

# **CAP Residents Forum**

## **Fall 2009**

### **Follow-up on Forum Delegate Issues**

**In conjunction with last year's CAP '08 meeting, the RFEC started a new process of identifying and prioritizing key issues from the Forum delegates. This process was repeated at this spring's meeting of the Resident Forum and has been an effective way to identify key issues impacting CAP Junior members.**

**Here is a summary of the top issues and what action the RFEC is taking:**

A. Job Market Outlook for Pathology Residents – Lead: Dr. Bihlmeyer

Issue – The RF is concerned that there may be too many pathologists being trained and not enough jobs. The PERCEPTION of a some is that it is hard to get a job and many are resorting to two or more fellowships to have greater job opportunities (and flexibilities). The RF would like the CAP to investigate the supply and demand forces within the field, including the number of training positions versus the actual number of pathologists needed each year.

RFEC Action – Staff created a survey for the College's 0-5 segmented Fellow member panel, asking members about their experience in securing a job, including the number of job offers, any difficulties with desired locations and the impact of multiple fellowships on their marketability. Dr. Bihlmeyer is working with Dr. Michael Brown, Advisor to the New in Practice Committee, to create a survey summary to share at the RF meeting in October. The RFEC is considering the options of having information on this survey shared in *CAP Today*, *Archives* and with the Practice Management Committee for follow-up. The RFEC is also considering having trend information for this issue – and conducting the survey on a regular basis. A summary of this survey will be presented to the RF at this meeting.

B. Clarification and Information on External Rotations – Lead – Dr. Lee

Issue – There appears to be wide variance in how different programs manage external rotations and how residents are funded. The RF would like official clarification from CMS and an understanding of what different programs are doing. The RF would also like the College to maintain a listing of programs that have external rotations and have the CAP encourage programs to allow external electives – along with usual compensation.

RFEC Action – Although the AMA already has a policy on external rotations, there is no clear understanding of the funding. The RFEC completed a survey for APC/PRODs to uncover how many programs allow external rotations (why or why not) and how they are funded. The RFEC plans to provide a discussion thread on the ROC for Junior members to post the names of programs that offer external rotations. The RFEC will also ask the College's DC staff to clarify CMS's position on funding. A summary of this survey will be presented to the RF at this meeting.

C. RISE Exam – Inconsistencies and Use of Results – Lead – Dr. O'Sullivan

Issue – The RF is concerned that the RISE exam is administered differently at programs and that there are some programs using the results as criteria for employment or termination.

RFEC Action – The RFEC developed a survey for both residents and Program Directors to evaluate what each program is doing. The survey will also attempt to test the hypothesis that success on the RISE is a predictor for success on your Boards. The RFEC plans to contact RISE Committee Chair Harvey Rinder, MD, to begin a dialog about this issue. A summary of this survey will be presented to the RF at this meeting.

D. Help for Residents in Board Preparation – Lead: Dr. Cangelosi

Issue – The RF expressed interest in having the CAP explore options for an online tool that would help in Board preparation.

RFEC Action – The RFEC discussed the idea of creating a pilot program to test one online module, for example on Ultra-sound Guided Fine Needle Aspiration. Modules would be scored and this could then give residents insight into deficit areas. Staff will be working with the RFEC to draft a project scope outline. This will then be presented informally to Constance Filling, VP of Education, for feedback and input. Next steps will then be determined.

E. Use Residents to Support Outreach to Other Clinical Colleagues – Lead – Dr. Powers

Issue – The RF believes the College should support the creation of a “Pathology Ambassador Program” whereby residents would be both trained in presentation skills and funded to attend targeted subspecialty conferences to emphasize the importance of the pathologist in patient care.

RFEC Action – The RFEC is looking to address this issue in two parts. First, a possible mini-spokesperson training program specifically for residents that would give basic speaking skills and ideas for getting out in the community could be offered. Another option might be training on how to approach clinicians about being part of clinical rounds. The RFEC will be considering these options when planning the Spring 2010 RF meeting.

F. Graduated Responsibilities – Lead – Dr. Powers

Issue – The RF is asking the CAP to compile a list of how different training programs define and implement graduated responsibilities.

RFEC Action – The RFEC created a survey for residents and Program Directors asking how they define this issue. Questions included: How many programs offer "assistant" medical directorships to upper-level residents? How many allow residents (not surgical pathology fellows) get to participate in a hot-seat style system? Do residents have preview time and do attendings listen/correct their diagnoses? Who dictates the cases? A summary of this survey will be presented to the RF at this meeting.

G. Foundation Travel Grant Amount Increases – Lead – Dr. Powers

Issue – The RF asks that the CAP Foundation provide funding from \$500 to \$2,000 for travel grants to pathology residents, giving them more adequate funds to undertake education experience.

RFEC Action – Staff identified that there are several new and existing grants that meet or exceed the \$2,000 funding request including a new Pilot Residents Research Grant offering \$2,500 to help conduct research projects with a focus on the stated mission of the Foundation (such as emerging technologies and translational research.) Here is a complete listing of grants ranging from \$1,200 - \$25,000. **No additional action is needed.**

CAP Foundation Grant detail to follow:

June 1, 2009, Deadline

- Advanced Training - Pathology Informatics (CAPF/IMPAC): \$5,000 for educational, living, and travel expenses incurred during rotation
- Conference Travel - 2009 Pathology Visions Conference Sept 13-15, 2009 (CAPF/Aperio): \$2,000 maximum reimbursement for travel expenses
- Conference Travel - APIII 2009 Conference Sept. 20-24, 2009 (CAPF/Univ of Pittsburgh): \$1,500 to defray the cost of registration and travel expenses
- Research Programs - New Pilot Program-Resident Research Grant (CAPF): \$2,500 to help conduct research projects with a focus on the stated mission of the Foundation (i.e., emerging technologies and translational research)

October 1, 2009, Deadline

- Advanced Training - General Elective (CAPF): \$2,000 to support travel and living expenses (four weeks)
- Advanced Training - Molecular Diagnostics (Abbott Molecular): \$2,000 to support travel and living expenses (four weeks)
- Advanced Training - Molecular Diagnostics (Sakura Finetek USA): Allowance for travel and living expenses (four weeks)
- Advanced Training - Translational Diagnostics (Ventana): Allowance for travel and living expenses (four weeks) This rotation will start in 2010.
- Conference Travel - Lab InfoTech Summit, Spring 2010 (CAPF/Pathology Education Consortium): \$1,200 maximum reimbursement to travel expenses
- Quality Assurance - Rippey Grant for Quality Assurance (CAPF): \$2,000 to support travel and living expenses (four weeks)
- Quality Assurance - Molecular Diagnostics (Abbott Molecular): \$2,000 to support travel and living expenses (four weeks)
- Research Programs - Scholars Research Program (CAPF/Seracon): \$12,500 maximum for 6 months, and up to \$25,000 for 1 year
- Research Programs - Research in Telepathology (CAPF/ Nikon): \$5,000 to cover expenses incurred during the grant period
- Research Programs - Research in Telepathology (CAPF/Olympus): \$5,000 to cover expenses incurred during the grant period

**No Additional Action is needed**

H. Resources for New and Emerging Technology – Lead – Dr. Bihlmeyer

Issue – The RF would like the College to provide easily accessible supplemental education information to help prepare residents for the future, particularly in areas not covered by individual programs. The RF would also like the College to provide guidelines for education on new technologies (such as molecular pathology).

RFEC Action – The RFEC is currently researching how best to respond to this request. We will start with research on the Association for Molecular Pathology to see what electronic resources might be available. The RFEC will also request that programs offered at CAP annual meeting be designed with a theme focus on the “Future of Pathology.” Consideration is being given to asking the Virtual Management Conferences (VMCs) committee to coordinate a “Molecular 101” covering how to set up a molecular lab. Staff will also be contacting the CAP’s molecular, informatics, and emerging technologies committees to see what other resources are or can be made available to residents.

I. Enhanced Online Resources for Residency Programs – Lead – Dr. Gardner

Issue – The RF would like additional online CAP resources for residency programs including: 1) residency timelines; 2) logging procedures; 3) AP checklists and specimen grossing; 4) Board timelines, 5) Fellowship timelines; 6) resident friendly short courses from CAP events.

RFEC Action – The RFEC has determined that the best option to achieve this goal might be through the creation of a CAP Wiki. Dr. Gardner has been in contact with Dr. Greg Henderson and Dr. Kenny Youens to evaluate their ideas on this issue – as well as possible opportunities. An update on this issue will be presented to the RF at this meeting.

J. Facebook for CAP Junior Members – Lead – Dr. Gardner

The RFEC, with assistance from Dr. Kenny Youens, Junior Member of the Electronic Media Coordinating Committee (EMCC – formerly IEB), has been pursuing the option of a more formalized presence for Junior members on Facebook. Staff has been working with CAP legal counsel to ensure appropriate disclaimers are included as necessary. The RFEC plans to formally launch the CAP’s Facebook page in conjunction with the RF meeting at this meeting.

College of American Pathologists  
Junior Member Report

**CAP House of Delegates**  
**March 7<sup>th</sup> 2009**  
**Boston, MA**

**Submitted by:**  
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- **High Level Strategic Directions of CAP:** Stephen N. Bauer, MD, FCAP, CAP President-Elect, outlined the new CAP Strategic Plan and the Transformation Platform and updated the strategic direction for CAP.
  1. Promote quality in the practice of Pathology.
  2. Lead the provision of life-long learning opportunities that will prepare pathologists for the future and to assume new roles in the evolving healthcare landscape.
  3. Improve laboratory quality and patient safety through expansion of CAP quality improvement programs.
  4. Expand the membership and strengthen support of their professional needs.
  5. Advocate for public and private policies in the best interest of Pathology, patients and healthcare.
  6. Exercise leadership in Health Information Technology advancement that enables Pathology to make the maximum contribution to high quality, cost effective healthcare.
  7. Maintain fiscal integrity, effectiveness and agility in proactively pursuing its role as driver of the transformation of Pathology.
- **International Fellow Representation in the House of Delegates:** The House was reminded that in the spring of 2008, the House endorsed the establishment of an International Fellow membership class for the College. This class was approved by the Fellows of the College in the summer of 2008 and is available to pathologists practicing outside of the US and Canada. House members held a discussion on the possibility of extending membership in the House to members of the International Fellow Class (IFCAP). It was decided that IFCAP members may attend the House meetings and participate in the discussions, but will not be allowed to vote at the House meeting.
- **Updates and Speeches:** There were updates from PathPAC and the CAP Foundation, a speech from new CAP Executive Vice President, Charles Roussel, speeches and a Q & A session with the president elect candidates: Robert L. Breckenridge, MD, MBA, FCAP; Stanley J. Robboy, MD, FCAP; and Jay F. Schamberg, MD, FCAP.

College of American Pathologists  
Junior Member Report

**American Medical Association – Residents and Fellows Section  
June 11-13, 2009  
Chicago, IL**

**Submitted by:**

**Keagan Lee**

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- **Resident and Fellow Bill of Rights:** Similar to the Medical Student Bill of Rights that has been in place for years, the RFS passed a resolution to establish a Resident and Fellow Bill of Rights and ask the AMA for its support in this measure to help ensure that residents and fellows receive training that is complete, effective, and respectful.
- **Mandated Residency Completion Dates by Specialty Boards:** Currently, many specialty boards require that residents complete their training by June 30<sup>th</sup> in order to be eligible to take the specialty board exam the same year. Residents who take leave, often parental leave (12 weeks is guaranteed by the Family and Medical Leave Act), are unable to complete their residency training by this date and currently must wait a year to take their board exam. The RFS passed a resolution asking the AMA to encourage medical specialty boards to push the mandatory completion dates to a date that will allow for 12 weeks of leave (September 22).
- **Screening for Preexisting Conditions by Health Insurance Companies:** The RFS passed a resolution asking that the AMA to support legislation/mandates that prohibit insurance companies from using preexisting medical conditions as a reason for denying health insurance, including renewal of health insurance, to individuals.
- **Support of a National HIV/AIDS Strategy:** The RFS passed a resolution asking the AMA to support the establishment of a national HIV/AIDS strategy. Currently, it is the policy of the U.S. government to require other countries to have a national strategy/policy for HIV/AIDS if they want assistance from the U.S. in combating HIV/AIDS. Hypocritically, the U.S. does not have its own national strategy.
- **Protection of Peer Review Evaluations During Litigation:** The RFS passed a resolution stating its opposition to the utilization of resident evaluations by attending physicians (considered peer evaluations because we're all physicians) for any purposes other than educational feedback, especially when it comes to any litigation (lawsuits) in which the resident may be named.
- **Review of the Institute of Medicine's (IOM) Recommendations on Resident Duty Hours:** The AMA Council on Medical Education is studying the recommendations made by the IOM concerning resident duty hours and is working with the ACGME to institute any changes necessary to current regulations.

College of American Pathologists  
Junior Member Report

**APC-PRODS Meeting  
July 2009  
Seattle, WA**

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The APC-PRODS meeting is an annual conference with attendance by Pathology Program Chairs (Association of Pathology Chairs, Inc.) and Program Directors Section (PRODS) from around the country. Each year the focus is alternated between one of the three main principles of Academic Pathology: Resident Education, Clinical Responsibility, and Research. This year's focus was Resident Education.

- **Laboratory Management Training Deficiency:** The major resident education theme of the APC-PRODS' meeting was improving deficiencies in Laboratory Management training in residencies. Survey results and publications were presented by representative of the American Pathology Foundation (APF) and The American Society for Clinical Pathology (ASCP), in cooperation with the APC-PRODS. Multiple surveys from 2006-2007 showed that new in practice Pathologists were ranked lowest by employers for their communication skills and laboratory management knowledge. Rise exams scores from 1999-2009 support a deficiency in lab management training with a continued decline in performance in this section each consecutive year. Lab administration related questions had the poorest outcome by test takers compared to all other sections on both the RISE Exam and Pathology Board Exam. Survey results from the PRODS list serve reported a great variability in the scope of lab management training between different programs around the country. The most common reported obstacles in teaching lab management by programs were: lack of faculty time, lack of resident interest, and lack of adequate educational tools. The proposed approach to improving lab management training was divided into three categories: The Learners (Residents), The Teachers and Teaching Process, and Topic to be Taught. The need get both residents and faculty interested in laboratory management issues was discussed in depth. The need to improve topics to be taught in laboratory management focused on improving teaching tools, internet based courses, textbooks, etc. It was also suggested that there be a national consensus among all residency programs on a laboratory management curriculum. In summary, the question we were left to ponder is whether the deficiency is due to an inability of residents to learn the material, an inability of programs to teach the material, or unrealistic expectation by employers. Many program directors seemed to feel that no matter how much improvement is made in laboratory management training, employers will continue to have unrealistically high expectations.
- **American Board of Pathology:** Dr. Bennett from the American Board of Pathology (ABP) gave an update on the latest regarding the Pathology Board recertification exam. Currently the exam will consist of 6 modules of 25 questions, totaling 150 questions. These modules can be tailored to a Pathologist's scope of practice. In order to maintain AP/CP certification, at least one of the six modules must be in a CP category. In essence, a Pathologist could take five AP modules and one CP module and still maintain

AP/CP certification. The examination will be graded cumulatively without separating the AP and CP modules. Subspecialties with their own board exams will have a separate 150 question recertification exam (i.e., Cytopathology, Dermatopathology, etc). Pathologists will also be required to complete, and report to the board, their Maintenance of Certification (MOC) every 2 years, consisting of a total of 70 Category I CME credits over that time. The ASCP offers Self-Assessment Modules (SAMs) in which Pathologists can get some of their required MOC credits. Failure to comply with either can result in loss of board certification. At the time of the meeting, there were 53 board certified Pathologist from 2006 who had not reported their MOC and were in danger losing their certification. The 2008 American Board of Pathology examination results showed an overall pass rate of 76% for AP (n=798) and 64% for CP (n=809). These pass rates were up from 2007 with a 75% and 59% pass rate, respectively. These numbers were brought down slightly by repeat test takers, with first time taker's pass rate of 86% for AP and 72% for CP exams.

- **ASCP Surveys:** The American Society for Clinical Pathology (ASCP) reported results from their annual survey. The survey reported 239 job seekers in 2009 compared to 268 in 2008. There was a 5% increase in applicants seeking more than 10 jobs and 5% decrease in those seeking academic jobs. In 2009, there was a 9% increase in job seekers who received **no** job offers. In the 2009 fellowship survey, 1446 responders sought a fellowship positions, almost 10% more than the previous year. Surgical Pathology, Hematopathology, and Cytopathology were the top three fellowships applied to. 61% of people sought one fellowship, 38% sought two fellowships, and 31% rated fellowships "necessary to a secure job" as the principle driving force behind doing a fellowship. Program directors were openly astounded by RISE survey results that showed 49% of responders felt that it was ethical to withdraw their acceptance of a fellowship offer in order to accept a more attractive fellowship opportunity. In addition, 63% of residents surveyed felt it was ethical to withdraw their acceptance of a fellowship offer in order to accept a job.
- **Dr. Crawford's Update on Fellowship Application:** A survey from the 2008-2009 academic year regarding the CAP sponsored Fellowship application and suggested timeline had 41 responders. The survey showed that about 50% of programs would accept the CAP Fellowship application. Additional findings from the survey showed approximately 86% of fellowship programs did not adhere to the recommended March 1st offer date, with the greatest number of offers in February, December, March, and January (in descending order). There was also much discussion and enthusiasm by the APC (Chair Section) to institute a national fellowship match to alleviate the current problems with the system. The plan was to discuss a match in future meetings, so this may be something that residents will see in the future.
- **Professional Component Billing in CP:** There were multiple seminars on the topic of how to institute the professional component of billing for Clinical Pathology laboratories. Currently, Anatomic Pathology specialties bill for both a technical and professional component of CPT billing codes. On the other hand, most CP laboratories are only billing for the technical component of the total reimbursement. Multiple examples from hospitals that implement CP component billing were given. This may be an issue that residents face in future employment situations.