Welcome back to the ASC Cytopathology Program Directors Communicator. In this issue, we lead off with information about the Strategies in Cytopathology Education session at the 2017 ASC Annual meeting, including an in-depth review of news from the ACGME, written by Cheryl Gross, Executive Director for the Pathology Review Committee at ACGME, and highlight the latest Cell Talks winners. We conclude the issue with the first in a new regular series, entitled Innovative Practices in Cytopathology Education. This issue’s Innovative Practice is devoted to Thyroid FNA simulation at the University of Vermont.

**Strategies in Cytopathology Education 2017 Recap**

*Paul N. Staats, MD*

“Awesome session!”

“Fantastic presentation!”

“This was a great session. Enjoyed the interactive activities.”

The Strategies in Cytopathology Education Session at the 2017 ASC Annual Meeting was an entertaining and educational experience. Feedback was highly positive, including the above comments. The first half was a highly interactive session on communication, conflict resolution, and feedback, led by Heather Barnes, MA, Director of the Aquatic Show and Live Programs at the Shedd Aquarium in Chicago. In the second half, Cheryl Gross, MA, CAE, Executive Director, Review Committees for Pathology, Radiation Oncology and Transitional Year at ACGME, provided an update from the ACGME, which she was gracious enough to summarize in the article featured below. Finally, James Hernandez, MD, MS, Medical Director of Labs and Division Chair, Lab Medicine at Mayo Clinic Arizona, presented on physician wellness.

Thank you to all those who attended. If you missed the session, handouts from the second half are available at the ASC program directors’ website: [https://www.cytopathology.org/cytopathology-fellowship-programs/](https://www.cytopathology.org/cytopathology-fellowship-programs/).

We hope to see you again for another great Strategies program at the 2018 Annual Meeting, November 10-13, 2018, in Washington, DC!
Thank you so much to the American Society of Cytopathology for inviting me to spend time with the Cytopathology Program Directors at the Annual Scientific Meeting in Phoenix on November 10, 2017. It was a wonderful meeting, and I enjoyed talking with an engaging group of program directors. Thanks so much to Paul Staats and the planning committee for the invitation. Below are some of the highlights from my presentation.

**The Review Committee**

The Accreditation Council for Graduate Medical Education (ACGME)’s Review Committee for Pathology is composed of experts in the area of graduate medical education and pathology. It convenes twice per year, in January and April, to ensure that pathology and pathology subspecialty programs adhere to the Program Requirements for Pathology and the applicable subspecialty program requirements. There are currently 92 cytopathology fellowship programs, with 142 fellows; positions are nearly 85% filled.

Review Committee membership comes from three sources: the American Medical Association; the American Board of Pathology; and, effective in July 2018, the Association of Pathology Chairs (APC). The current membership (through June 2018) of the Review Committee is:

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<tr>
<th>Name</th>
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<tr>
<td>James Stubbs, MD</td>
<td>Chair</td>
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<td>Barbara Sampson, MD, PhD</td>
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<td>Edward Ashwood, MD</td>
<td>Clinical Chemistry</td>
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<td>Stephen Black-Shaffer, MD</td>
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<td>Barbara Castleberry, PhD, MT</td>
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<td>Kymberly Gyure, MD</td>
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<td>Karen Kaul, MD, PhD</td>
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<td>Steven Swerdlow, MD</td>
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<td>Charles Timmons, Jr., MD</td>
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<td>Laura Warmke, MD (Resident Member)</td>
<td>Anatomic &amp; Clinical Pathology</td>
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<td>Rebecca Johnson, MD</td>
<td>American Board of Pathology (ABP)</td>
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<td>Mary O’Leary, MD (Ex-Officio)</td>
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New members from APC include Scott Anderson, MD (clinical informatics) and Cynthia McCloskey, MD (medical microbiology and molecular genetic pathology). ACGME staff includes Louis Ling, MD, Senior Vice President, Hospital-based Specialties, Matt Lange, Accreditation Administrator, and myself as Executive Director for the Review Committee.

The Review Committee performs a number of functions: processes and reviews new program applications; reviews and approves permanent complement increase requests; reviews all programs annually based on Next Accreditation System (NAS) criteria, indicators and active citations; and 10-year self-study site visit reports. Committee members also participate as members of various ACGME councils, including the Council of Review Committee Chairs, Council of Review Committee Residents, and Council of Review Committee Public Members.

**Update**

New cytopathology program requirements effective July 2017 include a Core requirement that “In addition to the program director, the faculty must include at least one core faculty member with demonstrated expertise in cytopathology with cytopathology certification by the ABP or qualifications and experience acceptable to the Review Committee.” Programs requiring a waiver should forward a request letter and curriculum vitae to the Review Committee. (continued next page)
ACGME Update, continued

Not new, but newly enforced is that fellows must evaluate at least 2,000 cytology specimens to include at least 500 gynecologic specimens, 500 non-gynecologic specimens, and 500 fine needle aspirations; all must represent a variety of organs, and the FNAs performed by the fellow must be entered into WebADS. The Review Committee for Pathology will be meeting in late January to discuss how the specimens will be reviewed by the committee annually.

Phase I of the Common Program Requirement (CPR) revisions are now in effect, which is Section VI – the Learning and Working Environment. The Review Committee will issue no citations for new requirements before the 2019 training year; however, it may note areas for improvement (AFIs). The requirements include the philosophy and rationale behind the requirements, and “duty hours” has been replaced with “the learning and working environment.”

Please also note that the new Section VI provides additional responsibility for programs to work with their sponsoring institutions in order to meet the requirements. Similarly, the Institutional Requirements are currently undergoing major revisions, which will also have a 45-day Review and Comment period publicly announced.

As part of the new CPRs, the 80-hour weekly maximum (averaged over four weeks) remains, and clinical work from home does count toward those 80 hours, including work on electronic health records and responding to patient care questions. Any reading, study, research, or reading to prepare for upcoming cases, however, does not count, unless performed at the hospital. A rule of thumb is that any work at home done as a doctor would count toward the 80 hours; any work as a student would not count.

More background on the changes to Section VI is available at www.acgmecommon.org, including frequently asked questions, which may be of help as your program implements the changes.

Upcoming
The 45-day Review and Comment period for the second phase of the revisions, Sections I through V, closes March 22, 2018. The documents are available at: http://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements/In-Revision. If you have not already done so, be sure to review these changes and make any suggestions or recommendations. The Task Force will review every comment submitted and make changes accordingly. We anticipate the new Common Program Requirements to go into effect in July 2019.

Annual Review Process
The Review Committee utilizes a number of data elements annually to review a program, including resident and faculty surveys, clinical experience, faculty and resident scholarly activity, board pass rates, attrition (fellow, faculty, leadership), information omission, major changes and program responses to citations.

Following a broad staff review, the committee will review any programs with data concerns, active citations, and programs on warning or probation; site visits may be scheduled in order to get a more in-depth review of a program. Citations (linked to program requirements) and/or AFIs (which may or may not be linked to a program requirement) can be issued; citations will be reviewed annually, but unresolved AFIs may become citations the following year.

Some common issues the Review Committee finds as part of the annual update includes a lack of documentation when requested, outdated faculty licensure or certification information, incomplete listing of faculty or fellow scholarly activity, and concern regarding the program director’s response to citations. To resolve citations, the program director should look at the citation objectively, as it is based on the information the Review Committee had at-hand, respond to the specifics within the citation, and provide data or other supporting documentation requested.

(continued next page)
ACGME Update, continued

Self-Study Process
A number of programs are approaching their Self-Study and 10-year accreditation site visit. It is important to note that the Self-Study includes a review of program strengths, vulnerabilities, opportunities and threats, as well as a 5-year look-back on program changes and improvements, and a 5-year look-forward on plans for the future. Programs should work to answer the question, “What do I need to take my program to the next level?” Eighteen to 24 months after the submission of the Self-Study, programs will submit a progress report on the implementation of changes, and a site visit will be scheduled. The Department of Field Activities will provide feedback on the process that was followed to conduct the self-study, not on the content of the Self-Study, and the Review Committee will provide input solely on the outcome of the accreditation site visit, not the Self-Study. More information is found here: http://www.acgme.org/What-We-Do/Accreditation/Self-Study.

I stand ready to help you if you have any questions about the ACGME or the Review Committee for Pathology. Please do not hesitate to contact me at cgross@acgme.org or 312-755-7417.

Cell Talk News
Roxanne Florence, MD, Jennifer Sauter, MD, Roseann Wu, MD, MPH, Saeed Asiry, MD, and Paul Staats, MD

New Round of Cell Talk Awardees Announced
A new round of Cell Talks has been selected for production. These Cell Talks proposals were chosen from a strong group of submissions received before the December 2017 deadline. Thank you to everyone who submitted!

Cytotechnologist Performance Evaluation
Jessica Petrone, MD
AP/CP Resident, PGY-3
Washington University in St. Louis
St. Louis, MO
Mentor: Cory Bernadt, MD

ThinPrep Imager for Cervical Screening
Diana Lin, MD
Cytopathology Fellow
University of Illinois Hospital & Health Sciences System
Chicago, IL
Mentor: Odile David, MD

Time Out! How, Why and When to use a Time Out during Fine Needle Aspiration
James Macpherson, MD
Pathology Resident
University of Saskatchewan
Saskatoon, SK, Canada
Mentor: Omar Al-Nourhiji, MD
Have you heard about Cell Talks?
Cell Talks were developed by the Cytopathology Program Directors Committee (CPDC) of the ASC to aid residents and cytopathology fellows achieve and document progress through selected ACGME Cytopathology Milestones. Completion of these modules can help program directors and clinical competency committee members decide at which level a resident or fellow should be scored on individual milestones.

What exactly 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 teach and 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.

What else should I know?
- 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.
- Currently, 19 Cell Talks are available online—see sidebar on pages 5-6

When is the next submission deadline?
- May 1, 2018
- Have your trainees submit a Cell Talk presentation soon!

NEXT SUBMISSION DEADLINE
MAY 1, 2018

Learn More Here

Cell Talks Available on the ASC Website
- Preparing for a CAP Inspection
- Coding and Billing in Cytology
- Cultural Competency: An Essential Skill in the Practice of Cytopathology
- Meet the Organizations
- Cytopreparation
- Roe of the Cytopathologist in the Healthcare Team
- Wise as a Cell! (Become a Better Communicator)
- Cervical Cancer Screening Guidelines 2012 Update—What has Changed?
- Choosing an HPV Assay
- Rules & Regulations: Cervical Cancer Screening
- Ultrasound-guided FNA & Role of the Cytopathology Fellow in Clinical Practice
Innovative Practices in Cytopathology Education

The University of Vermont Medical Center Thyroid Ultrasound Simulation Experience

Allison L. Ciolino, MD, Matthew P. Gilbert, DO and Scott R. Anderson, MD

One of the unique aspects of the cytopathology training program at the University of Vermont Medical Center (UVMMC) and the University of Vermont (UVM) Larner College of Medicine is that fellows, through collaboration with the Division of Endocrinology and Diabetes, gain a solid experience in performing ultrasound-guided fine needle aspirations (FNA) of thyroid nodules. Prior to performing this procedure on patients, the cytopathology fellow, in conjunction with the endocrine fellow, attend a simulation training module in ultrasound-guided FNAs.

This training program came to fruition with the help of the simulation specialist at the Clinical Simulation Laboratory at UVM, who has expertise in the best practices for simulation, working together with the program directors from cytopathology and endocrinology who serve as content experts and understand the objectives of the planned event. The Clinical Simulation Laboratory at UVM opened in March 2011 as a collaborative effort of the UVM Larner College of Medicine, the UVM College of Nursing and Health Sciences and UVMMC to serve as a centralized hub in the training of health care professionals.

Approximately three hours are reserved for the thyroid FNA simulation training session which entails a 10 minute introduction, 30 minute didactic session, 50 minute clinical skills session, 1 hour clinical simulation of the thyroid FNA with a standardized patient (SP), and 20 minutes or so of debriefing with the trainees. A week prior to attending the session, learners are provided with required reading materials, a detailed description of the course schedule with focused objectives, as well as key steps for performing ultrasound guided fine needle aspirations (checklist format). In addition, prior to the session, the SP is given a description of their character and why they are having a biopsy. Built into this character development are a number of commonly asked questions that the SP integrates into the simulation.

The classroom didactic session on thyroid FNA involves a review of informed consent for thyroid FNA, a review of the pre-procedure checklist (prepping patient, time out, marking site, slide labeling, etc.) and post-procedure instructions to the patient. In addition, an approach to ultrasonographic nodule characterization with an emphasis on benign versus worrisome patterns is provided.

The clinical skills session focuses on the technical aspects of the thyroid ultrasound FNA as well as proper slide preparation. The portion on FNA technique utilizes an ultrasound and a thyroid training phantom model where faculty demonstrate nodule sampling using 25 gauge needles. The thyroid training phantom model contains nodules of various consistencies including cystic and solid lesions. Alternatively, sampling could be performed on prepared models such as chicken breast and olives or gelatin-based models. Trainees practice on the models while faculty confirm proper technique and accurate sampling. Faculty can observe trainees practice proper smear technique and provide guidance as needed. Instruction on proper slide preparation is performed at a separate station, for both the cytopathology and endocrine fellows, with an emphasis on labeling, proper smear technique, and rinsing of needles. Trainees are also educated at this time on the differences between air dried and alcohol fixed slides.

Following the clinical skills session, trainees individually attend a clinical simulation of the thyroid FNA with a standardized patient. The clinical simulation rooms are designed with tinted windows and audio equipment where faculty can see and listen to the clinical interaction but are not visually apparent to the trainees. (continued next page)
Innovative Practices in Cytopathology Education, continued

Trainees are instructed to perform the entire procedure from introducing oneself and obtaining consent to simulating the procedure and providing necessary post-FNA instructions. Program directors from both specialties observe the interaction and grade the trainee utilizing a simple checklist (done, not done) with an area for comment. Key items on the checklist include: (1) Introducing oneself to the patient, (2) Identifying patient with 2 identifiers, (3) Clearly describing the procedure to the patient with risks and benefits, providing necessary reassurance as needed, (4) Obtaining informed consent, (5) Prepping the patient for the FNA with appropriate head placement, instruction on avoiding brisk movement, swallowing or speaking during the procedure, (6) Performing a time out, (7) Cleaning skin with alcohol, (8) Applying ultrasound probe to phantom and sampling nodule, (9) Slide preparation with needle rinses into CytoLyt, (10) Providing post-biopsy instructions, and (11) Completing requisition form.

Following the simulation sessions, a debriefing occurs in a separate room where feedback is provided to the trainees. This is often a high yield learning session as the program directors and standardized patient, who have also filled out an evaluation form, review the experience with the trainees. We often start these sessions by asking the trainees what they thought of the session, what went well, and areas where they thought they could improve. The feedback from the standardized patients is invaluable and can really help make a difference when the trainees are performing these procedures on real patients.

Overall, we have received excellent feedback from our fellows regarding this simulation FNA experience, who appreciate having an opportunity to practice this procedure prior to having to perform it on patients. The simulation experience provides the Fellow with an ideal learning environment for both the technical aspects and key communicative components of the procedure. Many of the fellows comment on the confidence it provides them when they start performing these procedures on real patients.

2018 CALL FOR ABSTRACTS!

The ASC Scientific Program Committee invites you to submit abstracts for Platform and Poster Presentations for the 66th Annual Scientific Meeting to be held November 10-13, 2018 in Washington, DC.

Abstracts may be based on cytologic techniques, clinical cytology or basic cytology research. Cases are not accepted.

Submission Deadline is Monday, April 30, 2018