

SES045 Specialty Update: Pathology

Cindy McCloskey, MD

Chair, Review Committee for Pathology

March 8, 2024 | 3:15-4:30 p.m.

Conflict of Interest Disclosure

Speaker: Cindy McCloskey, MD – Chair, Review Committee for Pathology

Disclosure

The speaker for this educational activity does not have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care 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

Review Committee Statistics

Review Committee Membership

Cindy McCloskey, MD (Chair) <i>University of Oklahoma</i>	Wendy Love, MBA (Public Member) <i>Retired</i>
Scott Anderson, MD (Vice Chair) <i>University of Vermont Medical Center</i>	Maria Martinez-Lage Alvarez, MD <i>Massachusetts General Hospital</i>
Eric Glassy, MD <i>Affiliated Pathologists Medical Group</i>	Ritu Nayar, MD <i>Northwestern University</i>
Jeffery Goldstein, MD <i>David Geffen School of Medicine at UCLA</i>	Henry Rinder, MD <i>Yale University School of Medicine</i>
Jennifer Hammers, DO <i>Cyril H. Wecht & Pathology Associates</i>	Haneen Salah, MD (Resident Member) <i>Howard University</i>
Matthew Kuhar, MD <i>Indiana University School of Medicine</i>	

Ex-Officio

Gary Procop, MD, MS

- American Board of Pathology

Welcome Incoming Members!

Term begins July 1, 2024

Ritu Bhalla, MD

- Louisiana State University Health Sciences Center

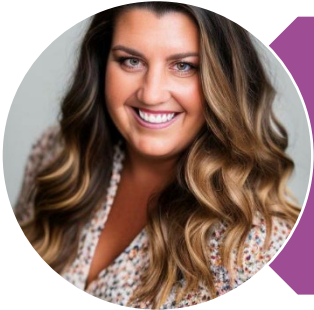
Jennifer Laudadio, MD

- University of Arkansas for Medical Sciences

Review Committee Staff



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



Rebecca Fessler
Associate Executive Director
rfessler@acgme.org | 312.755.7056



Rebecca Houston, MA
Accreditation Administrator
Start date: March 19, 2024

Pathology Program Trends

Academic Year	# Residents	# Core Programs	# Fellows	# Sub Programs
2019-2020	2348	142	788	554
2020-2021	2379	142	779	580
2021-2022	2370	144	790	582
2022-2023	2422	145	797	597
2023-2024	2390	142	736	501

Subspecialties – 2023-2024

Subspecialty	# Programs	# Fellows	% Filled
Blood Banking/Transfusion Medicine	53	49	56%
Clinical Informatics	10	23	66%
Chemical Pathology	4	2	40%
Cytopathology	92	108	63%
Dermatopathology	56	70	64%
Forensic Pathology	48	63	59%
Hematopathology	86	128	74%
Medical Microbiology	16	9	41%
Molecular Genetic Pathology	42	60	79%
Neuropathology	40	60	68%
Pediatric Pathology	27	17	40%
Selective Pathology	125	182	67%



Annual Program Review

January 2024 Accreditation Decisions

Anatomic and Clinical Pathology Programs

Continued Accreditation	133
Continued Accreditation with Warning	1
Accreditation Withdrawn	1
Initial Accreditation	1
Initial Accreditation with Warning	1
Complement Increase Requests Approved	3

January 2024 Accreditation Decisions

Subspecialty Programs	
Continued Accreditation	527
Continued Accreditation without Outcomes	3
Initial Accreditation	2
Complement Increase Requests Approved	8

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 the Accreditation Data System (ADS)
- Reviewed by the Review Committee each year until determined that 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 American Board of Medical Specialties (ABMS) and American Osteopathic Association (AOA)

If certification information is incorrect, faculty members can manually add corrections

Resident/Fellow and Faculty Survey

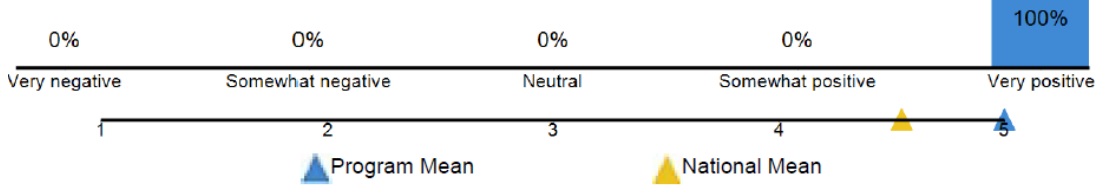
- Programs receive results if:
 - There are at least four respondents
 - The response rate is at least 70%
- Programs that do not receive annual results will receive multi-year results once enough data is collected
- Important to preserve anonymity

How to Use Survey Results

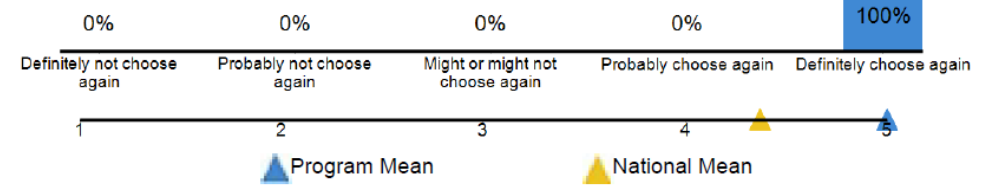
- Review results with Program Evaluation Committee
 - Program should still do “internal” survey
- Review areas of concern with residents
 - Try to identify source of problem
 - Solicit specific improvement suggestions
- Use the “Major Changes” section of ADS to proactively communicate how you are addressing 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



Residents' overall opinion of the program



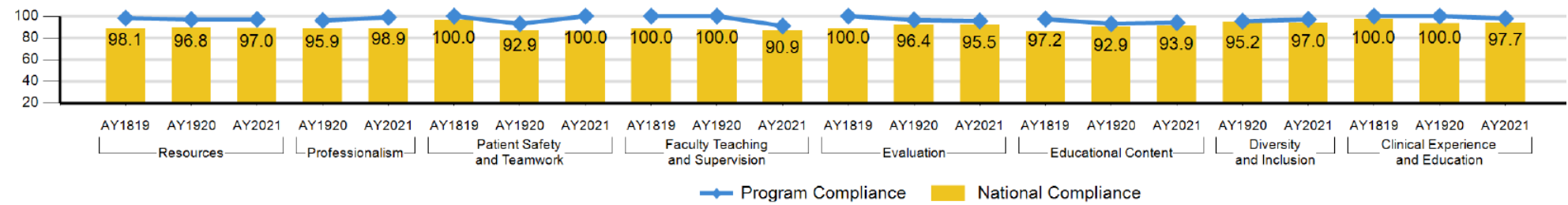
Resources

Education compromised by non-physician obligations

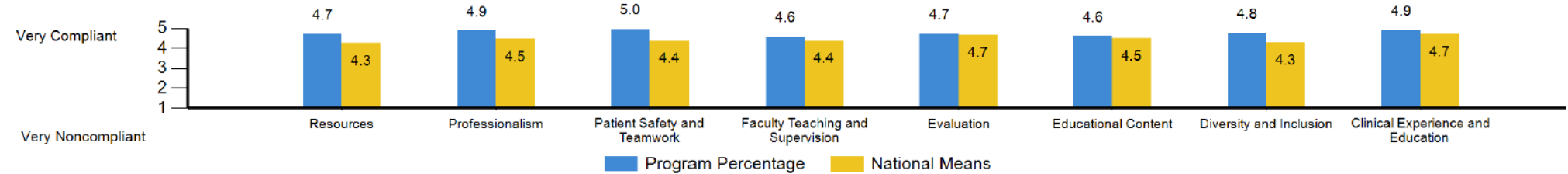
- Impact of other learners on education
- Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care
- Faculty members discuss cost awareness in patient care decisions
- Time to interact with patients
- Protected time to participate in structured learning activities
- Able to attend personal appointments
- Able to access confidential mental health counseling or treatment
- Satisfied with safety and health conditions

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

Total Percentage of Compliance by Category



Program Percentage at-a-glance



Board Pass Rate

- No longer a flat percentage; now bottom fifth percentile of all takers for that exam
 - Three-year lookback
- Fifth percentile is a moving target, as it is recalculated with each set of exam results
- Review Committee is being consistent with citations
- If your program falls below the bottom fifth 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 fifth percentile

2 programs have a pass rate below the fifth percentile

18 of 20 programs have a pass rate above the fifth percentile

Board Pass Rate Calculation

Core Faculty Members

- Anatomical Pathology/Clinical Pathology 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 American Board of Pathology (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 the 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 to 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 toward these 20 hours per week
 - However, program leadership time spent in clinical work with fellows and teaching *does* count



ACGME / Review Committee Updates

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 (e.g., liver pathology and breast pathology)



Subspecialty Program: Requirement Major Revisions

#ACGME2024

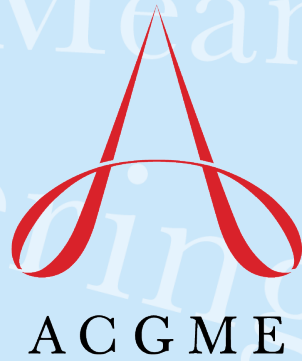
- New subspecialty Program Requirements have been approved and will be effective July 1, 2024
 - Clinical informatics, dermatopathology, molecular genetic pathology were not part of this revision period

Site Visits for Programs on Continued Accreditation Statuses

- Traditional 10-year Accreditation Site Visits have ended since COVID-19 paused all site visits
- Self-Studies will continue to be a requirement (V.C.2) but will no longer be linked or reviewed during site visits
- Starting in 2024, the ACGME will conduct site visits for 1-2% of programs on Continued Accreditation that have not had a site visit in approximately 10 years

Program Self-Studies

- The ACGME encourages programs to incorporate a Self-Study into the Annual Program Evaluation process and track ongoing progress and improvements as outlined in program requirement V.C.2.
- For questions regarding Graduate Medical Education Committee (GMEC) oversight related to the program Self-Study, contact the Institutional Review Committee (IRC@acgme.org)
- Questions regarding site visits and Self-Studies: accreditation@acgme.org



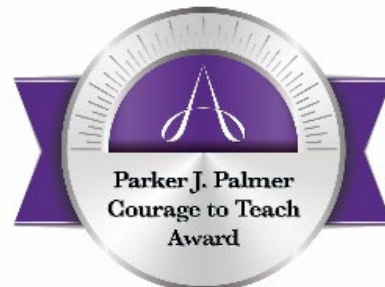
Back to Bedside empowers residents and fellows to create projects that foster meaning and joy in work

- **Funding opportunity** for resident-/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024

2025 ACGME Awards Nominations



The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline:
Wednesday, March 27, 2024

For additional information and to download nomination materials:

<https://www.acgme.org/initiatives/awards/>

The ACGME's Online Learning Portal

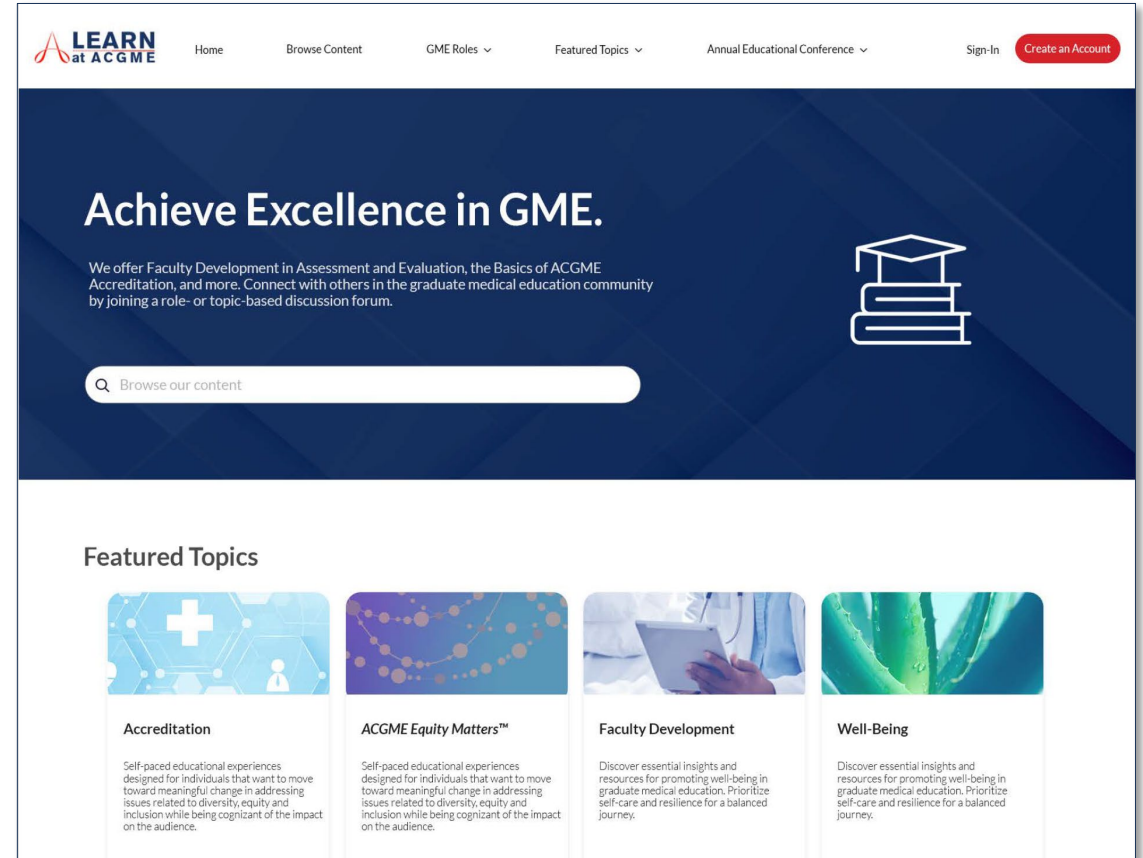
Learn at ACGME Redesign Coming Soon!

Visit dl.acgme.org or scan the QR code.



Have a question or need assistance? Contact us!

desupport@acgme.org



Remediation Toolkit

If You Build It, They Will Come:

Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

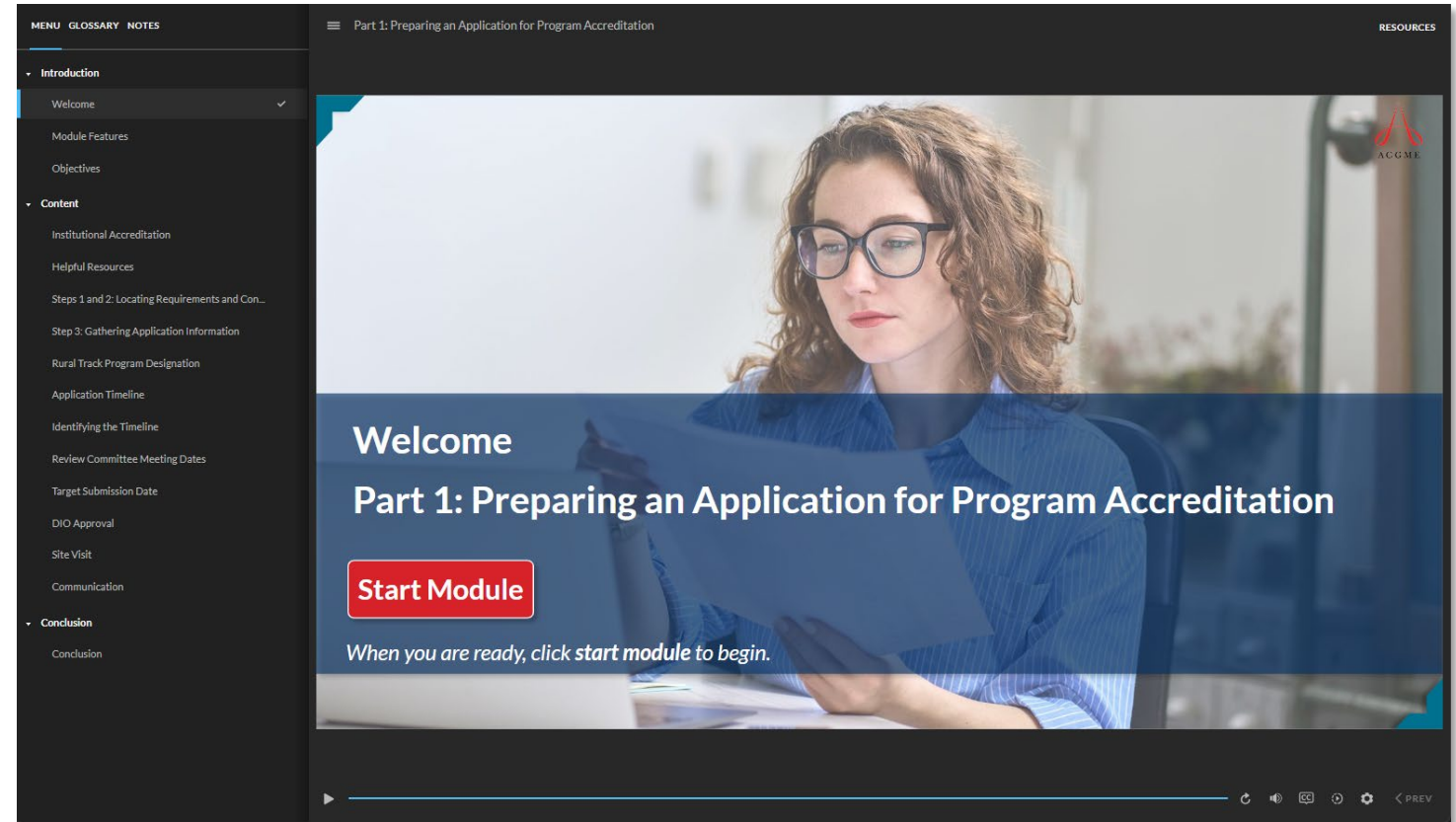


- 11 modules authored by **renowned experts** in the field
- Equips participants with tools for **addressing needs of struggling learners**
- **CME** offered after completion

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

Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission



Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around **direct observation and feedback**
- Evidence-based **video prompts**
- Answer keys and **facilitator guides**
- **Microlearning** lessons with associated slides and guides

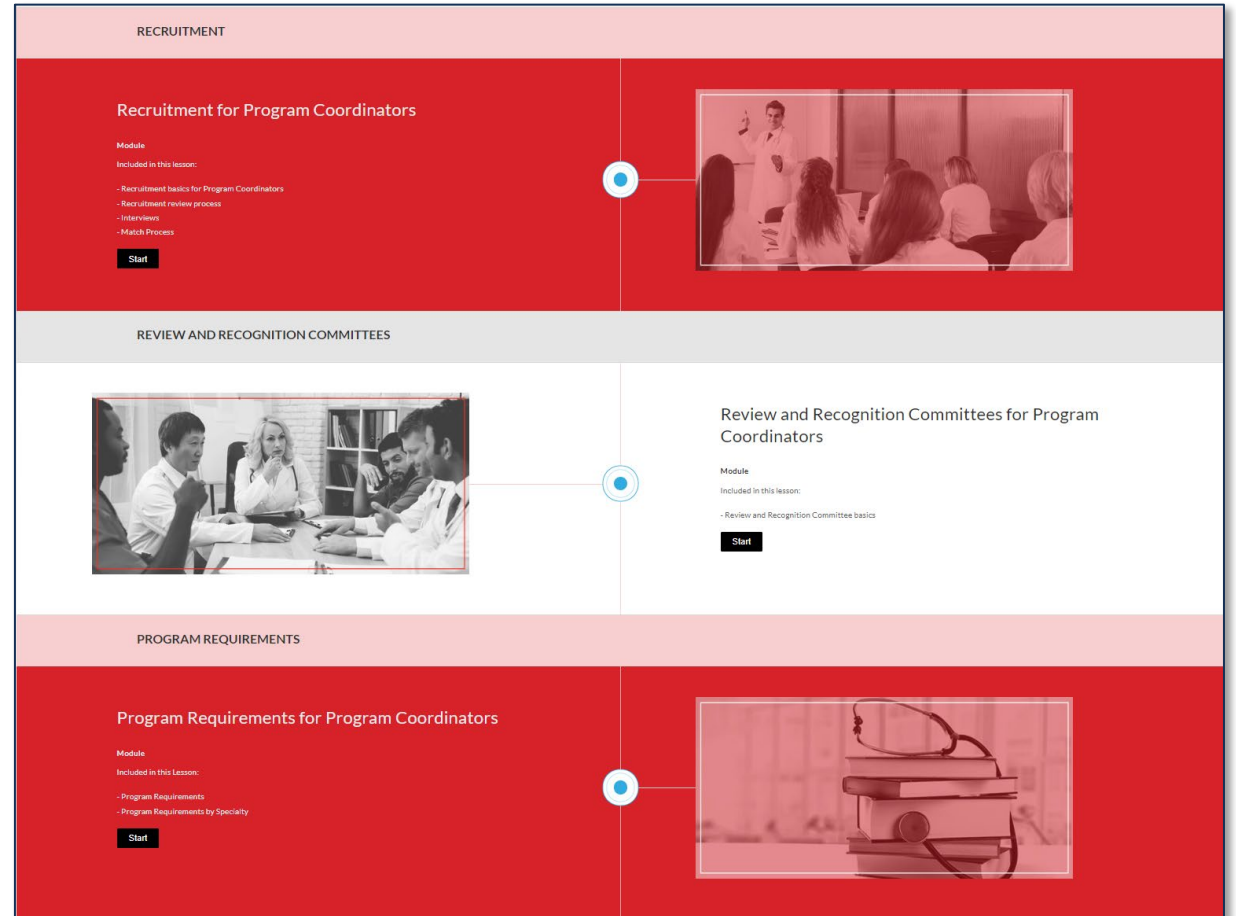
The screenshot shows the LEARN at ACGME website interface. At the top, there is a navigation menu with links for Toolkit Home, Overview, Microlearnings, Example Workshops, Video Library, Supporting Materials, Additional Resources, About Us, and Questions and Feedback. The main content area features a large blue banner for the 'Faculty Development Toolkit' with the subtitle 'Improving Assessment Using Direct Observation'. Below the banner, there is a paragraph of text and two video thumbnails. The first video is titled 'An Introduction to the ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation'. The second video is titled 'Navigation Faculty Development Toolkit: Improving Assessment Using Direct Observation'.

The screenshot shows the 'Counseling Videos' section of the website. It features three columns, each representing a different clinical scenario. Each column includes a video thumbnail, a title, a brief description of the case, and a list of video links with their durations and answer keys.

Hyperlipidemia	Back Pain	Constipation
Resident counsels a 54-year-old woman with hypertension, hyperlipidemia, obesity, and tobacco use who meets criteria to start lipid-lowering therapy.	Resident counsels a 42-year-old male with severe acute low back pain and sciatica with a normal neurologic exam. The patient has not tried any conservative measures. In the video there is an opportunity to discuss diagnosis and management and address patient request for MRI and narcotics.	Resident counsels a 49-year-old healthy woman with worsening constipation for three months. The patient has episodic hematochezia and a hemorrhoid was found during a rectal exam. The patient's paternal grandfather had late-onset colon cancer.
Video A (4:37) Answer Key Video B (7:10) Answer Key Video C (13:48) Answer Key	Video A (3:15) Answer Key Video B (7:53) Answer Key Video C (11:37) Answer Key	Video A (5:30) Answer Key Video B (9:02) Answer Key Video C (11:31) Answer Key

Program Coordinator Course

- For new and seasoned coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**

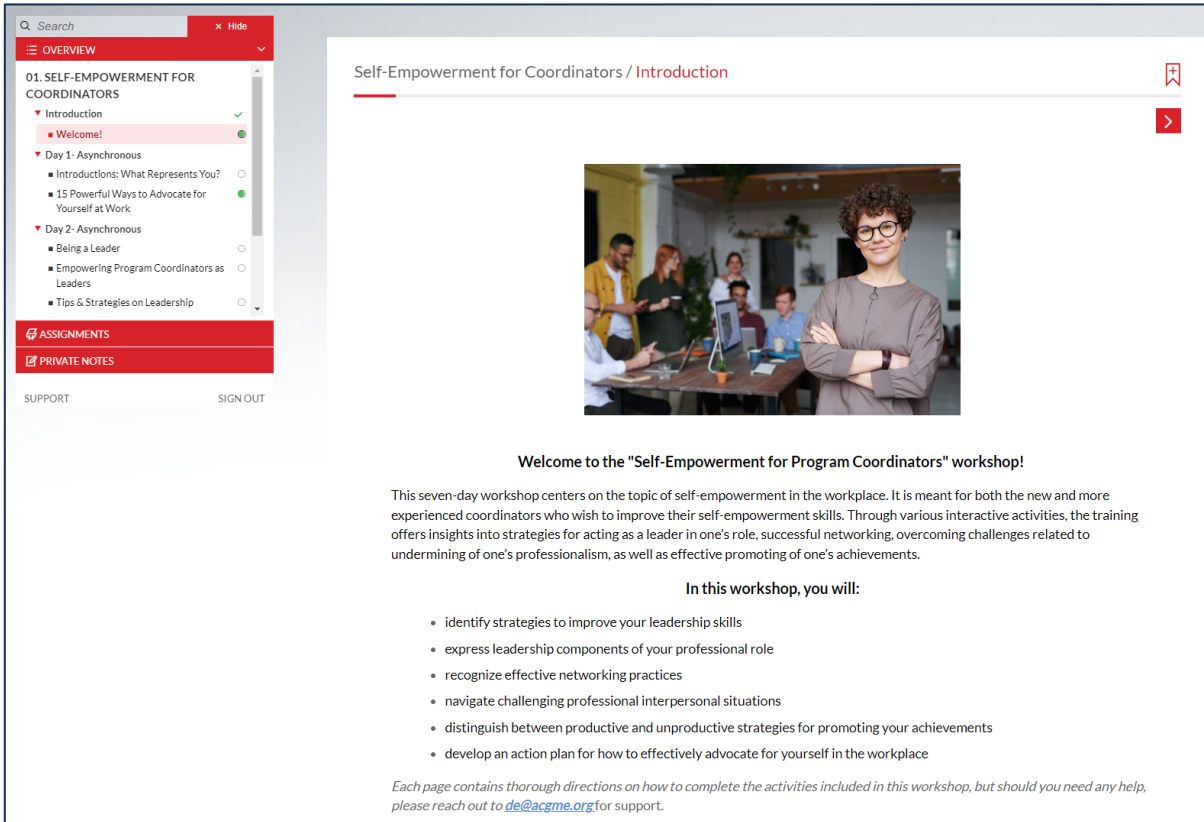


The screenshot displays a course interface with three modules, each with a 'Start' button and a video thumbnail:

- RECRUITMENT**
Recruitment for Program Coordinators
Module
Included in this lesson:
 - Recruitment basics for Program Coordinators
 - Recruitment review process
 - Interviews
 - Match Process[Start](#)
- REVIEW AND RECOGNITION COMMITTEES**
Review and Recognition Committees for Program Coordinators
Module
Included in this lesson:
 - Review and Recognition Committee basics[Start](#)
- PROGRAM REQUIREMENTS**
Program Requirements for Program Coordinators
Module
Included in this Lesson:
 - Program Requirements
 - Program Requirements by Specialty[Start](#)

Virtual Workshop

Self-Empowerment for Program Coordinators



01. SELF-EMPOWERMENT FOR COORDINATORS


- Introduction
- Day 1- Asynchronous
 - Introductions: What Represents You?
 - 15 Powerful Ways to Advocate for Yourself at Work
- Day 2- Asynchronous
 - Being a Leader
 - Empowering Program Coordinators as Leaders
 - Tips & Strategies on Leadership

ASSIGNMENTS

PRIVATE NOTES

SUPPORT SIGN OUT

Self-Empowerment for Coordinators / Introduction



Welcome to the "Self-Empowerment for Program Coordinators" workshop!

This seven-day workshop centers on the topic of self-empowerment in the workplace. It is meant for both the new and more experienced coordinators who wish to improve their self-empowerment skills. Through various interactive activities, the training offers insights into strategies for acting as a leader in one's role, successful networking, overcoming challenges related to undermining of one's professionalism, as well as effective promoting of one's achievements.

In this workshop, you will:

- identify strategies to improve your leadership skills
- express leadership components of your professional role
- recognize effective networking practices
- navigate challenging professional interpersonal situations
- distinguish between productive and unproductive strategies for promoting your achievements
- develop an action plan for how to effectively advocate for yourself in the workplace

Each page contains thorough directions on how to complete the activities included in this workshop, but should you need any help, please reach out to de@acgme.org for support.

➤ Seven-day workshop for **new and experienced** program coordinators

➤ Interactive activities and virtual **synchronous workshop**

- Leadership **strategies**
- **Networking** opportunities
- Asserting your **professionalism**

➤ **April 15-21, 2024**

➤ **Registration required**



Questions?

Thank You