat just to eat lunch! Once we got to the lunch spot, the challenges of the ride quickly melted away while sitting on the patio with the Tetons soaring above. What a perfect way to open a new regional leadership academy and forge permanent bonds.

The faculty is learning as much from our new leaders as our new leaders are learning from the Leadership Academy. Our first class shows outstanding promise of transforming our ASCLS state organizations to meet the needs of professionals in the future.

Our faculty is representative of the region, with many strong leaders participating and sharing experiences.

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