

Association of Pathology Chairs 2016 Annual Meeting

July 12-15, 2016

Rancho Bernardo Inn, San Diego, CA

DISCUSSION GROUP DESCRIPTIONS

Group #1 - Entrustable Professional Activities for Graduate (GME) Pathology Training

Co-Leaders: *Cindy McCloskey, MD, University of Oklahoma; Suzanne Powell, MD, The Methodist Hospital; Aryn Rojiani, MD, PhD, Medical College of Georgia*

Competency Based Medical Education (CBME) has evolved over the past decades to include the current system of formal resident evaluation required by the ACGME in the form of the outcome-based Milestones. Recently, the concept of Entrustable Professional Activities (EPAs) has gained traction in health professions education in both the U.S. and abroad as a tool to further operationalize CBME. EPAs use discrete units of professional practice, essentially observable tasks that define a profession, to evaluate resident performance. EPAs have the potential to provide tools for summative feedback and the development of formative assessment tools, offer discrete decision points for determination of competence in defined tasks, and offer the opportunity to create uniform language and expectations across training programs. Although EPAs are not currently a formal component of CBME as required by the ACGME, the current level of interest across disciplines and within the ACGME makes this a distinct possibility.

This discussion session will focus on introducing the concept of EPAs within the context of CBME and explore how EPAs may be used in training pathology residents. The session will start with a brief overview of the state of CBME (including EPAs) in graduate medical education. Following the introduction, participants will work through case-based scenarios in small groups using sample EPAs to explore how EPAs can be useful for evaluation and feedback and to determine levels of supervision for residents in professional activities. The session will conclude with a discussion on progress to date on EPAs for pathology as well as encouraging ongoing discussion, implementation, and research on the topic.

Group #2 - Pathology Informatics Essentials for Residents (PIER): Practical Suggestions for Implementation Success

Co-Leaders: *Scott Anderson, MD, University of Vermont; Donald Karcher, MD, The George Washington University; Trevor Macpherson, MD, University of Pittsburgh; Sue Plath, College of American Pathologists*

Join us for another opportunity to engage with PRODS who have implemented PIER. This discussion group will provide you with the chance to better understand the alpha test results through the implementation experiences of two alpha-test participants, Drs. Trevor Macpherson and Scott Anderson. Find out what others have done to successfully implement PIER into their program's curriculum through a facilitated dialogue approach based on alpha test findings. Each alpha test participant will share with you specific examples of how they are continuing to implement PIER. You will have the opportunity to interact with and learn from others as you begin planning for or you continue with the implementation of your own program's approach to informatics training.

This discussion group immediately follows the PRODS Plenary Session II presentation, "Informatics Working Group and PIER Curriculum Update". We will start the session by using a worksheet to identify your positive experiences implementing PIER along with your biggest implementation challenges or concerns. We will examine how they match to the alpha test findings. Through the process of Drs. Macpherson and Anderson sharing their implementation experiences, we can take your challenges

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under consideration and collaboratively discuss options to help overcome them. We will conclude the session with a discussion on what's next for PIER after Release 2 and how PRODS can play a role in its' further adoption. Worksheets will be collected at the end. Programs looking for follow up information or implementation support can indicate that on their worksheet.

Group #3 - Strategies for Maximizing Early Medical Student Exposure to Pathology

Co-Leaders: Erin Brooks, MD, University of Wisconsin; David Kindelberger, MD, Boston University;

Carmen Sarita-Reyes, MD, Boston University

Engaging pre-clinical "millennial" medical students can be particularly challenging. These students have access to almost limitless amounts of information from myriad electronic resources, and tend to learn more efficiently in settings other than traditional lectures. Keeping up with the latest advances in social media and technology can be daunting; however, these platforms hold great promise in helping educators connect with students and are re-writing the "rules" for effective teaching, learning, and mentorship.

During our interactive workshop, through small group discussions of 3 to 5 vignettes/case studies, we will explore some of the challenges involved in providing opportunities for medical students to interact with pathologists including understanding students' thought processes and priorities. We will examine various platforms for communicating with the current generation of medical students including traditional print and electronic sources, high-yield personal interactions, and social media. Scenarios will be described in which pathologists can serve as resources, mentors, and role models for students and tools will be provided to facilitate bridging the perceived "generation gap".

At the end of our session participants will take away concrete strategies to increase millennial generation medical student interest in pathology and develop a network of peers actively engaged in promoting careers in pathology.

Group #4 - Justifying the Introduction of Emerging Technologies into a Pathology Department – How to Develop a Business Plan

Co-Leaders: Candice Black, DO, Dartmouth-Hitchcock Medical Center; Michael Harhen, Dartmouth-Hitchcock Medical Center; Wendy Wells, MD, Dartmouth-Hitchcock Medical Center

While the discipline of surgical pathology remains the traditional "gold standard" for clinical tissue diagnoses, technological advances in biomedical optics and quantitative image analysis are rapidly emerging as complimentary diagnostic and prognostic tools for pathologists. As with all new medical technologies, investment justifications often need to be considered before formal reimbursement codes are established.

Using the emerging technology of ex-vivo microscopy (EVM) as an example, this Discussion Group will consider: (1) how the decision to invest in an emerging technology is made; (2) how a sound financial justification can be made if there are no established reimbursement codes (3) how the new technology will impact current workflow, productivity and clinical services; (4) whether the new technology will supplement or replace current services; (5) how to involve pathologists and trainees in beta-testing

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validations for an the emerging technology; (6) what opportunities for Milestone attainment for trainees can be addressed during this process.

Participants will leave with a completed Business plan template, using EVM as an example.

Group #5 - Physician Wellness in Pathology

Co-Leaders: Wesley Naritoku, MD, PhD, University of Southern California; Charles Timmons, MD, PhD, University of Texas Southwestern

Dr. Thomas Nasca and the ACGME has begun to recognize the problem with physician burnout and physician suicide, leading to an ACGME-sponsored Physician Wellness Symposium held on November 17-18, 2015. The following is a synopsis of the symposium, provided by Dr. Lawrence Opas, who was a speaker at the symposium. It was noted that the equivalent of three graduating medical school classes, or 380 – 420 physicians, die from suicide per year. This rate increases with age; physicians are the #1 occupation to die from suicide after the age of 45. Females (2.7x) are at greater risk of suicide than males (1.7x). 20 – 28 residents die each year with many suspicious for suicide. Burnout may contribute to this high rate of suicide. 30 – 65% of the 400,000 physicians responded they experience burnout. Internal medicine program directors are at 29%. Factors that put one at risk for burnout are excessive workload, ineffective work environment, loss of autonomy/flexibility, loss of meaning in work and life/work balance.

For medical students and residents, burnout risk factors increased in a non-pass/fail environment, increased with more debt, increased without emotional support in the learning environment. It is surprising that it is *not related to* workload or duty hours. Residents experiencing burnout have a 3 times rate of job incidents and increased patient safety issues. Intervention includes valuing the well-being of residents and junior faculty by protecting time with patients, reducing computer time with scribes, and teaching and practicing well-being in the curriculum.

In this discussion group, participants will increase their awareness of physician burnout and suicide, learn about factors that contribute to burnout, and consider how we may intervene.

Group #6 - Life After the Pathology Chair: Issues and Opportunities

Co-Leaders: David Bailey, MD, University of California, San Diego; Fred Sanfilippo, MD, PhD, Emory University

While there is a rather substantial literature on becoming a chair, there is a dearth of published information on transitioning from the chair. The proposed discussion group will consist primarily of APC Senior Fellows, all of whom, by definition, have been Pathology chairs, and most of whom are now actively (and happily) engaged in a wide range of post-chair activities, including some who have assumed other academic administrative positions. This situation provides a unique opportunity to investigate how these individuals decided to engage in their respective post-chair activities and the process by which they did so. To our knowledge, no other medical specialty has undertaken such a study.

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It is envisioned that the output of this exercise will (at the minimum) be a white paper for APC membership and (hopefully) be a publication (journal article and/or book). The proposed discussion group seems to align itself well with this year's APC Program theme (*Crafting the Vision to Lead*) since the input would primarily be from those who have led.

Group #7 - Groundbreaking Instruments & Techniques That Extend Our View

Co-Leaders: Stanley Cohen, MD, Northwestern University, Rutgers-New Jersey Medical School, Thomas Jefferson University, and University of Pennsylvania; John Tomaszewski, MD, State University of New York at Buffalo

Pathology is experiencing an explosive growth in new imaging capabilities that extend our ability to examine, characterize, and understand pathological processes both for translational research and diagnosis. Our discussion will include whole slide imaging and image analytics, super-resolution, physical probe-based imaging, and in vivo biopsies. The focus will include brief overviews of methodology and applications within the context of their broader implications for the field of pathology as whole. All topics will be covered by discussions and interactions between a facilitator panel (who will each briefly introduce and clarify the subtopic) and the audience, with no formal presentations per se.

Group #8 - Incentive Plans: How Well Do They Work Now and How Well Will They Work in the New Healthcare Environment?

Co-Leaders: Peter Kragel, MD, East Carolina University; Robert Challender, University of Pennsylvania

Incentive plans are meant to reward hard work, and typically involve measurements of productivity and evaluation of benchmarks and individual targets. But as health care moves toward a pay for quality and away from fee for service, how well will these plans help us arrive at an organizational model that will assure our success in the future? How can such plans best move from drivers of volume and increased utilization to a value-added? Rather than being individualized, how can they best promote a commitment to a team, department, or institution?

The discussion group will start with a brief introduction of the topic with examples of some incentive plans, followed by facilitated discussion around the questions in the above description.

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Group #9 - Managing the Glide Path to Retirement

Co-Leaders: *Barbara Ducatman, MD, West Virginia University; Martin Lawlor, University of Michigan*

This workshop will explore the challenges of managing faculty members who are nearing retirement. Specific points for discussion will be:

- Planning for the “silver tsunami” in both medical and technical staff
- How to assist faculty and staff in retirement planning
- How long should faculty remain in “senior” leadership roles
- When and how to utilize the knowledge and expertise of senior faculty and staff
- When and how to manage requests to scale back time including phased retirements
- Managing faculty and staff who need to retire
- Dealing with impaired senior faculty and staff

Group #10 – Leadership Opportunities in Pathology Education in the Era of Integrated Curricula: Creating Horizontal Threads and Implementing Entrustable Professional Activities (EPAs)

Co-Leaders: *Robert Folberg, MD, Oakland University; Barbara Knollmann-Ritschel, MD; Rebecca Wilcox, MD, University of Vermont; H. James Williams, MD, West Virginia University*

In the majority of medical school curricula, Pathology is no longer presented as a standalone course. This session is designed to open a dialogue around the challenges and opportunities in leading a cohesive pathology education unit within a complex, integrated modular or organ-based curriculum. In addition, we will discuss the trend towards teaching and documenting Entrustable Professional Activities (EPA's) into a UME curriculum. EPAs, as defined by AAMC, are not a replacement of competencies but rather a translation of the competencies into units of observable, measurable responsibilities, tasks or behaviors.

As a preview to the discussion, the EPAs can be reviewed at the AAMC website:

<https://www.aamc.org/newsroom/reporter/may2014/380388/entrustable-activities.html>

The primary objective of this discussion group is to develop a horizontal Pathology thread that can be integrated into any UME curriculum. Examples, such as the use of EPAs will provide a framework for this discussion with the open forum ideally leading to broader ideas/approaches.

Group #11 - Onboarding New Pathology Residents – Making the Process Holistic

Co-Leaders: *Tiffany Hebert, MD, Albert Einstein College of Medicine; Michael Prystowsky, MD, PhD, Albert Einstein College of Medicine; Kristie White, MD, University of California, San Francisco; Nadeem Zafar, MD, University of Tennessee – Memphis*

Onboarding, or organizational socialization, is the strategic process of bringing on a new hire (typically PGY-1 resident) into a training environment to facilitate integration, holistic growth and development, and retention through quality performance and personal satisfaction and contribution. The traditional orientation is only the first part of the onboarding process, and is geared to facilitate the functionality of the new hire into the training institution- the sponsoring institution (university in most cases) or the

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various hospitals that the trainee will rotate through. The exercise, usually fragmented and institution-centered, is geared to facilitate ongoing professional life and continuity of care and not necessarily holistic support to the incoming trainee- addressing his/her professional AND social/societal needs.

At the 2015 APC conference, this panel generated initial discussion on onboarding practices within the Pathology training community through a prior survey of program directors. The participants at the roundtable agreed that there is a need to bring some conformity into how we onboard a trainee into Pathology through a well thought of and strategized process which would not end within a few days or weeks, and would substantially address the needs of both US and International Medical Graduates. It was also understood that the traditional orientation has been very helpful for the new-hires' professional settlement, but may not have adequately addressed their holistic needs- including communal and societal adjustment and settling, development of critical leadership skills including communication and stress management, and the often neglected needs of the new hire's family nucleus, a disruption in which could significantly impact the resident performance and eventual outcome as a leader in the institution and community.

At this panel, the panelists will aim to bring closure to this discussion, addressing the main outcome measure of provoking the PRODS community to catalyze more robust and durable onboarding for their new hires. The panelists will also share a document to this end, addressing the new-hires' professional and psycho-social needs with the expectation that the settling and learning will be more dynamic and holistic and the resident we groom will not only be well-versed with professional skills, but a beloved and respected member and leader in the communities that this trainee will espouse in his/her lifetime.