

Clinical Laboratory Science Action Plan

Broad Strategy #1: Education, training access, capacity and support: Utilize distance education and other innovative delivery models in order to expand statewide access to special courses required for licensure as a Clinical Lab Scientist (CLS). Courses include, but are not limited to Medical Microbiology, Hematology, and Immunology. Replicate current successful models. For example, CSU Sacramento (CSUS) offers Hematology via distance education to various regions. Labs are offered on Saturdays and didactic portion is provided via web access. San Diego State University (SDSU) also has its own online Hematology offering with Saturday Labs. The CSUS program is so impacted that they have closed the class to southern California students, directing them to the SDSU offering. Hence, the need for additional access through expansion of this model.

Baseline: Looking into this further, but as of now, only two programs have been identified, CSUS and SDSU.

Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
<p>Provide additional capacity in specialty science courses which currently have limited availability and are over- subscribed.</p>	<p>➤ Increase access to current successful model at CSUS for Hematology. The following will be required:</p> <ul style="list-style-type: none"> - Identify hospital and other partners willing to hold the labs. (Fresno and Kaiser have already inquired). - Local CSUS and Concurrent Enrollment Student access would still be capped, but Extended Learning student capacity is wide open. Promote Extended Learning option. - Increase CSUS Site license to accommodate additional students. - Promote model. - Replicate at other CSU campuses. - Roll out to other courses, Micro-Med, Immunology. 	<ol style="list-style-type: none"> 1. Increased capacity of current CSUS distant Hematology course by 25%. Currently serving an average of 60 students per year. 2. Increase capacity of other specialty courses by X% in the next 5 years. 	<p>1-2 years</p> <p>3-5 years</p>	<p>CSUS Program Other interested CSUs CSU Extended Learning LFS</p> <p>Resources: Students taking these courses through Extended Learning pay about \$900 for a 3 unit course. Cost could be offset by other sources.</p> <p>These students are typically Post Bach coming from concurrent enrollment in another CSU or coming from a UC and who want to get into a training program and need this course.</p> <p>Also, additional labs are needed. If CSUS expands enrollment via distance learning, their lab will not have</p>	<p>Compare number of students served via current distance education programs for these specialty programs with outcomes when new models are up and running.</p>

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Broad Strategy #2: Education, training access, capacity and support : Improve MLT to CLS course articulation so that certain science courses taken at a California Community College by MLT students are recognized by the California State University System as upper division, thereby allowing MLTs to more efficiently earn a bachelor’s degree and enter a CLS program if they choose. This strategy supports the concept of “stackable” credentials and provides a career pathway from MLT to CLS.

Baseline: Non-existent

Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
Improve MLT course articulation so that licensed MLTs who want to become a CLS will not have to repeat courses while obtaining their bachelor’s degree that have already been completed for their MLT license, although they may have been lower division courses.	<ol style="list-style-type: none"> 1. Build a strong coalition within the profession, industry and education with the will to improve articulation 2. Articulate the issue to CSU and CCC System 3. Legislation if necessary? 	<ol style="list-style-type: none"> 1. Increase course capacity by X%. 2. Reduce MLT to CLS coursework redundancy by 100% 	3-5 years	CSU Chancellor’s Office CCC Chancellor’s Office CSU Campuses/programs Faculty Funding required unclear	Compare CSU course recognition today for CCC science offerings for MLT program with result of improved matriculation.

Broad Strategy #3: Education, training access, capacity and support: For CLS, current law requires that “approved training entities” be the laboratory where the clinical experience takes place. Current law (B&P 1222.5) has been interpreted to preclude an institution of higher learning to be the approved training entity. This statute, adopted in the 1970s, has limited CLS training program capacity in California because it prevents many smaller labs from participating in training. If an institution of higher education is allowed to be the approved training entity and acts as the central administrator by coordinating and providing a full, rich training environment through a group or consortium of hospitals, small and rural hospitals would then be in a better position to train because the responsibilities would be shared over multiple sites.

Baseline: MLT regulations adopted in 2005 allow both institutions of higher education and laboratories to serve as the approved training entity.

Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
1. Allow institutions of higher learning to be approved 'training entities' enabling them to form hospital training consortiums, which under current statute is not	<ol style="list-style-type: none"> 1. Data collection and an inventory of approved sites and current locations. 2. Further research the role of accreditation by WASC and NAACLS in site 	<ol style="list-style-type: none"> 1. Increase the number of CLS training slots in the state by 15-20% (?) 2. Two – four CLS training consortiums 	1-3 years	HLWI/CHA CSUs/UCs Funding required minimal	<ol style="list-style-type: none"> 1. Is legislation enacted? 2. Do schools step up to be approved

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<p>possible.</p> <p>2. Increase the number of training slots for CLS in the state.</p>	<p>approval.</p> <p>3. Introduce and enact legislation allowing schools/programs to be the approved “training entity” for CLS.</p> <p>4. Promote, educate schools, hospitals, CLS community about the use of a training consortium model for CLS.</p>	<p>formed.</p>			<p>training sites?</p> <p>3. Number of consortiums formed.</p> <p>4. Increased number of clinical slots.</p>
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