Editorial Comment

Rulong Shen, MD; Rachel Factor, MD

Welcome back to the ASC Cytopathology Program Directors Communicator. In this issue, we highlight From Physician Burnout to Physician Wellness at the ASC 65th Annual Scientific Meeting, provide an update of the Progressive Evaluation of Competency Exam (PEC) for Program Directors, and present the newest Cell Talks winners.

From Physician Burnout to Physician Wellness

Roseann Wu, MD, MPH and James Hernandez, MD, MS

Do you feel run down and unappreciated? Are you easily irritated by small problems or your coworkers? Does it feel like your to-do list is insurmountable?

Burnout assessments have proliferated in recent years, thanks to a growing awareness of this epidemic in physicians. National studies suggest that at least 50% of United States physicians are experiencing professional burnout, characterized by exhaustion, cynicism, and reduced effectiveness. Some evidence suggests that program directors could be affected more than their colleagues. Studies within different specialties indicate that major stressors include satisfying Accreditation Council for Graduate Medical Education (ACGME) requirements and administrative duties. In addition, program directors who are younger, less experienced, female, or at community-based training programs appear to be at higher risk for burnout.

The problem of physician burnout stretches back to residency and even medical school. Resident distress is common and likely due to work-life imbalance and feeling unappreciated, but they are reluctant to seek help. Given that program directors are charged with shepherding trainees, how are they supposed to set a good example for physician wellness if they themselves are burned out? Some institutions are testing different strategies to help alleviate the problem. One-on-one peer support or facilitated support groups could be helpful for maintaining physician health in all areas of personal and professional life. However, there is still a long way to go in the journey from physician burnout to physician wellness. (continued on page 2)
Here are some thoughts from Dr. James Hernandez, Chair of the Division of Laboratory Medicine at Mayo Clinic in Arizona:

Q: Why is physician burnout getting so much attention these days?
A: There are many changes occurring around us, particularly in healthcare. We live in a VUCA (volatile, uncertain, complex, ambiguous) world. These changes are accelerating, which creates a lot of stress on healthcare providers. We used to expect and accept physician burnout, but that dysfunctional thinking creates serious problems. We also used to accept abusive behavior in medical school and residency training. Hopefully, that is also changing.

Q: What are some resources or initiatives at your institution to address burnout?
A: Acknowledging and assessing the problem is one of the first steps. My institution employs a research firm (Sirota) that surveys our physicians, including physician scientists and house staff, to assess areas where there might be burnout. Then the leadership of that area is held accountable for developing a specific plan. (continued on page 3)
It’s also important to communicate community at work i.e. “we’re all in this together.” Everyone brings bricks, but we also have to bring mortar for each other. Providing resources to build resilience and self-care is important for physician well-being. In Rochester, there is a healthy living center that has a large, beautiful workout facility, including a saltwater swimming pool, track, and exercise equipment. Our different locations have staff lounges stocked with healthy snacks, and it’s a space for medical and scientific staff and house staff to decompress.

Q: What are some of the consequences of physician burnout?
A: As outlined by Shanafelt and Noseworthy, physician burnout can lead to broken relationships, alcohol and substance abuse, depression, and in the worst scenario, suicide. It’s a system problem that may result in decreased quality and medical errors, decreased patient satisfaction, decreased productivity and professional effort. People just say, “I can’t do this anymore” and become disengaged.

Q: How can cytopathology program directors help their fellows identify and address burnout?
A: Program directors have to set an example of being healthy and delineate appropriate workloads and job demands. They need to demonstrate good work-life balance and find meaning at work, including developing self-awareness. What kind of comments do they make at work? Are they optimistic or cynical? As pathologists, we must recognize our own personality and compulsivity and manage this compulsivity. We want to be excellent, but being perfectionist can be unhealthy for us and our programs. We have to take our jobs, but not ourselves, seriously. We have to make sure people feel comfortable around us. We have to break the cycle of physician training abuse, and we have to value our colleagues.

Q: What are some of the things you do to maintain physician wellness in yourself and others?
A: When a colleague calls in sick, others pick up his or her workload right away. We have to take care of ourselves and find joy inside as well as outside of work. I have daily walks and weekly exercises in the pool, enjoy spending time with family, and relish the simple pleasures. I meet one-on-one with the faculty in our division and ask, “What can I do to help you?” We talk about academic endeavors, running their part of lab, and work-life balance. People are surprised that I know the staff, including their pets and hobbies. I make it a point to say hello to everyone and encourage the practice of “mudita,” which translates to vicarious joy for others’ successes. This can be as simple as clapping after a resident presentation and telling them what they did right and what you enjoyed about their presentation.
Interested in hearing more? Join us for our Strategies in Cytopathology Education session at the ASC Annual Scientific Meeting in beautiful Phoenix this November!

The session will feature Dr. Hernandez speaking in more detail on physician wellness initiatives and addressing the PROF4 Cytopathology Milestone: demonstrates personal responsibility to maintain emotional, physical, and mental health. We’ll also have an interactive session on communication with Heather Barnes, which relates to multiple Milestones: ICS1 communication with health care providers, families, and patients; ICS2 person- nel management and conflict resolution; PROF1 receives/provides feedback. In addition, we’ll hear from Cheryl Gross from the ACGME on updates in cytopathology program accreditation and requirements, on behalf of the Pathology Review Committee. Remember that this session is free with meeting registration!

References:

Note: The preceding article is reprinted with permission from the July/August issue of the ASC Bulletin.
Cell Talks News

Drs. Roxanne Florence, Matthew Rosenbaum, Jennifer Sauter, Roseann Wu and Paul Staats

Cell Talks Awardees

A new round of Cell Talks has been selected for production. These Cell Talks proposals were judged to be the best of the submissions received before the May 2017 deadline.

The next submission deadline is December 5, 2017, so encourage your trainees to apply. Thank you to everyone who submitted!

Professionalism 1 – Receives and Provides Feedback Effectively
Rachel Jug, MD
Pathology Resident
Duke Health
Durham, NC
Mentors: Xiaoyin “Sara” Jiang, MD and Sarah M. Bean, MD

Evidence Based Principles: Critical Appraisal of Publications in the Anatomical Pathology Literature
Oluwatobi T. Adelaja, MD
Pathology Resident
University of Illinois at Chicago
Chicago, IL
Mentor: Odile David, MD, MPH

Cell Talks Have Moved to the CytoCE Center

The CytoCE Center is an exciting new tool to access Cell Talks and other educational activities. A variety of course topics and formats are searchable via the CytoCE Center Course Catalog and are available to both members and non-members.
Cell Talks News (continued)

What are Cell Talks?
*Bite-sized, online didactic modules approximately 15 minutes in length.
*Cover a variety of topics that go beyond medical knowledge and are difficult to learn at the microscope, related to professionalism, cultural competency, cytopathology lab management, etc.
*Directly links the subject matter to a specific portion of a milestone(s).
*Can be used to complement or supplement an existing cytopathology curriculum.
*Each Cell Talk is followed by 3-5 review questions.

How can I get involved?
*Encourage a resident or fellow (along with a faculty mentor) to submit a Cell Talk!
*The submission process including suggested topics and a template to use is available at www.cytopathology.org/celltalks.
*The CPDC provides feedback on submitted presentations and chooses the winners twice a year.
*Applications are due in early December and early May.
*Winners receive production support for recording their Cell Talk and a $125 monetary award.
*Access to previously recorded Cell Talks is free to ASC members!
*The CPDC welcomes feedback on the Cell Talks program.
*Crafting a submission may fulfill scholarly activity requirements.

The Progressive Evaluation of Competency Exam for Cytopathology is Changing!

Deborah Chute, MD, Chair, ASC PEC Committee, and JoAnn Jenkins, ASC Staff Liaison

The ASC has implemented a new exam software platform for the 2017-2018 Progressive Evaluation of Competency (PEC) Exams. The new software has a different look; therefore, we have created a preview exam for Program Directors to review, so you can answer any questions that your fellows/residents may have about the exam in the upcoming year. Most Program Directors should have received an email with instructions on how to access the preview exam. If you have not received this email and would like to take the demo exam, please contact JoAnn Jenkins at the ASC National Office to get a link and passcode.

The content of the PEC exam is also changing. Given the now ubiquitous role of ancillary testing in all cytologic samples and sites, the “ancillary testing” category has been removed from the exam. Instead, each exam will consist of 100 questions from 4 areas: GYN (25%), non-GYN (25%), FNA (40%) and laboratory operations (10%). Ancillary testing will be a major component of questions in the first 3 groups. The PEC Committee has also been working to improve the quality of questions and reduce overlap of topics. Finally, the PEC Committee reorganized the exam content to more closely align with the American Board of Pathology’s Cytopathology Board Exam blueprint (available at http://www.abpath.org/index.php/taking-an-examination/subspecialty-certificate-examinations). (continued on page 7)
The examination for Cytopathology Fellows will still be offered in a 3-part exam.

Exams for Fellows will be open on the following dates:

- **Pre-Exam**: July 24, 2017 – August 7, 2017
- **Mid-Exam**: December 4, 2017 – December 18, 2017
- **Final Exam**: May 7, 2018 – May 21, 2018

Be sure to register your Cytopathology Fellows by July 17, 2017!

The PEC exam continues to offer two programs for residency program directors to assess their resident's knowledge in cytopathology:

- **PEC for Residents**: Two 50 question exams are offered, available throughout the year, as a baseline knowledge check and end of rotation/year knowledge check.
- **PEC for Senior Residents**: A single 100 question exam is available for senior residents preparing for the AP/CP board exam who want to check their cytopathology knowledge base.

If you have any questions about the PEC exam, please feel free to contact us using the information below.

- **JoAnn Jenkins**
  - ASC Staff Liaison
  - jenkins@cytopathology.org
  - (302) 543-6583

- **Deborah Chute, MD**
  - Chair, ASC PEC Committee
  - chuted@ccf.org
  - (216) 444-0291