



Specialty Update: Pathology

SES089

2021 ACGME
Annual Educational Conference
VIRTUAL EXPERIENCE

#ACGME2021



Conflict of Interest Disclosure

Speaker(s):

Kymerly Gyure, MD – Chair, Review Committee for Pathology

Kate Hatlak, MEd, PMC – Executive Director, Review Committee for Pathology

Disclosure to the Learner:

None of the above speakers or planners have any conflicts of interest to report.



#ACGME2021

©2021 ACGME

Review Committee Membership

Kymerly Gyure, MD (Chair) <i>Allegheny General Hospital</i>	Jeffrey Goldstein, MD <i>David Geffen School of Medicine at UCLA</i>
Edward Ashwood, MD (Vice Chair) <i>University of Colorado</i>	Jennifer Hammers, DO <i>Cyril H. Wecht & Pathology Associates</i>
Scott Anderson, MD <i>University of Vermont Medical Center</i>	Bradley Karon, MD, PhD <i>Mayo Clinic (Rochester)</i>
Stephen Black-Schaffer, MD <i>Massachusetts General Hospital Program</i>	Cindy McCloskey, MD <i>University of Oklahoma</i>
Barbara Castleberry, PhD, MT (ASCP) (Public Member) <i>Retired</i>	Ritu Nayar, MD <i>Northwestern University</i>
Eric Glassy, MD <i>Affiliated Pathologists Medical Group</i>	Neda Wick, MD (Resident Member) <i>Parkland Hospital/UT Southwestern</i>

#ACGME2021

Review Committee Ex-Officios



Rebecca Johnson, MD

- American Board of Pathology (ABPath)

Mary Grandau

- American Medical Association



#ACGME2021

Welcome!

Matthew Kuhar, MD

- Indiana University School of Medicine

Kamilah Fernandez, MD (Resident Member)

- Howard University



#ACGME2021

©2021 ACGME

Review Committee Staff

Kate Hatlak, EdD
Executive Director

- khatlak@acgme.org
312.755.7416

Natochia Lewis, MS, PMP
Associate Executive Director

- nlewis@acgme.org
312.755.7039



#ACGME2021

Pathology Program Trends

Academic Year	# Residents	# Core Programs	# Fellows	# Sub Programs
2016-2017	2354	141	766	523
2017-2018	2362	142	757	529
2018-2019	2347	143	776	540
2019-2020	2348	142	788	554
2020-2021	2379	142	779	580
5-Year Trend	↑1.1%	↑0.1%	↑1.7%	↑10.9%



#ACGME2021

Subspecialties – 2020-2021

Subspecialty	# Programs	# Fellows	% Filled
Blood Banking/Transfusion Medicine	52	53	63
Clinical Informatics	11	20	59
Chemical Pathology	4	0	0
Cytopathology	94	131	76
Dermatopathology	55	70	67
Forensic Pathology	45	51	50
Hematopathology	87	122	72
Medical Microbiology	15	17	81
Molecular Genetic Pathology	41	59	80
Neuropathology	39	57	66
Pediatric Pathology	28	23	55
Selective Pathology	109	176	71



#ACGME2021

Anatomic Pathology and Clinical Pathology (AP/CP) Program Review

Accreditation Decisions – January 2021

Continued Accreditation	132
Continued Accreditation with Warning	1
Initial Accreditation with Warning	1
Site Visit Requested	0
Complement Increase Requests Approved	0



#ACGME2021

Subspecialty Program Review

Accreditation Decisions – January 2021

Continued Accreditation	468
Continued Accreditation with Warning	0
Initial Accreditation with Warning	0
Initial Accreditation	12
Complement Increase Requests Approved	3



#ACGME2021

Common Citations

- Program Personnel and Resources – Responsibilities of Program Director
 - Accurate and Complete Information
 - Ability to Raise Concerns
- Program Personnel and Resources – Responsibilities of Faculty Members
 - Time and Interest Devoted to Program
 - Educational Environment
- The Education Program – Service to Education Imbalance
 - Appropriate Blend of Supervised Activities
 - Excessive Reliance on Residents to Fulfill Non-Physician Obligations
- The Learning and Working Environment – 80 Hours per Week
- Evaluation – Performance on Board Exams



#ACGME2021

Common Areas for Improvement (AFIs)

- Resources (Resident/Fellow Survey)
- Faculty Supervision and Teaching (Resident/Fellow Survey)
- Evaluations (Resident/Fellow Survey)
- Educational Content (Resident/Fellow Survey)
- Clinical Experience (Case Logs/Autopsies)



#ACGME2021

Block Diagram

- Must have:
 - Legend
 - Clinical
 - Rotation name (specific)
 - Percent outpatient time
 - Percent research time
- Should *not* be actual resident/fellow schedule, just representation of typical experience
- Read and follow all instructions and format!
 - See FAQ in the Pathology section of ACGME website



#ACGME2021

Clinical Experience – Autopsies

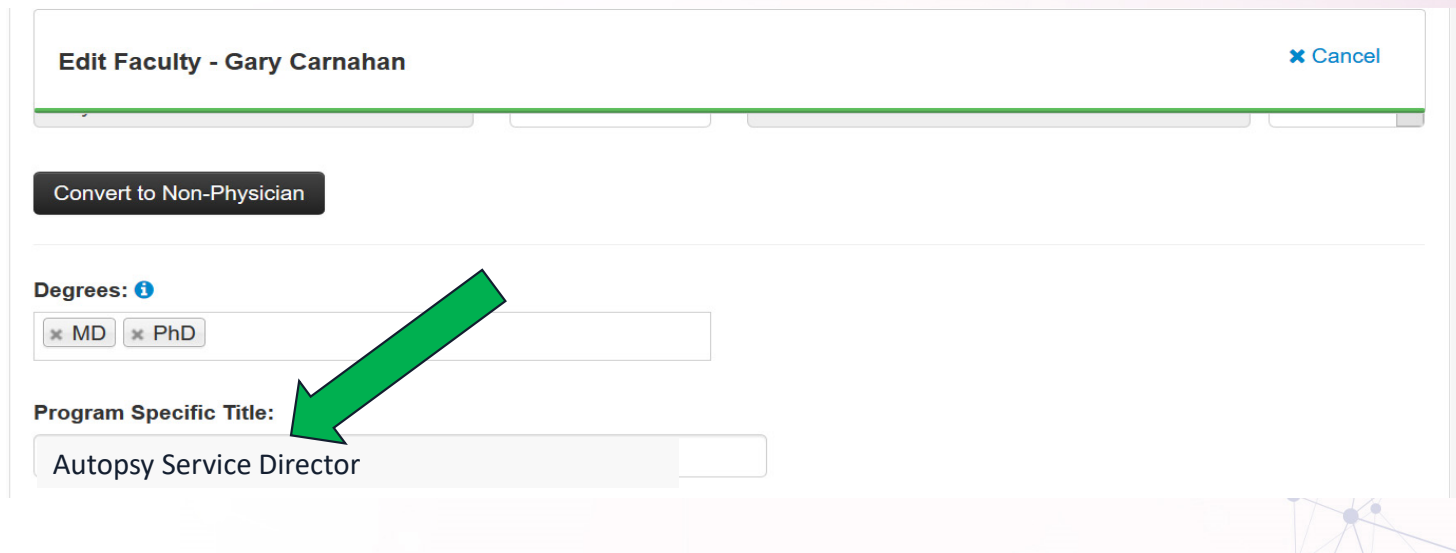
- Review Committee knows residents cannot sit for ABPath exam without them
- If autopsies are not logged, program will receive feedback (AFI or citation)
- All autopsies must be logged no later than *mid-June* for graduating residents (prior to archival in the Accreditation Data System (ADS))
- Be sure resident's specialty track in ADS is correct before archiving
 - Anatomic and Clinical Pathology
 - Anatomic Pathology Only
 - Clinical Pathology Only
 - Anatomic Pathology/Neuropathology (AP/NP) Track
- ABPath recently decreased required number of autopsies to 30
 - Review Committee will be revising program requirements to align with ABPath



#ACGME2021

Autopsy Service Director

- *Reminder:* There must be a faculty member designated as Autopsy Service Director to manage the autopsy service within the institution (II.B.1.a)
 - Should be designated in ADS under “Program Specific Title”



Edit Faculty - Gary Carnahan ✕ Cancel

[Convert to Non-Physician](#)

Degrees: ⓘ

Program Specific Title:



#ACGME2021

Anatomic Pathology/ Neuropathology Track

- While it is a combined track with ABPath, AP/CP (Anatomic Pathology Track) and neuropathology are two separately accredited programs in the ACGME
- Resident must still do at least 50 autopsies in Anatomic Pathology
 - Soon to be revised to 30
- Ideally, residents should log autopsies *before* leaving AP/CP program
- Cannot log autopsies in neuropathology program
 - Have to “count” for AP/CP program
- If resident previously marked as “Completed All Accredited Training” in AP/CP, the resident cannot go back to log autopsies after completing neuropathology



#ACGME2021

Anatomic Pathology/ Neuropathology Track

Year	Pathology (Four-Year Program)	Neuropathology (Two-Year Program)
PGY-1	Active Full-time (Year 1)	
PGY-2	Active Full-time (Year 2)	
PGY-3	In program, but Doing Research/Other Training (Year 3)	Active Full-time (Year 1)
PGY-4	In program, but Doing Research/Other Training (Year 4)	Active Full-time (Year 2)
Final Status	<i>Completed All Accredited Training (for this specialty) - successfully promoted</i>	<i>Completed All Accredited Training (for this specialty) - successfully promoted</i>



#ACGME2021

Faculty Certification Status

If participating in Maintenance of Certification/Continuing Certification (MOC/CC), then use “MOC/CC”

- This supersedes other statuses below

If *not* participating in MOC/CC, then use one of the following:

1. Lifetime certificate, use “Time-unlimited”
 2. Time-limited certificate:
 - Original Still Valid, use “Time-limited/Original Still Valid”
 - Re-certified, use “Re-certified”
 - Be sure to list original certification year and expiration year
- All ABPath certifications should be “ABMS,” not “Other Certifying Body”
 - List each certificate separately
 - Do not list subs as “other specialty” under core specialty



#ACGME2021

Program Requirement Revisions

Revisions to:

- Resources
- Program director/associate program director support
- Number of core faculty members
- Program coordinator support
- Competencies and curriculum organization (AP/CP)
- Appropriate faculty supervision/conditional independence



#ACGME2021

Resources

- I.D.1.a) At the primary clinical site, the program must provide each resident with:
- I.D.1.a).(1) a designated work area; ~~and~~ (Core)
 - I.D.1.a).(2) an individual computer with access to hospital and laboratory information sites, electronic health records, and the Internet; (Core)
 - I.D.1.a).(3) an individual light microscope and access to a headed light microscope for rotations on which microscopic evaluations account for a major portion of the clinical experience; (Core)
 - I.D.1.a).(4) photomicroscopy and gross imaging technology for residents; (Core)
 - I.D.1.a).(5) radiographic imaging technology, when applicable to specimen type; (Core)



#ACGME2021

Resources

- I.D.1.a).(6) The program must provide access to updated teaching materials, such as (e.g. interesting case files and, archived conference materials,) or study sets, such as (e.g. glass slides, and virtual study sets,) encompassing the core curriculum areas of anatomic and/or clinical pathology, as matches the program's specialty concentration. (Core)
- Language for resources required are now streamlined across core and all subspecialties
 - ❖ Some minor variances as applicable for subspecialties



#ACGME2021

Program Director/Associate Program Director Support

AP/CP:

- Program director must have minimum of 20 percent FTE
- Additional support:

Number of Approved Resident Positions	Minimum Program Director FTE	Minimum Additional Aggregate Program Director/Associate or Assistant Program Director FTE
8-15	20 percent	30 percent
16-23	20 percent	40 percent
24-31	20 percent	50 percent
32-39	20 percent	60 percent
40 or more	20 percent	70 percent



#ACGME2021

Program Director/Associate Program Director Support

Subspecialties (except Dermatopathology):

- Program director/associate program director must have minimum of:

Number of Approved Fellow Positions	Minimum Aggregate Program Director/ Associate or Assistant Program Director FTE
1-3	10 percent
4-6	20 percent
≥7	30 percent

- Fellowships independent of a core program must have an additional 20 percent FTE beyond the scale noted above



#ACGME2021

Core Faculty Members

- AP/CP must have at least five core faculty members (including the program director)
- Subspecialties must have at least two core faculty members (including the program director)
 - One of whom must be certified by ABPath in the subspecialty
- Must have a significant role in the education and supervision of residents/fellows
- Designated by the program director



#ACGME2021

Program Coordinator Support

AP/CP:

- Program coordinator must have minimum of 50 percent FTE
- More support required based on program size:

Number of Approved Resident Positions	Minimum FTE Coordinator(s) Required
8-16	80 percent
17-24	100 percent
25-39	150 percent
40 or more	200 percent

Subspecialties (except Dermatopathology):

- Program coordinator must have minimum of:

Number of Approved Fellow Positions	Minimum FTE Coordinator(s) Required
1-3	20 percent
4-9	30 percent
10 or more	40 percent



#ACGME2021

Appropriate Faculty Supervision

- IV.C.3: 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.
(Core)
- Survey of the Residency Program Directors Section (PRODS) shows that many residents/fellows are not able to do independent sign-out upon graduation
 - Programs that hire these graduates have to spend time remediating/providing additional training
- This does *not* mean that residents/fellows have to do independent sign-out when still in the educational program
 - They must have the capability and confidence to do so prior to completion of the program so they are prepared for autonomous practice



#ACGME2021

Milestones

- Milestones 2.0 for AP/CP already in effect
- Milestones 2.0 for all subspecialties except Dermatopathology and Molecular Genetic Pathology go into effect July 1, 2020
- Dermatopathology and Molecular Genetic Pathology still being drafted/finalized
- Resources are available in the Milestones section on the ACGME website
- Email milestones@acgme.org with questions
- Use the Word version of the Supplemental 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 <i>Demonstrates how to access, categorize, and analyze clinical evidence</i>	• Identifies evidence-based guidelines for osteoporosis screening at US Preventative Services Task Force website
Level 2 <i>Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care</i>	• In a patient with hyperlipidemia, identifies and discusses potential evidence-based treatment options, and solicits patient perspective
Level 3 <i>Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients</i>	• 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 <i>Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient</i>	• Accesses the primary literature to identify alternative treatments to bisphosphonates for osteoporosis
Level 5 <i>Coaches others to critically appraise and apply evidence to patient care</i>	• Leads clinical teaching on application of best practices in critical appraisal of sepsis criteria
Assessment Models or Tools	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. <i>Users Guide to the Medical Literature: A Manual for Evidence-Based Clinical Practice</i>. Chicago, IL: AMA Press, 2002 • Local Institutional Review Board (IRB) guidelines • National Institutes of Health. <i>Write Your Application</i> https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/write-your-application.htm 2020



#ACGME2021

Site Visits/Self-Studies

- All site visits conducted virtually through at least June 2021
- Self-Studies postponed indefinitely for now
 - Programs that have already completed Self-Studies may have 10-Year Accreditation Site Visit
- ACGME COVID-19 section of website contains FAQs, guidance statements, letters to the community, Pandemic Emergency Status forms, and more



#ACGME2021

COVID-19 Disruptions



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



#ACGME2021

Questions?





Thank You

