Specialty Update: Pathology

SES045

2023 ACGME ANNUAL EDUCATIONAL CONFERENCE
FEBRUARY 23-25, 2023
NASHVILLE TENNESSEE

Conflict of Interest Disclosure

Speakers:

Scott Anderson, MD – Vice Chair, Review Committee for Pathology

Cindy Riyad, PhD – Executive Director, Review Committee for Pathology

Kate Hatlak, EdD – Director, Faculty Development & Special Projects
(former Executive Director, Review Committee for Pathology)

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Session Objectives

1. Review Committee Statistics
2. Annual Program Review
3. Frequently Asked Questions
4. ACGME / Review Committee Updates

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Review Committee Statistics

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Review Committee Membership

Cindy McCloskey, MD (Chair) *University of Oklahoma*	**Jennifer Hammers, DO** *Cyril H. Wecht & Pathology Associates*
Scott Anderson, MD (Vice-Chair) *University of Vermont Medical Center*	**Bradley Karon, MD** *Mayo Clinic (Rochester)*
Edward Ashwood, MD *University of Colorado*	**Matthew Kuhar, MD** *Indiana University School of Medicine*
Kamilah Fernandez, MD (Resident Member) *Howard University*	**Wendy Love, MBA** (Public Member) *Retired*
Eric Glassy, MD *Affiliated Pathologists Medical Group*	**Maria Martinez-Lage Alvarez, MD** *Massachusetts General Hospital*
Jeffery Goldstein, MD *David Geffen School of Medicine at UCLA*	**Ritu Nayar, MD** *Northwestern University*
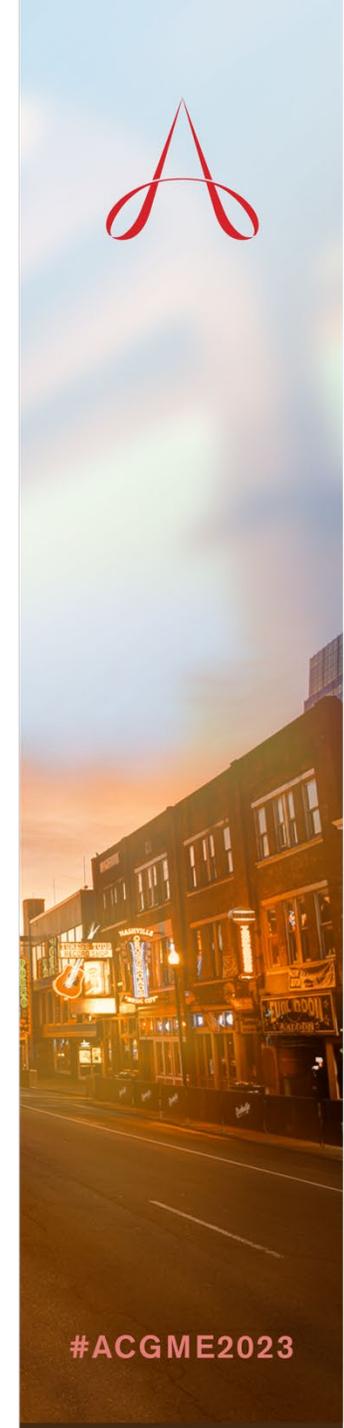
Review Committee Ex-Officios

Mary Grandau

- American Medical Association

Gary Procop, MD, MS

- American Board of Pathology

Review Committee Incoming Members
(Term beginning July 1, 2023)

Henry Rinder, MD

Yale University
School of Medicine

Haneen Salah, MD
(Resident Member)

Methodist Hospital
(Houston) Program

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Review Committee Staff

Cindy Riyad, PhD – *Executive Director*
criyad@acgme.org   312.755.7416

Additional staff on the way!

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Pathology Program Trends

Academic Year	# Residents	# Core Programs	# Fellows	# Sub Programs
2018-2019	2347	143	776	540
2019-2020	2348	142	788	554
2020-2021	2379	142	779	580
2021-2022	2370	144	790	582
2022-2023	2422	145	797	597
5-Year Trend	⬆ 3.2%	⬆ 1.4%	⬆ 2.7%	⬆ 10.6%
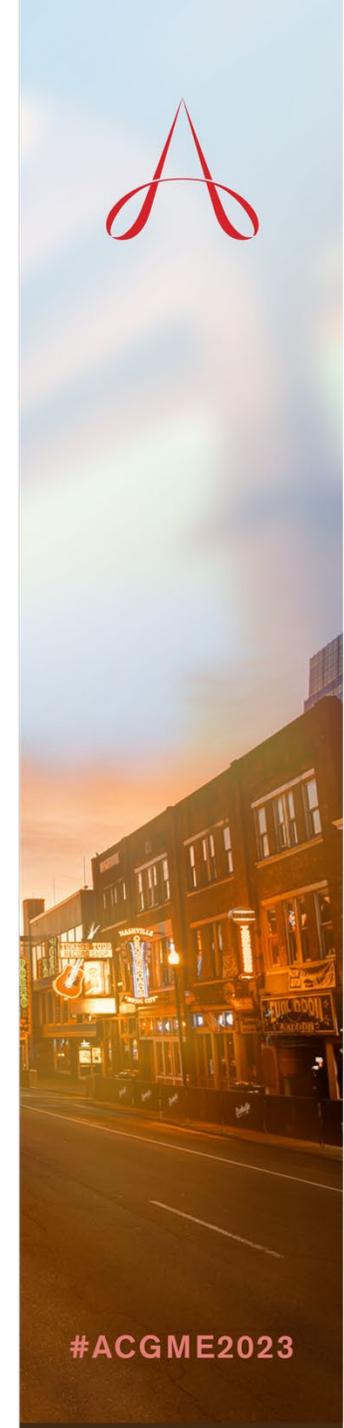
Subspecialties – 2022-2023

Subspecialty	# Programs	# Fellows	% Filled
Blood Banking/Transfusion Medicine	54	47	53%
Clinical Informatics	10	23	66%
Chemical Pathology	4	1	20%
Cytopathology	93	118	69%
Dermatopathology	57	77	70%
Forensic Pathology	48	59	55%
Hematopathology	87	143	82%
Medical Microbiology	16	14	64%
Molecular Genetic Pathology	42	60	79%
Neuropathology	40	56	64%
Pediatric Pathology	27	23	55%
Selective Pathology	119	176	68%

Annual Program Review

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January 2023 Accreditation Decisions

Anatomic and Clinical Pathology Programs	
Continued Accreditation	134
Continued Accreditation w/Warning	0
Probation	0
Initial Accreditation	1
Site Visit Requested	2
Complement Increase Requests Approved	4
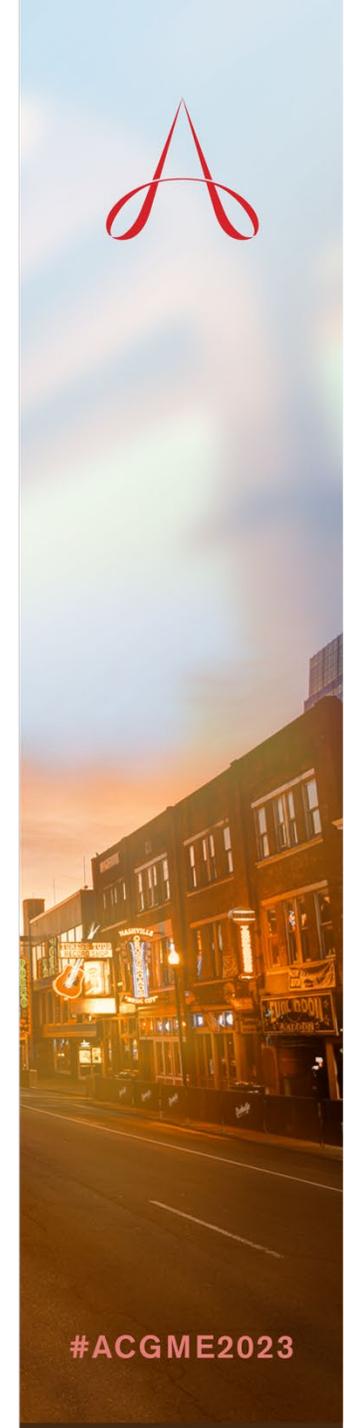
January 2023 Accreditation Decisions

Subspecialty Programs	
Continued Accreditation	514
Continued Accreditation w/Warning	0
Probation	0
Initial Accreditation	11
Complement Increase Requests Approved	1

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Common Citations

- Responsibilities of Faculty
  - Faculty Development
  - Educational Environment
  - Sufficient Time
  - Interest in Resident Education
  - Professionalism

- Responsibilities of Program Director
  - Resident Ability to Raise Concerns
  - Accurate and Complete Information

- Culture of Professional Responsibilities
  - Process for Reporting Concerns

Common Citations

- Board Pass Rate

- Service to Education Imbalance
  - Appropriate Blend of Supervised Activities
  - Non-Physician Service Obligations

- Evaluation of Residents/Fellows
  - Frequent Faculty Feedback
  - Final Evaluation

- Progressive Resident Responsibility
  - Appropriate Faculty Member Supervision

Common Areas for Improvement

- Faculty Supervision and Teaching

- Patient Safety

- Professionalism

- Educational Content

- Evaluations

- Resources

- Teamwork

- Learning and Working Environment

- Faculty Scholarly Activity

- Diversity and Inclusion

- Board Pass Rate

What is a Citation?

- Area of noncompliance with a program requirement

- Something the program doesn't have, doesn't do, or didn't clearly describe

- Citations *must* be responded to in ADS

- Reviewed by the Review Committee each year until determined issue is resolved

What is an Area for Improvement?

- Often referred to as "AFI"

- Areas of concern or repeat trends/issues

- May or may not be tied to program requirement

- 'Heads up' to the program before it becomes serious

- Do not have to respond to in ADS
  - Can provide updates to Review Committee via 'Major Changes' section

- Repeat areas may become citations

Block Diagram

- Must have:
  - Legend
  - Rotation name (specific)
  - Electives listed/identified (if applicable)
- Should *not* be actual resident/fellow schedule, just representation of typical experience
- Read and follow all instructions and recommended format!
  - See FAQ on Pathology section of ACGME website

Clinical Experience-Autopsies

- All autopsies must be logged no later than end of July for graduating residents (prior to archival in ADS)

- Ensure resident's specialty track in ADS is correct before archiving

- Required number of autopsies is at least 30
  - Revised program requirement went into effect July 1, 2022
  - Programs can require more autopsies than what is in program requirements; cannot require less

Faculty Certification Status

Information in ADS is now auto-populated from ABMS & AOA

If certification information is incorrect, faculty can manually add corrections

Resident/Fellow and Faculty Survey

- Programs receive results if:
  - There are at least four respondents
  - The response rate is at least 70%

- Programs who do not receive annual results will receive multi-year results once enough data is collected

- Important to preserve anonymity

How to Use Survey Results

- Review results with Program Evaluation Committee (PEC)
  - Program should still do 'internal' survey

- Review areas of concern with residents
  - Try to identify source of problem
  - Solicit specific improvement suggestions

- Use the 'Major Changes' section of ADS to proactively communicate how you are addressing poor survey results

- Poor Resident/Fellow Survey results alone will *not* cause the Review Committee to withdraw accreditation

Residents Surveyed   11
Residents Responded   11
Response Rate   100%

Residents' overall evaluation of the program

0%	0%	0%	0%	100%
Very negative	Somewhat negative	Neutral	Somewhat positive	Very positive

1   2   3   4   5

▲ Program Mean   ▲ National Mean
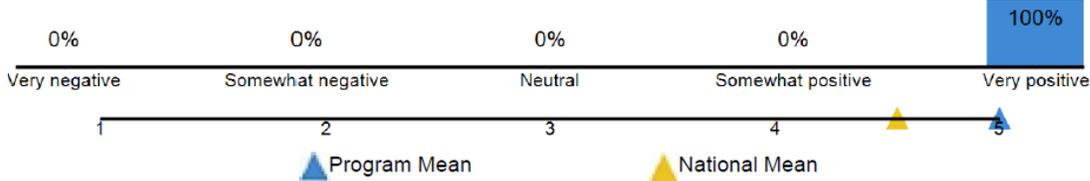
Residents' overall opinion of the program

0%	0%	0%	0%	100%
Definitely not choose again	Probably not choose again	Might or might not choose again	Probably choose again	Definitely choose again

1   2   3   4   5

▲ Program Mean   ▲ National Mean

Resources
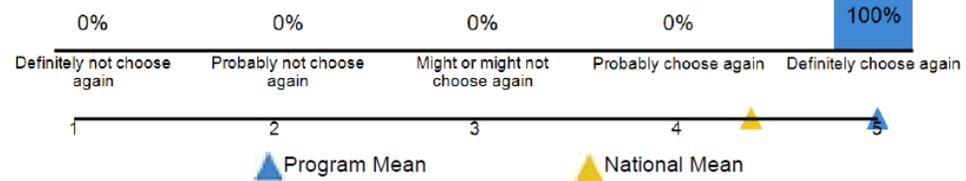
	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Education compromised by non-physician obligations	100%	5.0	95%	4.8	88%	4.4
Impact of other learners on education	100%	4.5	97%	3.7	89%	3.7
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	100%	5.0	95%	4.6	80%	4.1
Faculty members discuss cost awareness in patient care decisions	73%	3.3	92%	3.6	90%	3.5
Time to interact with patients	100%	4.6	99%	4.7	89%	4.3
Protected time to participate in structured learning activities	100%	5.0	97%	4.8	85%	4.3
Able to attend personal appointments	100%	5.0	100%	5.0	92%	4.7
Able to access confidential mental health counseling or treatment	100%	5.0	97%	4.9	95%	4.8
Satisfied with safety and health conditions	100%	5.0	97%	4.8	88%	4.5

Total Percentage of Compliance by Category

	AY1819	AY1920	AY2021
Resources	98.1	96.8	97.0
Professionalism		95.9	98.9
Patient Safety and Teamwork	100.0	92.9	100.0
Faculty Teaching and Supervision	100.0	100.0	90.9
Evaluation	100.0	96.4	95.5
Educational Content	97.2	92.9	93.9
Diversity and Inclusion		95.2	97.0
Clinical Experience and Education	100.0	100.0	97.7

→ Program Compliance   ▮ National Compliance
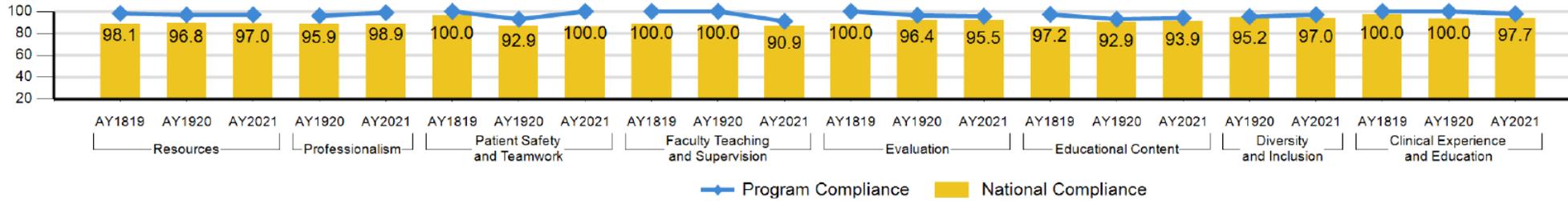
Program Percentage at-a-glance

	Resources	Professionalism	Patient Safety and Teamwork	Faculty Teaching and Supervision	Evaluation	Educational Content	Diversity and Inclusion	Clinical Experience and Education
Program Percentage	4.7	4.9	5.0	4.6	4.7	4.6	4.8	4.9
National Means	4.3	4.5	4.4	4.4	4.7	4.5	4.3	4.7

Very Compliant = 5 ... Very Noncompliant = 1

▮ Program Percentage   ▮ National Means

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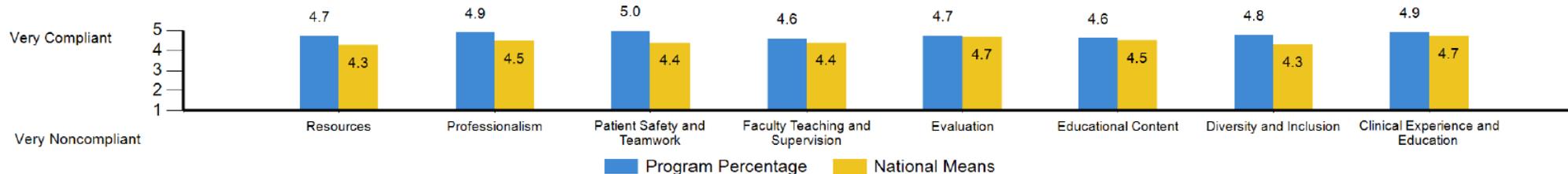
Board Pass Rate

- No longer a flat percentage, now bottom 5th percentile of all takers for that exam
  - Three-year lookback

- 5th percentile is a moving target, as it is recalculated with each set of exam results

- Review Committee is being consistent with citations

- If you program falls below the bottom 5th percentile, you will be cited
  - Even if one-year performance is good

Program	Specialty	Board Name	Exam Type	3-Year Aggregate Pass Rate	Sort Order	
A	ACGME Specialty	ABMS Board	Written	25.0	1	5.0%
B	ACGME Specialty	ABMS Board	Written	25.0	2	10.0%
C	ACGME Specialty	ABMS Board	Written	50.0	3	15.0%
D	ACGME Specialty	ABMS Board	Written	50.0	4	20.0%
E	ACGME Specialty	ABMS Board	Written	59.3	5	25.0%
F	ACGME Specialty	ABMS Board	Written	66.7	6	30.0%
G	ACGME Specialty	ABMS Board	Written	68.2	7	35.0%
H	ACGME Specialty	ABMS Board	Written	71.4	8	40.0%
I	ACGME Specialty	ABMS Board	Written	75.0	9	45.0%
J	ACGME Specialty	ABMS Board	Written	80.0	10	50.0%
K	ACGME Specialty	ABMS Board	Written	83.3	11	55.0%
L	ACGME Specialty	ABMS Board	Written	87.5	12	60.0%
M	ACGME Specialty	ABMS Board	Written	90.5	13	65.0%
N	ACGME Specialty	ABMS Board	Written	92.3	14	70.0%
O	ACGME Specialty	ABMS Board	Written	93.8	15	75.0%
P	ACGME Specialty	ABMS Board	Written	97.2	16	80.0%
Q	ACGME Specialty	ABMS Board	Written	100.0	17	85.0%
R	ACGME Specialty	ABMS Board	Written	100.0	18	90.0%
S	ACGME Specialty	ABMS Board	Written	100.0	19	95.0%
T	ACGME Specialty	ABMS Board	Written	100.0	20	100.0%

Bottom 5% of the distribution defines the 5th percentile

2 programs have a pass rate below the 5th percentile

18 of 20 programs have a pass rate > 5th percentile

Board Pass Rate Calculation
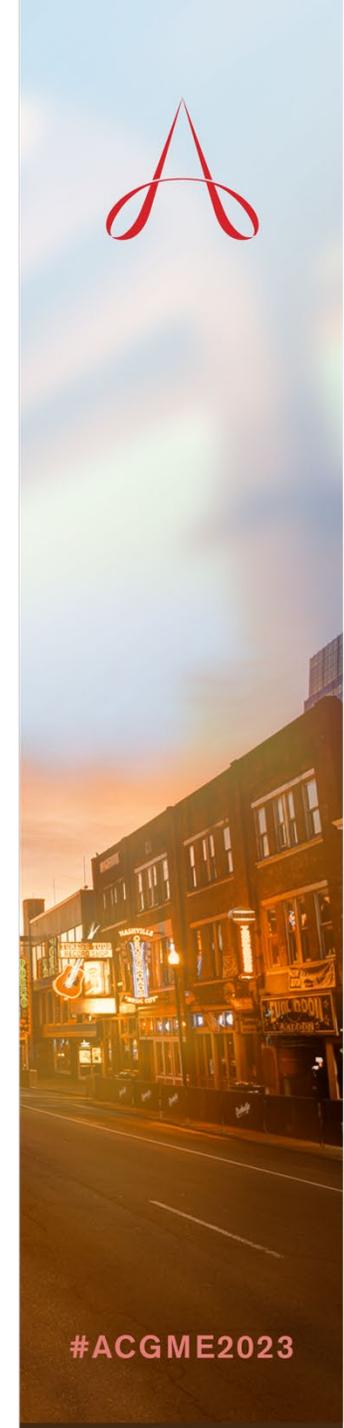
Core Faculty Members

- AP/CP must have at least five core faculty members (including program director)

- Subspecialties must have at least two core faculty members (including program director)
  - One must be certified by ABPath in the subspecialty

- Must have a significant role in the education and supervision of residents/fellows
  - Faculty hours listed in ADS should reflect this

- Must be designated by the program director in ADS

Faculty Supervision

- Resident/fellow experiences must be designed to allow appropriate faculty member supervision such that residents progress to the performance of assigned clinical responsibilities under oversight in order to demonstrate their ability to enter the autonomous practice of [specialty/subspecialty] prior to completion of the program (see IV.C.3.)

- This does *not* mean residents/fellows have to do independent sign-out when in program
  - Must have the capability and confidence to do so prior to completion of the program so they are prepared for autonomous practice.

Frequently Asked Questions

Subspecialty Programs
Program Leadership and Faculty Time

- Program Requirement II.B.2.h) refers to faculty members devoting at least 20 hours per week in aggregate fellowship-related work
    - Related to clinical work with fellows and teaching

- Program leadership dedicated time (program director and associate program director(s), if applicable) does not count towards these 20 hours per week
    - However, program leadership time spent in clinical work with fellows and teaching *does* count

ACGME / Review Committee Updates

Autopsy Service Director

- There must be a faculty member designated as Autopsy Service Director to manage the autopsy service within the institution (see II.B.1.a)).

- Autopsy Service Director must be designated in ADS under "Program Specific Title"

Selective Pathology Tracks

- Surgical Pathology (Track A)
  - Anatomic Pathology fellowship broad in scope
  - Programs cover a broad range of specimen types

- Focused Anatomic Pathology (Track B)
  - Singular area of focus in Anatomic Pathology
  - Programs cannot have more than one focus area under one program number (ex. Liver pathology and breast pathology)

Subspecialty Program Requirement Major Revisions

- Subspecialty Program Requirement major revisions started in 2022

- Draft revisions will be posted for a Review and Comment period in Summer 2023

- New subspecialty program requirements will be effective July 1, 2024
  - Clinical Informatics, Dermatopathology, Molecular Genetic Pathology are not part of this revision period

Milestones 2.0 Update

Celebrating the completion of Milestones 2.0 for all specialties this spring!

Multi-year Milestones Program Evaluation will begin this fall. Many opportunities to share your thoughts via focus groups, surveys, and interviews. Watch the Milestones Engagement page and the weekly ACGME Communications email

Milestones Resources

Resources are added and updated throughout the year

Current resources include:

- CCC Guidebook
- Assessment Guidebook
- DOCC and TEAM Assessment Tools
- Clinician Educator Milestones
- Resident and Fellow Guidebook

Supplemental Guide

Use the Word version of the guide to fill in curriculum mapping for your program and create a shared mental model of the new Milestones

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice	
Overall Intent: To incorporate evidence and patient values into clinical practice	
Milestones	**Examples**
Level 1 *Demonstrates how to access, categorize, and analyze clinical evidence*	● Identifies evidence-based guidelines for osteoporosis screening at US Preventative Services Task Force website
Level 2 *Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care*	● In a patient with hyperlipidemia, identifies and discusses potential evidence-based treatment options, and solicits patient perspective
Level 3 *Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients*	● Obtains, discusses, and applies evidence for the treatment of a patient with hyperlipidemia and co-existing diabetes and hypertension ● Understands and appropriately uses clinical practice guidelines in making patient care decisions while eliciting patient preferences
Level 4 *Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient*	● Accesses the primary literature to identify alternative treatments to bisphosphonates for osteoporosis
Level 5 *Coaches others to critically appraise and apply evidence to patient care*	● Leads clinical teaching on application of best practices in critical appraisal of sepsis criteria
Assessment Models or Tools	● Chart stimulated recall ● Direct observation ● Evaluation of a presentation ● Journal club and case-based discussion ● Multisource feedback ● Oral or written examination ● Portfolio ● Simulation
Curriculum Mapping	●
Notes or Resources	● AHRQ. Guidelines and Measures. https://www.ahrq.gov/gam/index.html. 2020. ● Centre for Evidence Based Medicine. www.cebm.net. 2020. ● Guyatt G, Rennie D. *Users Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice.* Chicago, IL: AMA Press; 2002. ● Local Institutional Review Board (IRB) guidelines ● National Institutes of Health. Write Your Application. https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm. 2020.
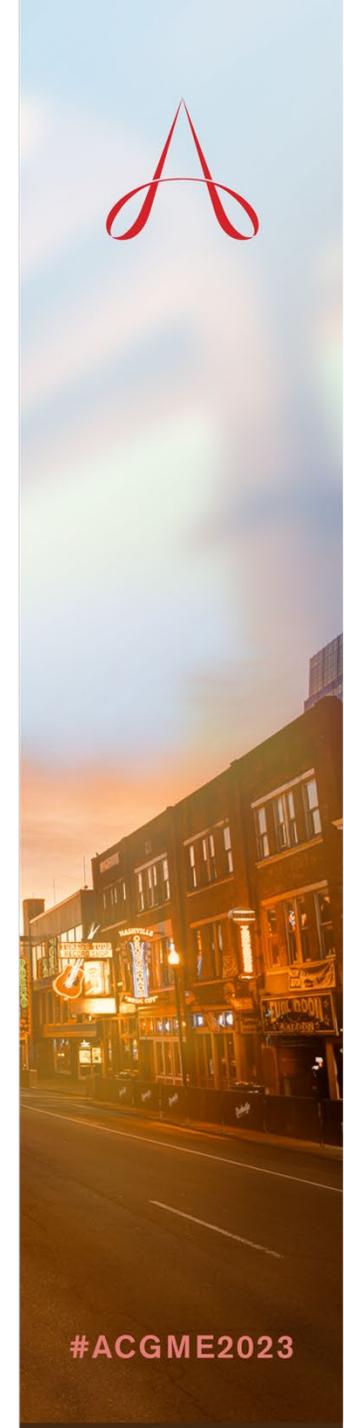
Site Visits/Self-Studies

- Site visits are conducted in person or using remote technology

    - Programs/institutions will be notified of the modality for the site visit (blackout date request)

- ACGME developing process for conducting periodic site visits for programs on Continued Accreditation

    - Will not assign program self-study dates or 10-year accreditation site visit dates until further notice

COVID-19 Disruptions

- It is ultimately up to the program director to determine a resident's readiness for autonomous practice
  - See ACGME's guidance on competency-based medical education during program disruptions
  - Some residents may require additional training to make up missed experiences
  - Contact Review Committee staff and ABPath with questions
- Programs should report disruptions or modifications of resident experiences or curricula in the 'Major Changes' section of ADS

Assessment Tools

Direct Observation of Clinical Care (DOCC) web app

- Enables faculty evaluators to do on-the-spot direct observation assessments of residents and fellows

- Evidence-based frameworks provided for assessing six types of clinical activities

- Dictate feedback into app via mobile device

- Open source design permits programs and institutions to implement web app locally

https://dl.acgme.org/pages/assessment for more information

Teamwork Effectiveness Assessment Module (TEAM)

- Enables residents and fellows to gather and interpret feedback from their interprofessional "team"

- Assists programs in assessing key competencies of communication, professionalism and aspects of systems-based practice

https://team.acgme.org/

Faculty Development & Well-Being

- Foundations of Competency-Based Medical Education

- Managing your Clinical Competency Committee

- Live and Hybrid Developing Faculty in Competency Assessment Workshops/Online Modules

- Curated Catalog of Well-Being Resources

https://dl.acgme.org/pages/well-being-tools-resources

FEATURED RESOURCES

Make the Difference: Preventing Medical Trainee Suicide Video
Mayo Clinic/American Foundation for Suicide Prevention
View Details

Resource Compendium for Health Care Worker Well-Being Toolkit
National Academy of Medicine
View Details
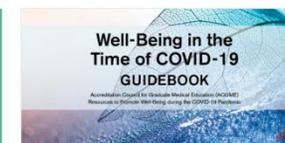
COVID-19 Guidebook
View Details
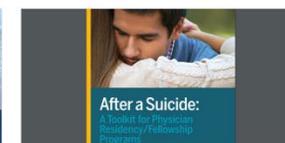
After a Suicide Toolkit
★★★★★
View Details

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Systems Approaches to Well-Being

AWARE Systems and Research in Well-Being Podcast Series
Available on Spotify, RadioPublic, and Apple Podcasts
Multiple Authors
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Changing the Culture: Returning Humanity to the Healing Professions
Dr. Holly J. Humphrey
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Combating Burnout, Promoting Physician Well-Being Building Blocks for a Healthy Learning Environment

Developing Strategies for Well-Being in Your Institution
Drs. John Patrick T. Co and Catherine M. Kuhn
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NAM Action Collaborative on Clinician Well-Being and Resilience: Perspectives from the Leaders
Drs. Victor J. Dzau, Darrell Kirch, and Thomas J. Nasca
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NAM Action Collaborative on Clinician Well-Being and Resilience: To Care is Human

The Role of Psychological Safety in Improving the Learning Environment
Drs. John M. Byrne, Lawrence K. Loo, and Robert A. Swendiman
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Schwartz Rounds (Creating a Support Group)
The Schwartz Center

Stimulating a Culture of Well-Being in the Clinical Learning Environment

The ACGME's Online Learning Portal

Visit our learning portal at
dl.acgme.org

or scan the QR code below.

Have a question or need assistance? Contact
desupport@acgme.org

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These self-directed curricula provide the fundamentals of DEI and will enable participants to move through progressively more complex concepts.

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- *And many more!*

The ACGME designates this enduring material for a maximum of **18.0 AMA PRA Category 1 Credits**TM.

Questions?

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The evaluation can be found in the mobile app and a link will be sent post-conference by email to attendees.

Evaluations are tied to your registered sessions.

Register/un-register sessions in the mobile app.

Deadline – March 24, 2023

Questions? cme@acgme.org

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Thank You!

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