Collaboration

ASCP has embarked on an ambitious endeavor to develop new, strong, collaborative relationships with fellow healthcare societies. Moreover, we intend to build and cultivate our existing partnerships.

Collaboration requires transparency and mutual respect. Each organization must share, up front, not only its goals, but also its concerns. Only then can a mutually beneficial relationship flourish.

What does ASCP bring to the table? A global community of more than 100,000 pathologists and laboratory professionals dedicated to delivering the highest standard of patient care. A robust financial position. A staff of more than 150 association professionals covering virtually every area of society management. And an appreciation for the inherent value of diverse professional organizations.

ASCP stands ready to share these resources with organizations with shared missions and goals. We can, for example, assist subspecialty organizations to best serve their niche memberships. Assistance, not assimilation, is our goal. As a nonprofit 501(c)(3) association organized for the patient good, ASCP is committed to recognizing and partnering with those organizations who have shared missions and inclusivity of all members of the laboratory team. This can be achieved by empowering our sister pathology and laboratory medicine organizations under the rubric of preserving each organization’s unique integrity.

For many years pathologists and laboratory professionals have heard the mantra: Get out of the lab. Get to know your healthcare colleagues. By reaching out as a society, ASCP will pave the way.

What is our motivation? To provide first-class vis-à-vis concierge services to pathologists and laboratory professionals. We also will raise the visibility of the profession and demonstrate the essential role of our members in the delivery of health care.

In this issue of Critical Values, read about ASCP’s philosophy regarding developing new and ongoing relationships. Some of these projects include the development of practice guidelines, a genomics curriculum for residents, and laboratory management continuing education programs. Take special note of the advocacy initiatives we have undertaken in Washington, D.C., where it is essential for the pathology and laboratory medicine community to speak with one voice.

At ASCP’s 2011 Annual Meeting/World Association of Pathology and Laboratory Medicine XXVI World Congress, we are pleased to host our Scientific Address speaker, Paul Farmer, MD, PhD, co-founder of Partners In Health. Throughout his professional life, Dr. Farmer has eschewed personal comforts to help the citizens of poverty-stricken Haiti. In this issue, you can get to know a little more about him.

Please enjoy this issue of Critical Values, and let me know your thoughts about ASCP’s new collaborative ambitions.

Dr. Holladay is Executive Vice President of ASCP.
Tossing Aside the Familiar and Embracing Multidisciplinary Collaboration

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Message from the President

In recent years, ASCP has placed an increasingly high priority on seeking out, listening to, and pursuing opportunities for collaboration with other organizations, both inside and outside the clinical laboratory profession. These efforts have been quite successful due, in part, to increased participation by ASCP members at meetings and on committees, councils, working groups, and boards of other organizations. These connections helped the Society become aware of the needs and concerns of other groups and also identify areas of common interest. Ultimately, many of these connections led to mutually beneficial partnerships.

I recently chaired the Task Force on Connectivity, which was charged with reviewing the Society’s existing collaborations and recommending potential opportunities for future relationships. As we began our work, Task Force members decided a vision statement and some Principles of Collaboration were necessary to provide direction. To do this, we looked at the reasons we were interested in collaboration in the first place. We also acknowledged the need to “listen” to others as we connect. Listening seems to be a lost art, but we believed listening is a necessary first step for achieving connectivity.

Benefits of Collaboration

Collaboration helps ASCP achieve its goals and objectives. Moreover, collaborating organizations can combine their collective strengths and conserve valuable resources by capitalizing on economies of scale. This extends resources, allowing partnering orga-
nizations to carry out projects they lack the infrastructure or resources to attempt alone.

Collaboration offers many intangible benefits as well. It increases networking opportunities and generates a greater diversity of ideas that promote good decision-making and problem-solving. It also heightens the visibility of the profession and the Society through positive public relations, which helps attract new members and financial resources.

One example of a highly successful collaborative effort, one that furthers ASCP goals by promoting patient-centered care and the public health, is the President’s Emergency Plan for AIDS Relief (PEPFAR). As part of the PEPFAR program and with support from the
U.S. Centers for Disease Control and Prevention, ASCP volunteers travel to PEPFAR-designated countries to train local laboratory personnel on appropriate testing methods and procedures, to develop standards for laboratory accreditation, and to assist laboratories in meeting those standards. ASCP has partnered with numerous organizations in this effort, including the World Health Organization-AFRO and the Clinton HIV/AIDS Initiative. ASCP also played an integral role in the recent creation of the African Society for Laboratory Medicine.

**Meeting Member Needs**

Currently, ASCP is facilitating the work of a multi-organizational committee, the Training Residents in Genomics (TRIG) Committee, to develop a genomics curriculum that all training programs can use to teach residents about this emerging area of medicine. ASCP also collaborates with the American Society of Cytopathology on scope-of-practice issues affecting cytotechnology and cytopathology. The Society has signed a memorandum of understanding with the American Pathology Foundation to collaborate in the development and delivery of pathology laboratory management education services. Additionally, ASCP is co-branding a guideline on molecular markers for colorectal cancer with the College of American Pathologists.

ASCP, the Association of Pathology Chairs Program Directors Section, and the American Pathology Foundation have launched an interactive online forum for review, comment, input, and feedback on the components of a laboratory management curriculum for pathology residents. This creative new forum is available at wiki.ascp.org.

Advocacy and the development of public policy is one more area that benefits from collaboration. It will be particularly important over the next five years in dealing with Medicare issues and the implementation of healthcare reform. Our goal, as usual, is to foster the development of patient-centered policies that successfully address areas of concern to the profession. (See article on pages 24–27.)

**More to Come**

It is clear that our collaborative activities are helping ASCP meet members’ needs and advance some of the Society’s most challenging and complex goals. But we are not done yet. Through our expanding presence in the laboratory community and our growing involvement overseas, the Society is increasingly being recognized as a good partner organization. We must proceed carefully, however, when deciding which collaborative endeavors to pursue. Effective collaboration results when partnering organizations share the same vision, values, goals, and strategies. “Ideal partners” are those who can clearly articulate the mutual benefits of the collaboration, share a passion for the project, and commit time, talent, and resources to achieve the objectives.

ASCP is the largest professional society in the field of pathology and laboratory medicine in the United States, possibly the world. Yet, the Society cannot go it alone if we expect to attain the kind of change necessary for the future health of our specialty. Connecting to, listening to, and banding together with other like-minded organizations will help ensure the sustainability of the profession and, most important, ensure the best possible diagnostic services to patients. We owe it to our members and the public to be an organization of unsurpassed integrity that is eager to work with our fellow societies in order to pursue common goals and address shared concerns.

I welcome your comments or questions. You may contact me at President@ascp.org.

---

Dr. Alexander is Professor and Chair of Pathology, and Residency Program Director at the University of Alabama at Birmingham, Birmingham, Ala.
The Seven of Pentacles*

Under a sky the color of pea soup
she is looking at her work growing away there
actively, thickly like grapevines or pole beans
as things grow in the real world, slowly enough.
If you tend them properly, if you mulch, if you water,
if you provide birds that eat insects a home and winter food,
if the sun shines and you pick off caterpillars,
if the praying mantis comes and the ladybugs and the bees,
then the plants flourish, but at their own internal clock.

Connections are made slowly, sometimes they grow underground.
You cannot tell always by looking what is happening.
More than half the tree is spread out in the soil under your feet.
Penetrate quietly as the earthworm that blows no trumpet.
Fight persistently as the creeper that brings down the tree.
Spread like the squash plant that overruns the garden.
Gnaw in the dark and use the sun to make sugar.

Weave real connections, create real nodes, build real houses.
Live a life you can endure: Make love that is loving.
Keep tangling and interweaving and taking more in,
a thicket and bramble wilderness to the outside but to us
interconnected with rabbit runs and burrows and lairs.

Live as if you liked yourself, and it may happen:
reach out, keep reaching out, keep bringing in.
This is how we are going to live for a long time: not always,
for every gardener knows that after the digging, after
the planting, after the long season of tending and growth,
the harvest comes.

* "The seven of pentacles," from CIRCLES ON THE WATER by
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By Marge Piercy

Ms. Piercy and her cat, Sugar Ray
According to FirstPoint Management Resources, Inc., nine out of 10 adults in the United States belong to at least one organization or professional society. One in four belongs to four or more organizations. How members invest their time and talent in the organizations they belong to is important, not only to them but also to their organizations. ASCP is extremely grateful to the thousands of members who actively volunteer their time and talents for the sake of the Society and the profession, and encourages more of its 100,000-plus members to experience the benefits of volunteering and getting “connected.”

Are you wondering how to become a volunteer and what kind of effort is required? The best way I can explain it is by taking you inside the Council of Laboratory Professionals (CLP).

**The Council’s Role and How It Operates**

The CLP is the voice of the medical laboratory professional member. It provides expertise and recommendations to the ASCP Commission on Membership and the Board of Directors and facilitates communication between the Society and its laboratory professional members. Diversity is the Council’s greatest strength.
The 12 elected members come from different laboratory disciplines, various parts of the country, and diverse practice settings, including academic centers, community hospitals, and corporations. The 2010–11 Council consists of eight medical laboratory scientists, two histotechnologists, one cytotechnologist, and one pathologists’ assistant.

The Council’s purpose—to promote the laboratory profession and ASCP—is accomplished by the Council’s 12 members, eight of whom serve as representatives for different U.S. regions (see graphic on page 10). They rely on a network of Local Representatives to keep them apprised of local issues and concerns of laboratory professionals. Regional Representatives communicate this information to the CLP, which conveys it to the ASCP Commission on Membership and the Board of Directors. Additionally, Regional Representatives help coordinate the activities of Local Representatives and provide support and mentorship as needed. To be successful, Local Representatives must be committed to the profession, be able to contribute a few hours a month to outreach and communications, possess effective communication skills (verbal and written), and have the ability to prepare biannual reports.

The specific responsibilities of Local Representatives are as follows:

- To recruit and establish a diverse network of laboratory professionals in their communities;
- To disseminate information about ASCP membership, legislative issues, and scholarships and awards; and
- To promote the medical laboratory profession to young people and raise awareness of the value that the medical laboratory provides to health care.

Volunteers are encouraged to channel their talents and interests in ways that promote the profession and ASCP. Local Representatives often discover they are already doing many of the things ASCP expects of them, such as arranging laboratory tours for high school science classes and biology clubs, speaking to students or civic groups about the profession, and promoting National Medical Laboratory Professionals Week.
Becoming a Local Representative

Any ASCP laboratory professional member in good standing who is interested in volunteering, giving presentations at live events, and coordinating community outreach initiatives can submit an application to become a Local Representative.

Sometimes Local Representatives are recruited, often by past and current CLP members who reach out to those who demonstrate the qualities of a successful Local Representative. Lynnette Chakkaphak, MS, MT(ASCP) (CLP 2005–10), for example, recruited Cynthia Parrish, MBA, MLS(ASCP)CM,SH(ASCP),DLM(ASCP). Now a Council member and Southeast Regional Director, Ms. Parrish said she agreed to be a Local Representative because “Lynnette’s enthusiasm and love for what she did was inspiring.”

The Benefits of Connecting with ASCP

Volunteering at ASCP has numerous benefits. As a Local Representative, your professional contacts greatly increase, and it becomes easier to stay abreast of developments and issues affecting the profession. As an added incentive, volunteers receive two Certification Maintenance Program (CMP) points annually for their service to ASCP.

Perhaps one of the greatest benefits, for both volunteers and the Society, is the opportunity to develop the skills necessary to become future leaders. The pathways for identifying and mentoring future volunteer leaders are diverse. Many people start out as Local Representatives or staff assistants at ASCP workshops. Others begin by serving on the ASCP Board of Certification examination committees, ASCP editorial boards, or Continuing Professional Development committees. More than half the 2010–11 CLP members started their volunteer careers as ASCP Local Representatives.

North Central Regional Representative Christina P. Nickel, MHA, MLS(ASCP)CM, who started out as a Local Representative in 2004, is a good example. “Little did I know,” she said, “that a door was opening that would lead to so many other opportunities—not only for supporting the profession and ASCP, but also for networking, travel, and the opportunity for my own professional and personal growth.”

Ms. Nickel and I, as well as other CLP members, encourage you to take advantage of the opportunities available to ASCP volunteers. Ms. Nickel said it best: “I have learned so much through this process and these experiences with ASCP that I will be forever grateful. The best way that I can thank ASCP is through promoting the profession and ASCP, and by recruiting new members and new Local Representatives so that they, too, can have the opportunity to grow and make a difference.”

Please e-mail your questions and comments to me at MemberChair@ascp.org.

Ms. Zaleski is Clinical Pathology Laboratory Manager, University of Iowa Hospitals and Clinics, Iowa City, Iowa.

ASCP volunteer Shareen Lee, MLS(ASCP)CM, became an ASCP Ambassador to create awareness among students that the healthcare professions are not just limited to doctors and nurses. That also ensures the laboratory profession will survive despite the current workforce shortage and looming retirement of many laboratory professionals.
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Cultivating Relationships
Matters for Career Advancement

“Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.”

– Albert Einstein

Albert Einstein’s insightful words might be applied to both the importance of human relationships and the difficulty of measuring their value. The social Web site, Facebook, tries to quantify human relationships by counting “friends.” Abraham Maslow takes another approach in his “hierarchy of needs” theory. After basic needs like food, water, and warmth (level 1) and the need for security and safety (level 2), but before the need for respect (level 4) and the need for self-actualization (level 5, the process of growing and developing to achieve individual potential), he places the need for meaningful relationships (level 3). At the same time, common sense says that a large number of relationships cannot guarantee happiness, self-respect, or self-actualization. Nevertheless, meaningful relationships are an important factor in the attainment of those goals.

New Ways to Connect

Today it is easier than ever to reach out and connect with people. New methods for creating personal connections include Facebook, LinkedIn, Twitter, iPads, iPhones, blogs, text messaging—the list goes on and on.

Connectivity is just as essential in the professional world, and Maslow’s hierarchy of needs can be applied to our professional lives as well. When we begin our careers, our main concerns are a comfortable working environment (level 1) and job security (level 2). Professional connections (level 3) precede respect within our specialty (level 4) and professional self-actualization (level 5). We use connections to find jobs, of course, but also to inform, be informed, share ideas, influence others—even implement change. The quantity of professional relationships is important, but to implement change and make a difference, we must be present and engaged when key policies are deliberated and critical decisions made. This usually requires a physical presence...
“at the table,” which is not provided by the social media. We seldom start out “at the table,” however.

Making meaningful connections is a gradual process filled with brief encounters and lengthy interactions alike. A connection might begin with a chance encounter in the exhibit hall during the United States and Canadian Academy of Pathology annual meeting. The first interaction leading to a scientific collaboration might occur while attending a subspecialty elective in Chicago. A Facebook post or a random tweet through Twitter may lead to a dinner reception at the ASCP Annual Meeting where you can network with peers. The new media are not the be-all and end-all, but, as these examples from my own life demonstrate, they can facilitate professional development.

Connect at the Annual Meeting

The ASCP Annual Meeting is an excellent springboard for developing networks, generating ideas, and helping residents meet their professional needs. This year in Las Vegas, ASCP is offering a full complement of programs to help members connect and share ideas and experiences. Social media will help attendees connect, inform them of events and activities, and recognize achievements. Separate “Hubs” for pathologists, residents, and laboratory professional members will serve as gathering places for the different constituent member groups, each offering targeted programming.

Specific programming for residents includes a mini-resident review course, a session with American Board of Pathology members, an informational meeting on the proposed Fellowship Match (which facilitates the fellowship search process), book signings by pathologists, such as Richard DeMay, MD, FASCP, and Wii games and competitions. Certain to perk up sleep-deprived residents are Case-of-the-Day kiosks and stimulating educational seminars that use interactive audience response systems.

New Opportunities

The expansion of the Resident Council from nine to 12 members has inspired the Council to adopt lofty new goals, many designed to facilitate connections. One new goal is to expand the Resident Representative Network to reach more residents at more programs. Ideally, there will be one Resident Representative at each pathology residency in the United States and Canada. These Resident Representatives will also be more active—placing postings on social media, helping to promote ASCP resident programs and resources, and participating in ASCP market research activities.

Moreover, 10 Council members each serve a major geographic region in the United States. For example, I have oversight responsibility for up to 22 Resident Representatives in six midwestern states. My job is to be a resource and liaison, informing representatives of issues affecting residents and communicating their needs and concerns back to ASCP. A personal goal is to improve representation for residents in Canadian and U.S. territories, military residents, and international medical graduates.

Another goal is to reach out to other organizations that represent pathology residents for the greater benefit of our shared constituencies. Finally, we will strengthen links with medical students to meet their needs, represent their interests, and provide them with various opportunities using the successful ASCP Ambassador Program as a model.

It is thrilling to work with ASCP volunteers and staff—they all have altruistic mindsets and genuinely contagious can-do attitudes. The launch of the Society’s redesigned Web site this fall will showcase the work that goes into meeting members’ needs and ensuring they are equipped to provide the excellent medical care patients deserve. We will need your help, however. Expect us to reach out to you!

I welcome your feedback. Please e-mail questions, comments, or suggestions to me at ResidentCouncil@ascp.org.

Dr. Cogbill is a fourth-year pathology resident at the Medical College of Wisconsin, Milwaukee.
Collaboration

Tossing Aside the Familiar and Embracing Multidisciplinary Collaboration
Kenneth H. Cohn, MD, MBA, FACS, discovered the value of relationships, good communications, negotiations, and conflict resolution later in his career. “These survival skills are not taught during residency programs, but they should be,” said the surgeon and CEO of HealthcareCollaboration.com.

His wakeup call came several years ago when a resident left the residency program. Afterward Dr. Cohn asked 10 nurses separately, “What’s the fundamental goal of a surgical residency program?” Each one said it should be to teach communications skills.

“That’s a fundamental shift in the way we teach residents and think about the interactions of doctors with others in health care,” he said. “Those conversations changed my whole mindset.”

Now he focuses on helping doctors learn the value of relationships, so they can lead multidisciplinary healthcare teams comprising clinicians, pathologists, laboratory professionals, radiologists, anesthesiologists, and nurses. Again and again, Dr. Cohn has seen collaboration among healthcare professionals improve patient outcomes. Pathologists and laboratory professionals have the expertise to take leading roles on these teams, he asserts.

**Overcoming Resistance to Collaboration**

Yet pathologists tend to resist change and embrace the comfort of their familiar laboratory environment, despite the increasing momentum to erode these boundaries, according to David B. Kaminsky, MD, FASCP, Palm Springs Pathology Services, Palm Springs, Calif. The factors driving change include advancing technologies, sophisticated molecular and genetic testing and interpretations, evolving demands for intra-operative analyses, and increasing expectations from clinicians and patients.

“Pathologists need to assume a proactive gatekeeper role as the ultimate resource for diagnostic and prognostic information, and collaborate with other disciplines in correlating and synthesizing that information,” Dr. Kaminsky said. “Additionally, pathologists have an inherent obligation to teach what is learned. Patient education is paramount.”

As examples of how collaboration between pathologists and radiologists can improve patient care, he cites synthesizing images, integrating their reports, and performing interventional procedures such as ultrasound-guided fine needle aspiration biopsies by pathologists. According to Dr. Kaminsky, pathologists have to promote their expertise in diagnoses and serve as consultants to other specialists to create a patient-centered approach to health care.

**Tearing Down Mental Barriers**

Delegation of routine work to other healthcare professionals such as pathologists’ assistants, cytotechnologists, and laboratory administrators would help pathologists find time to collaborate more with clinicians and work directly with patients. They can adapt new technologies directly to patient care through targeted therapies, prognostic indicators, and genetic assessments, according to Dr. Kaminsky. Most important, pathologists should explain their pathology reports directly to patients.

“All in all, pathologists should shift their focus from the diagnostic sample to viewing the complete patient,” he said.

Dr. Kaminsky provides his patients with pathology reports that combine magnetic resonance images, photos, and illustrations with fundamental information. (See the sample pathology report on left.) Encouraging other pathologists to follow his lead, he finds this change in thinking centers the patient in the pathologist’s medical responsibilities.

**Improving Processes of Care to Save Lives**

Pathologists and laboratory professionals are critical participants among the healthcare providers collaborating to improve processes that ultimately save patients’ lives. Dr. Cohn persua-
sively argues significant improvements in healthcare for patients can occur while lowering costs in his new book, *Getting It Done: Experienced Healthcare Leaders Reveal Field-Tested Strategies for Clinical and Financial Success.* To accomplish this goal, however, takes multidisciplinary cooperation among all varieties of physicians, nurses, and laboratory professionals. They all need to focus together on improving clinical outcomes, increasing revenues, and slashing expenses.

In *Getting It Done*, Dr. Cohn shows such multidisciplinary healthcare teams already exist all over the United States. For example, Jeffrey C. Fried, MD, cut the death rate from sepsis by more than 50 percent in Santa Barbara, Calif., through working with clinical pathologists, laboratory professionals, and nurses to redesign processes of care for sepsis patients.

At Santa Barbara Cottage Hospital, clinical scientists shortened the turnaround time for conducting a labor-intensive blood screening test for sepsis from four hours to less than one hour. The laboratory director also implemented a new process for emergency department personnel to hand-deliver specially marked specimens.

“Collaboration improves patient outcomes,” Dr. Cohn said. “More than 200 more people are alive in Santa Barbara every year because of these improvements.”

**Viewing the Big Picture**

Pathologists do lead healthcare teams at some hospitals, according to Dr. Cohn. When pathologists earn the trust of their clinical colleagues, people will listen.

“Pathologists are among the most reliable practitioners in health care,” he said. “The people who credential physicians want pathologists on the healthcare team because their diagnoses are so critical to caring for patients.”

If pathologists want to become integral members of the healthcare team, Dr. Cohn advises them to show up at meetings prepared with specimens and concise conclusions about individual patients. If pathologists have a concern about a specimen, they need to pick up the phone and call clinicians and not rely only on the pathology report. And finally, he is a firm believer in getting to know other physicians as people.

To illustrate his point, Dr. Cohn recalls an orthopedic surgeon who heard about other surgeons who left their hospitals and used ambulatory surgery centers to earn money and save time. He told the hospital’s CEO that he was exploring those possibilities and would come back in a week. Knowing the orthopedic surgeon was a Civil War buff, during that week the CEO studied books and listened to tapes about the Civil War.

When they met again, the CEO discussed the battle at Antietam—the bloodiest single day during the Civil War. The orthopedic surgeon told the CEO, “This is the first time you have shown me that you know anything.” The surgeon changed his mind and decided to stay at the hospital.

And this circles back to the power of cultivating relationships on the healthcare team. When many experts are working together for the good of the patient, the outcome is always better, Dr. Cohn said.

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APPLICATION DEADLINE: November 15, 2011
I collaborated with experts in infectious disease, internal medicine, and oncology, as well as other pathologists and cytopathologists worldwide. We brought our respective strengths to make better diagnoses and earlier screenings of women for cervical cancer."
For more than 30 years, Mark H. Stoler, MD, FASCP, has successfully sought to understand why cervical cancer occurs and how to improve its early detection, diagnosis, and treatment. He has not worked alone. The collaboration among cytopathologists, clinicians, epidemiologists, and clinical scientists devoted to this disease is legendary.

Yet Dr. Stoler’s work stands out for his unflagging persistence to ongoing research in cervical cancer, which includes the pathogenesis of human papillomavirus- (HPV-) related neoplasia, HPV gene expression, the use of molecular diagnostics, and the prevention of cervical cancer through an HPV vaccine for girls and young women.

“I’ve always been interested in finding out why tissue looks as it does,” said Dr. Stoler, ASCP Immediate Past President and Attending Pathologist, Professor of Pathology and Clinical Gynecology, and Associate Director of Surgical Pathology and Cytopathology at the University of Virginia Health System, Charlottesville, Va. “Why did this change occur? What does the high-grade dysplasia really mean? I use science to refine and develop better criteria. Then I can say why with a firm scientific basis.”

In recognition of his crucial discoveries in cervical cancer, Dr. Stoler will receive the Distinguished Scientific Achievement Award from the American Society for Colposcopy and Cervical Pathology (ASCCP) at its 2012 Biennial Meeting in San Francisco, March 15–17, 2012. This award is ASCCP’s highest honor for exemplary lifetime achievement in research, or a singular scientific breakthrough, in the discipline of colposcopy or the field of lower genital tract disease. Only 23 people have received this award during the 47-year history of the Society.

“Mark has been on the forefront of everything that has to do with cervical cancer,” said David C. Wilbur, MD, FASCP, Director of Clinical Imaging at Massachusetts General Hospital and Harvard Medical School. “He has collaborated with every name player in the field and is known as one of the top people in the field among pathologists, oncologists, infectious disease experts, and gynecologists. There is no more fitting person to receive this award from ASCCP.

“Personally, Mark is one of the nicest guys I know. He would give the shirt off his back to anyone. He is someone who I implicitly trust.”
Ideal Circumstances

Starting in his residency, Dr. Stoler found the right mentors—such giants in cytopathology as the late Stanley F. Patten Jr., MD, PhD, FASCP, and Thomas A. Bonfiglio, MD, FASCP—and the right environment for experimentation at the University of Rochester, Rochester, N.Y. While he had a natural interest in Pap smears and cervical cancer diagnostics, Dr. Stoler delved into molecular biology, which was an appropriate science to further pursue his interest in cervical cancer.

“I collaborated with experts in infectious disease, internal medicine, and oncology, as well as other pathologists and cytopathologists worldwide,” he said. “We brought our respective strengths to make better diagnoses and earlier screenings of women for cervical cancer. I see a straight line from my residency to where I am now.”

Dr. Stoler describes the cultures of the University of Rochester Medical Center through the University of Virginia School of Medicine as supportive, where if he needed something, it was always there. “Once you experience that, you learn to do the same thing for others,” Dr. Stoler explained. “That’s a very efficient way of doing scientific work.”

Accelerating Progress

Many cytopathologists would be delighted to have achieved what Dr. Stoler has accomplished already. But he has plenty more to do. One Herculean task is to persuade doctors and patients to switch from the familiar Pap smears to HPV tests for improved and less costly screening of cervical cancer.

“The focus of my work is to change people’s ways—change to what is scientifically a better way,” he said. “Part of my research is to reduce the number of missed diagnoses for cervical cancer.”

The HPV test is more sensitive for detecting cervical intraepithelial neoplasia 3, the precursor to cervical cancer, than a Pap smear. Although the HPV test and a Pap smear cost about the same, an HPV test needst to be conducted only every three to five years instead of annually, according to Dr. Stoler.

Central to Modern Medicine

Rising through ASCP, first as an educator and then as a leader, Dr. Stoler broadened his perspective concerning the nature of the entire laboratory team. Now he views a single patient diagnosis as a 30-step process; the pathologist and a variety of laboratory professionals have to do their respective jobs perfectly for a diagnosis to be made correctly.

“It’s more than [the fact that] there are only a few pathologists in Africa; we need to lay out a global framework for what needs to be accomplished as the first step to actually doing it sustainably,” said Dr. Castle, who has collaborated with Dr. Stoler for the past 12 years and views him as a mentor. “Mark realizes that to make a difference in health care, you need an interdisciplinary team. Each content expert contributes a unique, valuable perspective. Always scientifically rigorous, he thinks through new ideas thoroughly and challenges the status quo when it no longer serves the purpose. Mark is a smart, detail-oriented, and forward-thinking physician-scientist.”

Teaching Others to Fish

Outside of pathology, Dr. Stoler is devoted to his family, fishing, and baking bread. He grew up among generations of bakers and learned early to make a variety of yeast breads. “It was important in my family that I have a trade to fall back on if medicine didn’t work out,” Dr. Stoler said with a wink.

He takes fishing quite seriously. Accompanied by his long-time friend Dr. Wilbur, Dr. Stoler has taken fishing trips throughout the United States. He always wears his childhood “lucky” fishing cap. Dr. Stoler first wore it when his grandfather taught him to fish, according to Dr. Wilbur.

Now it is Dr. Stoler’s turn to teach others to fish in the medical world—sharing what he knows for the benefit of patients.

“Science has literally opened up the world for me,” he said. “Cervical cancer is worldwide in scope. I have collaborators throughout the United States, Canada, Europe, and South America. During the last 25 years, we grew up together and have established long-term professional friendships. All of us are focused on trying to help humanity.”

By Sara S. Patterson, MSJ
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By Anne Walsh-Feeks, MS, PA(ASCP)CM

As Chair of the ASCP Commission on Public Policy and Government Relations, I have experienced firsthand the value of connectivity in the arena of advocacy. As an organization, ASCP represents many members, and collectively we are a force. In the arena of advocacy, and in particular in expressing our views and opinions on issues of governmental importance, the value of collaboration is powerful. When many voices speak, the chances of our messages being heard are greater.

ASCP continues to be recognized as a leader with a patient-centric mission and a strong commitment to the betterment of the profession. The Washington office is recognized as a voice on Capitol Hill—a voice whose message is increasingly being heard. In Washington, numbers count. With more than 100,000 members, ASCP has clout. When ASCP bands together with like-minded societies, the profession as a whole gains political strength.

ASCP has collaborated with numerous organizations to advocate for good public policy and, on many occasions, secured important victories. The following are highlights of some of ASCP’s successes.

**Fix the Sustainable Growth Rate**

ASCP has been working closely with the American Medical Association and the College of American Pathologists and has participated in discussions
“Advocacy is very important for ASCP members because we’re on the frontlines of diagnosing diseases in laboratory medicine.”

—Anne Walsh-Feeks, MS, PA(ASCP)CM
Collaboration with other physician groups regarding fixing the sustainable growth rate formula, which has been restricting any growth in the Medicare physician fee schedule in recent years. Given that the Center for Medicare & Medicaid Services (CMS) estimates that in 2012 Medicare physician reimbursement will be cut by 20 percent, this is a significant issue for ASCP and other physician groups. This joint advocacy initiative has successfully increased the awareness of national, state, and local political representatives about the potential negative impact on the practice of medicine.

Florida Licensure Issues

ASCP scored an important victory for Florida cytotechnologists by securing the ability for them to perform human papillomavirus (HPV) and fluorescence in situ hybridization (FISH) testing. In pursuing this advocacy goal, ASCP worked in concert with the American Society of Cytopathology. The issue came about when a major hospital system in Florida, concerned that regulations governing the cytotechnologists’ scope of practice may not allow HPV testing, sought guidance from the Board. ASCP intervened and provided information that allowed the Board to fully understand the issues at hand. The Florida Board of Clinical Laboratory Personnel (FBCLP) unanimously ruled that licensed cytotechnologist may perform both HPV and FISH testing.

Also, the FBCLP was considering a petition questioning whether pathologists’ assistants need to be licensed by the state. ASCP, working in concert with the American Association of Pathologists’ Assistants and the National Society for Histotechnology, identified a solution that would not hinder pathologists’ assistants from continuing to work. Ultimately, the Board declared that pathologists’ assistants did not need to be licensed in Florida.

Physician Signature Issue

Working with the Clinical Laboratory Coalition (CLC), which represents the entire laboratory community, including industry, ASCP successfully persuaded CMS to suspend implementation of a recently adopted regulation that requires a physician’s or qualified nonphysician practitioner’s signature on requisitions for clinical diagnostic laboratory tests paid by Medicare. ASCP and CLC were concerned that specimens may deteriorate during the time spent waiting for a physician to sign the order. Furthermore, laboratories face the possibility that they might not be compensated if a signature could not be obtained before a test was performed. Recently, CMS issued for comment a proposed rule retracting this requirement. The proposed rule would reinstate the prior policy that the signature of a physician or qualified nonphysician practitioner is not required on a requisition for
ASCP Members Speaking Out

ASCP Action Alerts encourage members to participate in national, state, and local political debates influencing opinions about proposed legislation and regulations. The Action Alerts are generated in the ASCP Washington, D.C., office. Led by Jeff Jacobs, MA, ASCP Vice President of Public Policy and Government Relations, the staff identifies legislative and regulatory issues pertaining to pathologists and laboratory professionals and advocates for the entire laboratory team.

Recently, ASCP members sent more than 5,000 letters to their U.S. senators and representatives in response to an Action Alert about possible cuts to reimbursement for clinical laboratory services and a potential 20 percent laboratory coinsurance requirement for Medicare patients.

“Our members’ overwhelming response confirms their strong engagement on issues that affect our laboratory but also on issues that affect the public, our customers,” said Anne Walsh-Feeks, MS, PA(ASCP)CM, Chair of the ASCP Commission on Public Policy and Government Relations and Director of the Physician and Ambulatory Program Development, North Shore Long Island Jewish Health System, Manhasset, N.Y. “These particular cuts in clinical laboratory services will place a vulnerable population of seniors at risk. This is not the right thing to do, and our members recognized it immediately and acted upon it.

“Additionally, as a former laboratory administrator, I know that the costs of recouping coinsurance would be an administrative nightmare. Implementing the $1 test copayment is a lose-lose proposition for laboratories and patients.”

On the issue of cuts to laboratory tests and coinsurance, Shaun Hill, ASCP Senior Manager, Advocacy and Quality Laboratory Practice, said her e-mail inbox was flooded shortly after the Action Alert went online. “ASCP members’ involvement makes a tremendous difference on these crucial issues,” she said. “Legislators are more responsive when there are many constituents voicing the same opinion about specific issues.”

To present the most compelling arguments, ASCP often creates or joins coalitions with other pathology and laboratory medicine organizations, as well as like-minded medical societies and think tanks, according to Matthew Schulze, ASCP Senior Manager, Federal and State Affairs.

Many recent legislative campaigns show the strong participation of ASCP members. To date, more than 2,500 letters have been sent to legislators urging them to help fund laboratory training programs nationwide by reauthorizing the Workforce Investment Act.

In 2007, ASCP members helped prevent a competitive bidding demonstration project proposed for laboratory services, arguing that reducing laboratory services to a commodity being bid on and going to the lowest bidder jeopardized patient safety and diminished the importance and magnitude of the work done in the laboratory.

“Advocacy is very important for ASCP members because we’re on the frontlines of diagnosing diseases in laboratory medicine,” Ms. Walsh-Feeks said. “But we’re busy, and often this information would not trickle down to us without a staff devoted to advocate for us. The Washington office does a fantastic job of identifying issues related to pathology and laboratory medicine that affect our profession and the public.”

Ms. Walsh-Feeks is Director of the Physician and Ambulatory Program Development at the North Shore Long Island Jewish Health System, Manhasset, N.Y.

a clinical diagnostic laboratory test paid under the Medicare Clinical Laboratory Fee Schedule.

Other advocacy initiatives include oversight of laboratory-developed tests, Accountable Care Organizations and self-referral. On this front, ASCP is working with partners in the Alliance for Integrity in Medicine to close the loopholes that have allowed self-referral of anatomic pathology and radiology services to proliferate.

In summary, the value of connectivity in advocacy is powerful. In connecting with other groups and organizations, ASCP’s advocacy initiatives are strengthened by the expertise of a consortium, which can reach a broader audience and result in greater advocacy power. We at ASCP recognize this and will continue to engage in connectivity in the advocacy arena.

Ms. Walsh-Feeks is Director of the Physician and Ambulatory Program Development at the North Shore Long Island Jewish Health System, Manhasset, N.Y.
I may as well say that from the moment I saw Zanmi Lasante, out there in the little village of Cange, in what seemed to me like the end of the earth, in what was in fact one of the poorest parts of the poorest country in the Western Hemisphere, I felt like I’d encountered a miracle. In Haiti, I knew, per capita incomes came to a little more than one American dollar a day, less than that in the central plateau. The country had lost most of its forests and a great deal of its soil. It had the worst health statistics in the Western world. And here, in one of the most impoverished, diseased, eroded, and famished regions of the Haiti, there was this lovely walled citadel, Zanmi Lasante. I wouldn’t have thought it much less improbable if I’d been told it had been brought by spaceship.

My first week in Cange I met a peasant farmer who had brought a sick child to the hospital—by donkey, on a trek of twelve miles along Highway 3. I asked him if he’d felt relieved when he got to Cange and the medical complex. I needn’t have bothered. He looked surprised at the question and simply said, “Wi!” There were a handful of other clinics and hospitals in the region, but none were well-equipped and some were downright unsanitary, and everywhere patients had to pay for medicines, and even the gloves that would be used to examine them, and very few people in the central plateau could pay much of anything. At Zanmi Lasante, too, patients were supposed to pay user fees, the equivalent of 220,000 people, injured hundreds of thousands more, and left over one million Haitians without homes. Working in Haiti for almost 30 years, Dr. Farmer and Partners In Health have partnered with poor communities to provide high-quality health care and other social services.

The following is an excerpt about his work in Haiti at Zanmi Lasante’s sociomedical complex, Partners In Health’s flagship project, from Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, A Man Who Would Cure the World by Tracy Kidder.†

† From MOUNTAINS BEYOND MOUNTAINS by Tracy Kidder, copyright © 2003 by John Tracy Kidder. Used by permission of Random House, Inc.
about eighty American cents for a visit. Haitian colleagues of Farmer’s had insisted on this. Farmer was the medical director, but he hadn’t argued. Instead—this was often his way, I would learn—he had simply subverted the policy. Every patient had to pay the eighty cents, except for women and children, the destitute, and anyone who was seriously ill. Everyone had to pay, that is, except for almost everyone. And no one—Farmer’s rule—could be turned away.

Perhaps a million peasant farmers relied on Zanmi Lasante. At the moment, about a hundred thousand lived in its catchment area, an area served by its community health workers, seventy in all. Some patients came great distances, as distance is measured in a country of ruined roads and villages only served by footpaths—from Port-au-Prince and Haiti’s southern peninsula, and from towns along the border with the Dominican Republic, speaking Spanish. Most came from the central plateau, on the battered, overloaded passenger trucks that navigated Highway 3. Many came on foot and by donkey. Now and then out on the road, a bed moved slowly toward the front gate, a bearer at each corner, a patient on the mattress.

Sometimes Zanmi Lasante’s pharmacy muddled a prescription or ran out of a drug. Now and then the lab technicians lost a specimen. Seven doctors worked at the complex, not all of them fully competent—the staff was entirely Haitian, and Haitian medical training is mediocre at best. But Zanmi Lasante had built schools and houses and communal sanitation and water systems throughout its catchment area. It had vaccinated all the children, and had greatly reduced both local malnutrition and infant mortality. It had launched programs for women’s literacy and for the prevention of AIDS, and in its catchment area had reduced the rate of HIV transmission from mothers to babies to 4 percent—about half the current rate in the United States. A few years back, when Haiti had suffered an outbreak of typhoid resistant to the drugs usually used to treat it, Zanmi Lasante had imported an effective but expensive antibiotic, cleaned up the local water supplies, and stopped the outbreak throughout the central plateau. In Haiti, tuberculosis still killed more adults than any other disease, but no one in Zanmi Lasante’s catchment area had died from it since 1988.

The money for Zanmi Lasante was funneled through a small public charity that Farmer had founded—Partners In Health, with headquarters in Boston. The bills were small by American standards. Farmer and his staff of community health workers treated most tuberculosis patients in their huts and spent between $150 to $200 to cure an uncomplicated case. The same cure in the United States, where most TB patients were hospitalized, usually cost between $15,000 to $20,000.

My local hospital in Massachusetts was treating about 175,000 patients a year and had an annual operating budget of $60 million. In 1999 Zanmi Lasante had treated roughly the same number of people, at the medical complex and out in the communities, and had spent about $1.5 million, half of that in the form of donated drugs. Some of the cash came from grants but most of it from private donations, the largest from a Boston developer named Tom White, who had given millions over the years. Farmer contributed, too, though he didn’t know exactly how much.
Meeting Defines Future of Medical Diagnostics

Rapidly expanding communications shrink distances. As a result, pathologists and laboratory professionals can share information to improve patient outcomes worldwide. Understanding the global healthcare challenges, sharing innovative solutions, and defining the future of medical diagnostics create the foundation for learning at the 2011 ASCP Annual Meeting.

At the Venetian-Palazzo Resort Hotel Casinos in Las Vegas, the 2011 ASCP Annual Meeting/World Association of the Societies for Pathology and Laboratory Medicine (WASPaLM) XXVI World Congress, Oct. 19–22, will welcome members of 44 international medical societies from 33 countries. Attendees will learn about breakthroughs in personalized medicine, digital pathology, and molecular diagnostics, as well as accelerating progress for patient access to the right diagnoses and treatments.

Leading efforts to improve global access to health care, President Bill Clinton, Founder of the William J. Clinton Foundation and 42nd President of the United States, will be the keynote speaker at 6:30 p.m. on Wednesday, Oct. 19. A tireless advocate of health care for the poorest of the poor, Paul Farmer, MD, PhD, founding director of Partners in Health, will present the Scientific Address at 12:15 p.m. on Oct. 20.

Among the powerful general sessions, a panel discussion will examine global access to care, with cervical cancer as a test case. The panel will include an international field of experts and a cervical cancer survivor, Tamika Felder. In 2005, Ms. Felder launched a national nonprofit organization, Tamika & Friends, Inc., dedicated to educating women about the prevention of human papillomavirus (HPV) through vaccinations and screening, and the early detection and treatment of cervical cancer if HPV advances.

There are two new named lectures—the Barbara M. Castleberry Lecture and the Michele D. Raible Lecture. A pioneer in modern laboratory medicine, Dr. Castleberry, PhD, MT(ASCP), will deliver the inaugural address in her name. She will discuss using the lessons from the past to face the challenges of the future.

In honor of renowned educator Dr. Raible, who passed away in 2010, Rebecca L. Johnson, MD, FASCP, will deliver a presentation for residents called “How to Succeed in Pathology by Really Trying.” Chair of Pathology and Clinical Laboratories at Berkshire Health Systems, Pittsfield, Mass., Dr. Johnson will discuss how success as a pathologist requires more than medical knowledge.

In addition, pathologists, pathology residents, and laboratory professionals can select courses from specific tracks across many topic areas, for example, “Personalized Medicine,” “Digital Pathology: Current State, Future, and Opportunities,” “Pharmacodynamic Monitoring of Targeted Drug Therapy,” “Changes in Residency Training: Shaping the Future Pathology Work Force,” “Globalized Diseases: Hospital Laboratories Discovering Exotic Diseases that Have Become Endemic,” and...
“Improving Tissue Traceability through Internationally Standardized Coding Systems.” Expanded for 2011 are courses focused on laboratory management.

In the Exhibition Hall, Science Connection Central (SCC) will cater to participants intrigued by nontraditional educational formats. SCC encompasses new activities, such as the “Hands-on-the-Future Learning Lab,” a virtual laboratory in which guests learn about and use leading-edge laboratory tools. Specialty hubs for pathologists, residents, and laboratory professionals will offer additional unique opportunities for learning and networking with colleagues and friends.

On the social agenda, an orientation on Oct. 19 will help first-time attendees navigate the meeting. Immediately following President Clinton’s keynote address on Oct. 19 will be the ASCP/WAS-PaLM Joint Opening Reception for all registered Annual Meeting guests. And on Oct. 20, the World Pathology Foundation will conduct a silent auction.

For details and registration information, go to www.ascp.org/2011annualmeeting/.
ASCP President to Head Pathology Department at SUNY at Buffalo

John E. Tomaszewski, MD, FASCP, ASCP Immediate Past President, has been named the new Chair of the Department of Pathology and Anatomical Sciences at the State University of New York (SUNY) at Buffalo. "Dr. Tomaszewski is optimally qualified to transform the department and bring 21st-century molecular diagnostics to our Academic Health Center," said Michael E. Cain, MD, Dean of the SUNY at Buffalo. "He is an outstanding physician scientist and educator." Dr. Tomaszewski begins his appointment Oct. 1, 2011.

ASCP Institute Head Chosen for Flemming Award

Philip E. Castle, PhD, MPH, was recognized as an Arthur S. Flemming Award recipient on June 6 in Washington, D.C. The Executive Director of the ASCP Institute and Center for Health Services Research, Dr. Castle received the prestigious award in the Applied Science, Engineering and Mathematics category in recognition of his accomplishments as a senior investigator at the National Cancer Institute at the National Institutes of Health.

ASCP Members Honored for Work on Lab Tests Online

ASCP members William E. Schreiber, MD, FASCP, and Bette A. Jamieson, MT(ASCP)SH, were recognized for their contributions as editors to LabTests Online (labtestsonline.org) at the annual meeting of the American Association of Clinical Chemistry (AACC), July 26, 2011, in Atlanta. Dr. Schreiber and Ms. Jamieson worked on the site’s editorial board for eight years, ensuring the accuracy of clinical laboratory test information and other laboratory education provided to the public.

New ASCP Ambassadors to Spark Students’ Career Passions

Twenty-three laboratory professionals have been chosen to serve as 2011-2012 ASCP Ambassadors to raise awareness among high school students about careers in medical laboratory science. Ambassadors—members newly certified within the last five years—share their personal journeys and give hands-on demonstrations in classrooms and career fairs. Already Ambassadors have reached more than 6,000 students, and hundreds have requested more information about the profession. In its third year, the Ambassador Program, funded by Roche, was created as an initiative to address the workforce shortage.

2011–12 Siemens-ASCP Scholarship Program Launched

Through its annual Siemens-ASCP Scholarship Program, ASCP and Siemens Healthcare Diagnostics will award more than $125,000 in scholarships this year thanks to the generous contributions of Siemens and ASCP member donations. Each year, ASCP and Siemens award scholarships to undergraduate and graduate students pursuing degrees in medical laboratory science to defray education costs, promote the profession, and address the laboratory workforce shortage. The deadline to apply is Nov. 15, 2011.

ASCP Genetic Testing Courses Unite Clinicians with Laboratory Team

In collaboration with RAND Health, ASCP has developed a series of online educational modules for effective reporting and interpretation of molecular genetic tests that are targeted specifically for clinicians. This is the first time ASCP has launched education courses for clinicians, as well as laboratory professionals and pathologists. The courses are funded through a cooperative agreement with the U.S. Centers for Disease Control and Prevention.

Wanted: Russian-Speaking Consultants

ASCP is looking for Russian-speaking consultants with laboratory operations and management experience to travel to Central Asian countries. ASCP members serve as volunteers to address the threat of AIDS in sub-Saharan Africa, the Caribbean, and now Central Asia. There are upcoming opportunities in Kazakhstan and other Central Asian countries, including assessment, mentoring, and training in the areas of laboratory operations and management. Consultant trips range from five to 12 days.
ASCP President Interviewed about Osama bin Laden

ASCP leaders were quoted earlier this year in MSNBC.COM on the process of DNA matching in the death of Osama bin Laden. ASCP Immediate Past President Dr. John E. Tomaszewski’s comments were highlighted on the MSNBC Web site, which attracts some 12 million global viewers per week. The Saturday Evening Post featured ASCP’s recent survey about consumers’ understanding of laboratory testing and waiting times. The story quotes David W. Glenn, MASC, MLS(ASCP)SM, explaining details of specific tests and why some take more time than others.

Major Healthcare Publication Reports on ASCP’s Position on ACOs

A recent article in Health Data Management reports on ASCP’s comment letter on the proposed Medicaid Shared Savings program for accountable care organizations (ACOs). ASCP contends that pathologists are the logical choice to advance the goals of ACOs by reducing unnecessary and inappropriate testing of patients. Additionally, pathologists have the expertise to advise clinicians about safe, effective, and less expensive treatments for patients.

Automation’s Impact on the Laboratory Workforce

M. Sue Zaleski, SCT(ASCP)HT, incoming chair of the ASCP Council for Laboratory Professionals and clinical pathology laboratory manager of the core laboratory at the University of Iowa Hospitals and Clinics, Iowa City, Iowa, wrote an editorial for the July issue of Medical Laboratory Observer. In it, she highlights the process of streamlining a medical laboratory through LEAN processes and then implementing automation while attracting and retaining high-quality, skilled, and dedicated professionals.

AMA Issues New Criteria on CME Credits

Effective July 1, 2011, the American Medical Association (AMA) requires that all enduring material continuing medical education (CME) qualifying for AMA PRA Category 1 CME Credit™ include an assessment of the learner’s performance; credit may be awarded only to those who meet a minimum performance level. In addition, ASCP has instituted changes in requirements to earn self-assessment module credits.

ASCP Surveys: Pathology Fellowships Critical to Jobs, Career Advancement

The new ASCP Fellowship and Job Market annual surveys show that fellowships are viewed as crucial for both job opportunities and career advancement. Of those seeking fellowships, 59 percent expect to complete one fellowship, while 40 percent will undertake two fellowships. The top three choices for specialty pathology training for fellowship programs are surgical pathology, hematopathology, and cytopathology. After training, most fellows received one to two job offers within six months, but a significant percentage—up to 28 percent in hematopathology—had to continue searching for up to a year.

Jennifer Hampshire: New Leader for ASCP Membership

The compassion, accuracy, and problem-solving skills that Jennifer Hampshire, MLS(ASCP)SM, gained as a medical laboratory scientist are crucial to her new role as Director of Membership at ASCP. In addition, for nearly five years at a pathology organization, she developed and maintained proficiency testing products, and this experience provided her with the pathologists’ perspective. For more than a year in the ASCP Membership Department, Ms. Hampshire has contributed innovative ideas to two pivotal projects: Remember.moc, an easy tracking system for complying with continuing education requirements for pathologists; and the dynamic new ASCP Web site.

100 Origami Cranes Hearten Japanese Hospital Staff

According to Japanese legend, folding a thousand origami cranes allows a person to ask a crane for a powerful wish such as a long life or recovery from an illness. Inspired by ASCP’s request for funds to help laboratories in Japan, Kimberly E. H. Ono, MT(ASCP), and her laboratory professional staff at Somerset Medical Center, Somerset, N.J., folded and sent 100 origami cranes to encourage healing and hope at the Takata hospital in Japan. The four-story hospital was physically destroyed by the tsunami following the earthquake, but the spirit of the medical staff remains strong. They were touched by the thoughtful gift.

Thank You from Japan

ASCP has received a letter of thanks from the laboratory professionals at the temporary clinical laboratory, Yonesaki community center, Rikuzentakata City, Iwate Prefecture, Japan. In the days following the deadly earthquake and tsunami, ASCP and the American Society for Clinical Laboratory Science quickly partnered to create the Japan Relief Fund, which, as of Aug. 1, 2011, has provided more than $10,000 for medical technology schools most affected by the tragedy.
Making Sense of Confusion Inherent in Today's Data Deluge

Referring to the article by John E. Tomaszewski, MD, FASCP, in Critical Values titled “Bioinformatics and the Age of Big Data” (April 2011, Vol. 4, Issue 2, pp. 6–7), I cannot agree more with your viewpoint. The laboratory information management system within laboratory information systems (LIS)—different vendors, different databases, different interfaces, and different electronic medical systems, to list just a few—can cause big headaches and potential for errors, not to mention other sources of data overload. While some systems have more intuitive interfaces based on either Windows or other operating systems, some vendors introduce original ideas that are not always that friendly for the end user.

Where is the help? What is the solution?

I would say that the most important way to help in this data jungle is to educate. First, educate the vendors and try to convince them that a more unified approach to the system might be beneficial for them, too.

Second, we need to educate ourselves. More publications need to present different LIS and databases in simplified diagrams showing connections between each of them and then, in some logical sequence, focusing in more detail on each particular element. Every one of us is familiar with systems in our hospitals, maybe not all of them, but at least the ones we use.

A few years ago, I attended a lecture. The speaker, a physician with a specialty in informatics, did a presentation in that exact way. He started with connections between a few general systems, explaining how they talk to each other. Then he presented their subfunctions and how they talk to each other. His next step was to focus on each one of them. It was very enlightening event.

I have seen very few articles presenting hospital informatics in an understandable and somewhat comprehensive way, but that's the way to go. It's just one small element of the bigger puzzle.

Dariusz Galkowski, MD
New Brunswick, N.J.
Everyone involved in caring for patients knows that the ability to provide every member of the patient’s care team with the right information at the right time contributes to safer, more effective care that is more satisfying to patients.

The last 24 months have seen a dramatic shift toward wider use of health information technology (IT). This development has the potential to transform care for every patient in the United States. But the transformation depends on the ability of freestanding hospitals, clinics, and long-term-care facilities, as well as large, integrated systems, to participate in secure and efficient sharing of patient information.

To support information exchange among all members of the healthcare team, five healthcare systems—Geisinger Health System, Group Health Cooperative, Intermountain Healthcare, Kaiser Permanente, and Mayo Clinic—recently announced their commitment to work together as the Care Connectivity Consortium (Consortium). The aim of the Consortium is to develop and validate secure, standards-based, cost-effective information exchange—among the five founders initially and then by hospitals, clinics, long-term-care facilities, and other care delivery organizations throughout the country.

The Consortium is based on the founders’ decades of experience with using health IT to serve patients better and on a shared commitment to making information available everywhere the patient needs it. The Consortium will use the national standards for secure information-sharing to codevelop the implementation specifications necessary to make them effective in practice. Then the Consortium will share the specifications with all care delivery organizations in the United States. As a result, other organizations will be able to implement the standards with maximum efficiency, minimum cost, and maximum confidence that the information is being shared safely and securely.

In the first phase of the initiative, if a patient from one Consortium partner gets sick far from home and needs care from another partner, doctors and nurses will be able to access critical information about the patient’s health conditions, medications, and allergies, enabling them to provide the right treatment at the right time and avoid problems such as adverse drug events.

The second phase promises to be more complex and more resource intensive. The Consortium will develop methods of identifying patients more efficiently, while continuing to guarantee that their health information is secure. During this second phase, the Consortium also will complete plans for the long-term governance and maintenance of the system, and begin inviting additional hospitals, clinics, and other care delivery organizations to use the methods and tools developed.

From the perspective of laboratory medicine, the Consortium’s work to increase sharing of patient information among care delivery organizations will also increase the competitive advantage gained by communicating laboratory results using the standard terminology, LOINC (Logical Observation Identifiers Names and Codes). As physicians and other clinicians experience the advantages of accessing laboratory results from multiple sources to better understand their patients’ needs, they will increasingly use laboratories that provide results in this sharable form.

The first public demonstration of the Consortium’s work will be held at the Annual Healthcare Information and Management Systems Society Conference in Las Vegas, Feb. 20–24, 2012.

By James M. Walker, MD, FACP, Chief Medical Information Officer at Geisinger Health System, Danville, Pa.
Inside Every Pathologist Is an Artist Struggling to Emerge

My career in cytopathology began in England when I discovered not only that it was possible to make a diagnosis given a few cells, but also that stained cells are inherently beautiful and the more flamboyant a cell is, the more likely it is to be malignant. Even then I loved using oil immersion to look more closely at cells, somewhat akin to being lost in outer space. And besides, who needs a huge chunk of tissue when a few beautifully preserved and stained cells will suffice?

Cytopathology is closely related to art—being able to recognize subtle changes in shape, color, and texture. I have always loved drawing; I was often chastised in
school for drawing faces in the margins of my notebooks. I still remember drawing a portrait of my best friend when I was six, with her eyes at different levels and of different sizes. I was quite proud of it, but I believe it destroyed our friendship.

Drawing is a very useful tool when trying to convey a point to a pathology resident, whether it is the location of the abnormal cell in a field or the actual abnormality within the cell. Hence it was a natural progression to include freehand illustrations in my very first textbook. My children used to accuse me of drawing whenever I wanted to make a point—well why not, as a picture is worth a thousand words.

The pinnacle of my career was working at Massachusetts General Hospital in Boston. Working in the dark, so to speak, looking at fluorescent in situ hybridization specimens was not just a test—it also revealed the artistic beauty of these preparations. The spread, swirling patterns, translucency, and colors of simple material such as mucin, colloid, and crystals make beautiful pictures worthy of gallery walls.

Over the years, I have noticed that almost everyone in the cytopathology departments where I have worked, and some famous cytopathologists I know, have a hobby or interest that leans toward the artistic, such as crochet, embroidery, knitting, drawing, music, and even bonsai. Perhaps this highlights an ability to concentrate on detail—something every good cytopathologist requires. It could even be a question to ask at job interviews.

When my husband and I decided it was time to quit working in Boston and to move to Arizona, we could not imagine not working at all after decades of being horrendously busy. First, we spent three months working and teaching in South Africa seeing the most amazing infections, many of them linked to human immunodeficiency virus/acquired immunodeficiency syndrome. Unspreakable parasites such as hydatid cyst scolices and schistosome eggs showed up as elegant structures under the microscope. However, the beautiful countryside and colorful costumes demanded to be photographed as well.

Back in Arizona, it was unthinkable to sit at home doing nothing. To face retirement without an exciting challenge ahead was out of the question. Coffee mornings with neighbors were just not my scene.

Recalling, seeing, and admiring the beautiful paintings of William J. Frable, MD, MASCP, Professor of Pathology at Virginia Commonwealth University (Critical Values, Vol. 1, Issue 3, pages 28-29), when I lectured in Virginia some years before, I decided to attend an oil painting workshop and was immediately smitten. It was fascinating to be able to reproduce what I could see, gradually developing my own style. I just could not stop painting and had to try my hand at every genre—portraits, the figure, flowers, animals, and landscapes.

I believe my medical background gave me an advantage in art. Studying anatomy certainly helped refine my portrait and figure painting; cytopathology gave me the eye for detail. (Or perhaps it was the other way around.) Years of study in medical school and afterward made it easier to skim through art instruction books and pick up nuggets of information on how to improve my paintings.

There are some absolutely marvelous art teachers in this country, and I have made sure I attended their workshops. Every one of them has amazing information to impart, especially to someone who has no formal background in art. Last year I attended the "Weekend with the Masters" art course in California and met the painter who I think is the greatest living artist today, Richard Schmid. Sadly, he does not teach any more, but he did present the keynote lecture and a brilliant demonstration of still-life painting. There were numerous other talented instructors at the event, and the atmosphere was very similar to one of our national cytopathology conferences, except that we were talking about art, brushes, and paint.

I feel very lucky to have had my paintings accepted into national juried shows less than three years after I started to paint and also to have received offers to have my work exhibited in Italy twice. It gives me the same thrill as having papers or books published during my pathology career.

Perseverance and persistence do pay off as in any other field. In art as well as in medicine, the “see one, do one, teach one” adage holds true. There are several emerging artists who I know who would rather watch an instructor do a demonstration painting several times than actually pick up a paintbrush and paint.

Cytopathology was my entire life. I could not imagine giving it up, but it has now been replaced with a similar passion—art. For anyone who is artistically inclined but has no spare time, I’d recommend carrying a little sketchbook and pencil with you when you are on holiday. Start sketching, and you might be amazed at what you produce.

Dr. McKee is a retired cytopathologist at Massachusetts General Hospital in Boston and now an artist based in Sedona, Ariz.
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