

## ASCP Moved!

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## Contents

Pathology's Story	1
President's Message	2
ASCP Supports PEPFAR	3
Chair's Message	4
ASCP Programs	5
Washington Report	6
Medical Impact of Gravity	8
Resident Review Course	9
Call for Abstracts	9
TPAIDA	10
ASCP RISE	10
Assessment of Tomorrow	11
Best of AJCP	11
Pathology Update	12

## Tell Pathology's Story: Steal a Page From the Pharma Detailing Playbook

As the practice of medicine continues to change, pathologists are being challenged to better manage both costs *and* quality. That comes as no surprise. Neither does the challenge of keeping up with the rapid rate of change in pathology and laboratory medicine.

But sometimes in the middle of all the things that keep pathologists busy, several other important responsibilities sometimes slip through the cracks – things like keeping clinical colleagues apprised of new laboratory tests and the new protocols and costs for ordering them.

The pathologist's plate – already filled to overflowing – just keeps getting more and more things piled on. And when something has to “give,” it's not going to be the critical work of diagnosis.

Dr. Brian Jackson, MD, MS, the director of informatics at ARUP Laboratories in Salt Lake, UT, and himself a pathologist, studies such things. Earlier this year in a presentation to the American Association of Clinical Chemistry (AACC), Dr. Jackson suggested that when it comes to keeping clinical colleagues informed about costs, quality, safety, new technology and treatment plans based on the results of new (and less familiar) diagnostic tests, pathologists might want to take a lesson from – prepare to be a bit surprised – the pharmaceutical industry.

“Pathologists, in particular, have dropped the ball when it comes to good communication with ordering physicians. It

used to be that as long as the pathologist had a phone in his or her office, that's all it took to satisfy everybody's communications needs,” Jackson said.

“Today, the ordering physicians have lots of questions – and they're often going unanswered if it's left only to telephone communications. Furthermore, physician information needs vary from one doctor to another – even from region to region. Not every doctor needs the same thing.”

### Academic Detailing

And that's where the concept of “academic detailing” comes in. It's not a new idea – a totally unscientific search on the two words in Google returned more than 2.5 million hits. Clearly there's a lot of information available if you're interested.

In his AACC presentation, Dr. Jackson cited a project at the University of Colorado designed to reduce antibiotic use in uncomplicated bronchitis. Project managers “imitated drug companies' aggressive sales and marketing techniques and used multiple opportunities to present helpful info to clinicians” with the result that antibiotic utilization was improved.

Pathologists are not the medical specialty most likely to be a target of the ubiquitous “detail” representative of a pharmaceutical company. That honor is reserved for specialists who routinely prescribe medications –

## ASCP President's Message



### The Paradox of "Strength in Diversity"

The American Society for Clinical Pathology (ASCP) is the oldest, largest, and only pathology and laboratory medicine professional organization to embrace both pathologist physicians and non-physician laboratorians in its membership. It's this very inclusiveness that makes ASCP unique, important, and strong.

We have demonstrated our strength as a diverse and united organization time and time again. Take, for example, the

issues of competitive bidding for laboratory services and state licensure of laboratory personnel. In both cases, pathologists *and* laboratorians reached a consensus opinion and made it clear



*Dr. Sodeman, CAP President, and Dr. Rodriguez*

to governmental policy makers. Our diversity – and the large number of members who respond when called upon – are ASCP's key strengths in influencing public policy.

Multiple "subspecialty" associations do an excellent job of fostering collegiality and providing forums for sharing information. Yet, diversity can – sometimes – become a weakness. Whenever there is schism, the public and policy makers sense these differences, thus weakening the profession's ability to influence public policy.

I do not believe that fewer pathology associations would be better for the profession, nor do I propose that the ASCP should be the only pathology and laboratory medicine organization. But I do believe – strongly – that building consensus on key issues and uniting the profession whenever possible *is* the best way to influence public policy.

A 2005 Task Force comprising Associate members of ASCP and members of the American Society for Clinical Laboratory Science (ASCLS) has identified a number of areas for collaborative activity and continues to identify issues for consensus.

ASCP Fellows often form coalitions with other organizations [e.g. the College of American Pathologists (CAP), the United States and Canadian Academy of Pathology (USCAP), the American Medical Association (AMA), etc.], that result in favorable outcomes for the profession and are beneficial for the respective organizations.

The ASCP Board of Registry has long had participation from multiple organizations [e.g. American Society of Microbiology, American Association of Blood Banks, American Society of Hematology, etc.].

The Academy of Clinical Laboratory Physicians and Scientists (ACLPS) and the Association of Directors of Anatomic and Surgical Pathology (ADASP) have played significant roles in developing ASCP's Resident In-service Exam (RISE).

The 2004 ASCP Task Force on Focus developed guidelines for collaboration with other organizations. The Board of Directors adopted these guidelines, and uses them to decide when to approve proposals for collaboration. A key aspect of the guidelines is that any collaboration must be mutually beneficial for *both* participating organizations.

While the Board is open to all proposals for collaboration, it always exercises its fiduciary responsibility to assure that any decision to collaborate is in the best interests of the Society and the membership.

John F. Kennedy was fond of saying, "A rising tide lifts all boats." That's a great metaphor for the actions we take as colleagues and, yes, sometimes as competitors. What we do for the good of our particular area of pathology ultimately benefits us all. We should concentrate on our common interests, rather than our uncommon differences.

One good example of this philosophy occurred at last winter's meeting of the AMA. Over lunch, Dr. Thomas M. Sodeman, the President of CAP, and I had a cordial, open discussion regarding the activities of both organizations. While ASCP and CAP have separate missions, there still is room for consensus between us. We pledged to maintain a dialogue throughout my term as President.

Where some might see a paradox in "strength in diversity," I find no confusion whatsoever: Diversity provides strength when common interests are defined and organizations are mobilized.

You are a part of the strength of ASCP and the profession. Your voice, when added to those of other ASCP members, and members of other organizations, becomes a powerful influence on the decisions that will affect the future of *all* of pathology and laboratory medicine.



**Fred H. Rodriguez, Jr, MD, FASCP**  
**President@ascp.org**

# Responding to the HIV-AIDS Pandemic: Two Common Goals Transcend Cultural Differences

By Barbara F Hoffman, MA, MT(ASCP); Project Manager, Institute for Research and Development

A number of major initiatives are currently underway to treat HIV-AIDS infected persons in low-resource countries, including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Global AIDS Program. The purpose of PEPFAR is to help countries scale up their medical systems so that they can treat HIV-AIDS with state-of-the-art medications. With funding of \$15 billion over five years, the PEPFAR initiative will focus on the most afflicted countries in Africa, the Caribbean and Southeast Asia. The successful implementation of these initiatives will require a significant strengthening and expansion of laboratory services and infrastructure in targeted countries. To meet the demand for testing during this period of rapid scale-up, it is necessary to provide basic training for laboratory and non-laboratory health professionals in hematology, chemistry and CD4 testing. In the spring of 2004, the Centers for Disease Control and Prevention (CDC) and the Association for Public Health Laboratories (APHL) invited the American Society for Clinical Pathology (ASCP) to engage in a cooperative agreement to create educational training materials and conduct training in the areas of chemistry, hematology and CD4 testing.

The first of the fifteen countries to commence the training process was Ethiopia. Ethiopia has an HIV prevalence rate of approximately 12%, which translates into more than 8,000,000 people infected of its total population of 70,000,000. In January 2005, ASCP embarked on its first 8-day laboratory training program in Addis Ababa, Ethiopia's capital. The ASCP's volunteer trainers included Marian Cavagnaro MS, MT(ASCP)DLM for Hematology

and Wendy Arneson MS, MT(ASCP) for Chemistry; ASCP staff present to support the program included Theresa Somrak, JD, CT(ASCP) and Barbara Hoffman, MA, MT(ASCP). The trainees consisted of sixty laboratorians, fifty-five males and five females with ages ranging from the early 20s through mid-50s. The trainees represented all regions of Ethiopia.

At first glance, one may consider the differences between the trainers and the trainees as a challenge to attaining the goal of "strengthening and expanding laboratory services" in response to the antiretroviral therapy for HIV-positive persons. Consider the differences:

Trainers from the United States, a developed country, to train laboratory professionals of Ethiopia, a third world country: This scenario could be intimidating if the trainers and trainees are unable to make a connection and develop a relationship.

Female North American Caucasians to teach an audience of predominately Black African males: As of 2001, the literacy rate in Ethiopia is 31%, with the majority of the college educated being male. Having an audience of males taught by females is incongruent with gender roles, which could potentially impact on the learning process.

Primary languages-English vs Amharic. In Ethiopia, advanced education is presented in the English language. Although the trainees had varying levels of mastery of the English language, dialects and use of American jargon could be confusing and perplexing.

Trainers accustomed to adult learning methodologies vs trainees accustomed to non-participatory didactic methods. Being engaged in a learning process that you are not

accustomed to can be uncomfortable and may impede the learning process.

Cutting edge laboratory technologies and information systems (technological modernization) vs manual procedures and manual documentation processes (financial resources previously unavailable to modernize).

From a social science perspective, several cultural dimensions are examined, i.e., power distance: small vs large; societies: Individualist vs Collectivist; temporal conception-perception of time: inflexible (monochronic) vs fluid (polychronic).

In *Conflict Management: A Communication Skills Approach*, Borisoff and Viktor refer to 'Power Distance,' coined by Geert Hofstede, i.e., the extent to which a society accepts the fact that power in institutions and organizations is distributed unequally. On a scale of 0-100, the US would be considered to have a lower power distance, e.g., the middle class is large; all should have equal rights; power is based on formal position, expertise and ability to give rewards, whereas Ethiopia would be considered to have a higher power distance, e.g., the middle class is small; the powerful have privileges; power is based on family or friends, charisma and ability to use force.

Hofstede distinguishes between Individualist and Collectivist societies. The United States provides an example of an Individualist society, i.e., individual interests prevail over collective interests, high per capita gross national product, political power exercised by voters, self-actualization by every individual is an ultimate goal. Conversely, Ethiopia provides an example of a Collectivist society, i.e., collective

*continued on page 7*

## Chair's Message, ASCP Resident Council



### It's MY Pre-Boards Crisis And I'm Not REALLY Selling My Kidney – Or Am I?

Entering the second half of the last year of my residency, I find myself encountering numerous challenges I haven't had to face in the past. The most daunting obstacle, the combined Anatomic and Clinical Pathology board exam, tends to weigh first – and most heavily – on my mind lately.

I'm spending a *lot* more time talking (complaining, really) about studying for the monstrous exam than I spend actually hitting the books. When someone enters my house, I'm sure they think, "Wow, Ali must really be studying hard!" My dining room table has been converted to a study hall, with opened textbooks strewn about like a college library.

There are partially filled out note cards, at least four different colored highlighters (*yellow is my favorite, I've heard it enhances memory*), reams of loose-leaf paper and a plethora of pens and pencils. The problem is, I have somehow lost the fine conditioning I had achieved during medical school. Sitting down and reading for hours on end has become a foreign concept. I'll do anything to avoid it. At work, I find myself offering to do other people's jobs for them. I gross overflow specimens in the lab, I take pictures for other resident's tumor boards, I cut frozens...I even offered to do an autopsy for a colleague (quick, someone slap me).

I know (or at least I hope) I am not the only resident feeling this way at this time of the year. I spoke to Francois Cady, last year's Resident Council Chair a couple of weeks ago. He sounded pretty cool. I just know he's faking it. One of the fifth-year residents in my program passed the boards last October. I find myself pumping her for information at least eight times a day (okay, maybe eighteen). I also find myself secretly wishing I were she. I look sallow – and bitter. She looks so carefree and well-rested. I think she's avoiding me.

And for those who try to pacify me and mollify my feelings, let me just say I find little consolation in people's well-meaning insistence that "Oh, Ali, you'll do just fine." I am *especially* resentful toward anyone who took the boards prior to the advent of molecular pathology. As my father once told me, when he was in school: "My genetics textbook was a pamphlet."

And as if the test itself weren't scary enough, it's a little out of my current price range. Thankfully, I did my own HLA typing during my Immunopathology rotation, so I can eliminate *that* step when I *sell one of my kidneys*. I try to put the cost into a positive light, though. First of all, it's tax-deductible. Second, I get to take a few days off using administrative leave to go to Florida (although I'm fairly certain that I won't return with a tan). And best of all, it provides an additional incentive to pass since I'll probably need to *keep that second kidney*.

I now ask myself whether I will have to go through this emotional rollercoaster in ten years and every ten years after that. Maintenance of certification scares me a little. It's kind of like the lupus anticoagulant. Everyone I ask is a little confused by it and has a different idea of what it really is.

But I feel better knowing that ASCP is in the early stages of planning to help to prepare us for these changing, challenging, times. The ASCP Resident Review Course, which will be held April 20-25 in Hoffman Estates, IL, has already earned the reputation of being both a comprehensive and efficient review for the boards.

I guess we can all take comfort in knowing that we're all tackling this together. Many people have gone through this before us, and many more will have to after we're done.

Then we can avoid them; they're a little creepy.

Alexandra N. Shaye, MD

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## ASCP Programs for Pathologists' Assistants

*Pathologists, please pass this on to PAs you know:* ASCP welcomes the growing number of pathologists' assistant members to participate in educational offerings in the coming year. There are numerous options that enable PA members to earn the 45 points required to maintain certification in a 3-year period. Upcoming education includes the ASCP Leadership Exchange in Baltimore, March 10-11, Teleconferences, and Weekends of Pathology. Visit [www.ascp.org](http://www.ascp.org) for more details.

### Tell Pathology's Story

*continued from front page*

cardiologists, oncologists, rheumatologists, pulmonologists, pediatricians and, these days, urologists.

The lot of the pharmaceutical representative is not necessarily a happy one. They have a reputation – some say, a well-deserved one – of being pushy and aggressive in the pursuit of peddling their wares. But, as Dr. Jackson pointed out in his presentation, the technique works and changes physicians' prescribing habits.

One of Dr. Jackson's colleagues at ARUP Laboratories is Dr. Mary Suchyta, a pulmonologist who also practices Emergency Medicine and conducts academic research. She says "most MDs don't have a lot of time to listen to the detailer's sales pitch. The busy clinician wants the bottom line. They can look up the theory in their spare time. They're saying, 'I don't have a lot of time to listen; get to the point; what has the drug been sanctioned for; what are its costs (especially to patients), dosing, and side effects?'"

They need "just the basics" to help with a treatment plan.

#### Detailing 101 for Pathologists

You don't have to like it, and you don't have to agree with it, but you do have to acknowledge that in 2006, communications between medical peers just "ain't what it used to be." There was a time – back when the telephone and personal contact were our primary communications mediums – that leisurely conversations between medical colleagues were commonplace.

The world today centers around Palm Pilots, cell phones, WI-FI, laptops, DVDs, TiVo, iPods, and GPS. Multitasking is the way of the world.

In 1964, Marshall McLuhan proclaimed "the medium is the message." Thirty some years later, you can almost say "the medium is a minute. Or less."

Pharmaceutical detail representatives know they have limited time to spend with the physicians they're trying to reach with news of a new drug. So they leave nothing to chance. Their 60 seconds of "face time" – whether it's in an elevator, the lunch line, or while catching a physician in his or her office between patients – has to be pared and parsed so precisely that it becomes very much like the lead sentence in a good newspaper story: Who. What. Why. When. Where. (And if you've got time, "How much.")

This advice about getting straight to the point – and not giving one iota of superfluous information more than necessary – is often given to young job seekers: "What's your 'elevator speech?'"

Dr. Suchyta says the framework for an academic detailing /elevator speech for pathologists should, first of all, "provide the basics to help me with a treatment plan. Then I need to know what a positive or negative or indeterminate result means. I think in terms of 'this disease,' so I don't care very much about the history of the test – that I can find out later if there's time.

"I need information about which are the best and most appro-

priate tests to order – and why. Pathologists should remember that many clinicians won't be aware of the latest tests – it takes time for information about new technology to be diffused to and accepted by all.

"Pathologists should be able to answer questions about why the clinician should order one test over another, what it does for my patients, its costs (new tests are often not paid for by insurance companies), how accurate the test is, and why I might want to consider using this test in the place of something I've been using successfully for years."

In her September 2005 President's Message, LoAnn Peterson, MD, FASCP made the case for reaching out, being active – rather than reactive – in getting the message about what's new in pathology this way: "We can do it if we just set our minds to it. It's not hard to 'reach out' to the clinician when you run across something you think she or he needs to know that would help them treat his or her patient whose blood or tissue has passed through your microscope.

"It's not hard to put together a presentation that will update your colleagues on the new technology in the lab – or new treatment options."

Just remember to keep it short, simple, relevant, practicable, useful and laser-sight targeted to the clinician's needs.

It works for the pharmaceutical industry. It can work – and work wonders – for pathology, too. ■

## Washington Report



### CONGRESS

#### *Congress Wraps-Up Budget Bills and Physician Fee Schedule*

Congress was busy late into December as it worked to approve several measures before the holidays. Lawmakers slashed funding for the Title VII allied health professions programs and pared back a Senate initiative to provide an increase in the physician fee schedule for 2006.

House and Senate leaders agreed to a five year budget plan that would cut spending for entitlements by \$41.6 billion. The agreement also reduces a Senate initiative to increase the physician fee schedule (PFS) by one percent in 2006. The agreement will freeze the PFS in 2006, which means that the Centers for Medicare and Medicaid Services (CMS) projected cut of 4.4 percent, caused by the flawed "sustainable growth rate" (SGR) formula, appears to have been averted. However, the budget package anticipates \$10 billion in savings over 10 years by allowing states to raise co-payments and deductibles for Medicaid recipients. This provision raises the possibility that states may attempt to assess co-pays on laboratory services through their Medicaid programs. ASCP will actively monitor and work with states to educate lawmakers about the negative impacts of laboratory copays.

#### *Congress Cuts Funding for Medical Technology Programs (Title VII)*

In late December, the House and Senate approved the Labor, Health and Human Services, and Education (LHHS) Appropriations bill as well as the Department of Defense (DOD) Appropriations bill, which provides funding for the President's pandemic flu initiative. The savings from the budget package are likely to be short lived, as Congress continues trying to negotiate as much as \$60 billion in tax cuts.

In the final FY 07 appropriations package, Congress slashed funding for the Title VII Allied Health Professions Programs. These programs were cut from \$300 million to \$147 million, a decrease of 51 percent. Among the allied health programs cut is the allied health and other disciplines program, which funds the establishment or expansion of laboratory-based medical technology programs among others. Funding specifically for the MT program

was reduced from \$11.75 million to \$4 million, a 66 percent cut. ASCP is deeply disappointed in these cuts and will advocate for full restoration of the funding in next year's appropriations.

#### *Proficiency Testing Improvement Act of 2005 Passes House*

On December 17, 2005, the US House of Representatives passed H.R. 4568, the Proficiency Testing Improvement Act of 2005, by voice vote, sending it to the Senate for consideration.

Should the legislation pass the Senate, the US Department of Health and Human Services (HHS) would not be allowed to conduct cytology proficiency testing for one year. During the hiatus, the HHS would need to revise proficiency testing to reflect the collaborative clinical decision-making of laboratory personnel, using a grading or scoring criterion to reflect current practice guidelines. The legislation stipulates that the testing be conducted no more often than every 2 years.

The last proficiency testing standards were promulgated in 1992. Over the past year, ASCP has consistently asked the HHS to convene a panel of experts to modernize the regulation so that it conforms to current practice and scientific standards.

#### *Health IT Passes Senate*

The Senate passed significant health IT legislation in December with the unanimous approval of S. 1418, the "Wired for Health Care Quality Act." The ASCP-supported legislation, if passed into law, will

- provide federal funding in the form of grants to hospitals to upgrade their technology systems
- establish measurement systems to track the progress and usability of the systems
- create rewards for providers who improve the quality of care that their patients receive

The measure had momentous bipartisan support from a variety of Senate leaders, including Bill Frist (R-TN), Hillary Rodham Clinton (D-NY), Mike Enzi (R-WY) and Edward Kennedy (D-MA). S. 1418 will now go to the US House of Representatives Energy and Commerce Committee's Subcommittee on Health for further review. The legislation will have significant

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## Washington Report

continued from previous page

implications for lab practice as the nation moves toward the adoption of an electronic health record. ASCP will continue to advocate for passage of this health IT legislation.

### FEDERAL AGENCIES

#### *CDC Releases Waived Testing Guidance Document*

The Centers for Disease Control released a guidance document on waived testing late last year. In releasing the document, the CDC noted that since the Clinical Laboratory Amendments of 1988 was implemented “waived testing has steadily increased with respect to both the facilities that perform the testing, and the numbers and types of tests that are waived.” Several studies of waived testing over the last few years have revealed problems that “could lead to errors in testing and poor patient outcomes.” Inadequate training, and lack of understanding of good laboratory practices, and other factors are believed to be responsible for these problems.

As a result, the Clinical Laboratory Improvement Advisory Committee (CLIA) provided recommenda-

tions on good laboratory practices in February 2005. The publication, “Good Laboratory Practices for Waived Testing Sites: Survey Findings from Testing Sites Holding a Certificate of Waiver under the Clinical Laboratory Improvement Amendments of 1988 and Recommendations for Promoting Quality Testing” outlines the CDC and CLIA guidance for quality testing practices.

### SOCIETY NEWS

#### *ASCP and ASCLS Meet in Washington, DC To Discuss Licensure*

In December, ASCP and the American Society for Clinical Laboratory Science (ASCLS) convened in the ASCP Washington Office to discuss the importance of state licensure of laboratory personnel. Leaders and staff from both organizations worked to draft a model bill for consideration in state legislatures. ASCP pledged to work with ASCLS and ASCP state-based members to reach consensus and pass legislation to license laboratory personnel. The groups agreed to continue to work together over the coming months and years. ■

## HIV AIDS Pandemic

continued from page 3

interests prevail over individual interests, low per capita gross national product, political power exercised by interest groups, harmony and consensus in society are ultimate goals.

Borisoff and Viktor explore cultural variances with regards to the perception of time, i.e., temporal conception. For a majority of Americans, time is regarded as inflexible, a thing to be divided, used or wasted, or monochronic. Whereas persons from central Africa would be more likely to conceive of time as fluid, ranking personal involvement and completion of existing interactions above the demands of preset schedules, or polychronic.

With so many identified differences, how can one envision a successful outcome to the training? It is simple! The similarities between the American trainers/staff and the

Ethiopian trainees far outweigh the differences!

The first very important similarity is the common denominator that brought the group together, i.e., the interest in laboratory medicine. It is a very unique and idiosyncratic group of individuals that are called into this profession. The gifts and talents brought forward by laboratory professionals through out the world include: an acuity for detail, integrity, loyalty, dedication, a commitment to making a difference and a passion for the human condition. On a human level, the group demonstrated the universality of sharing food, drink, dance, laughter and humor.

Based upon the written evaluation and the verbal comments of the trainees, ASCP's first PEPFAR related training program in Ethiopia was a resounding success!

The trainees expressed sincere gratitude and appreciation for the opportunity to learn from experts in the field, as well as prepare themselves for making a difference for their fellow citizens. The ASCP trainers and staff also moved through an amazing training experience...we were humbled by the sincerity and graciousness of strangers who became our friends; we were touched by the dedication and commitment of people who are facing an uphill battle against the HIV-AIDS pandemic; and we were forever changed by the generosity of those who have so little, yet shared what they could as a sign of their gratitude.

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# Physician-Astronaut Explores Medical Impact of Gravity

Bernard A. Harris, Jr., MD, FACP, likes to talk about the "Big G."

One would think that as keynote speaker at the 2005 annual meeting of the American Society for Clinical Pathology, he might be referring to genes, genetics, or the human genome. Harris, however, is not only a physician but also an astronaut. To him, the Big G is all about gravity.

"Gravity is part of the equation in everything that we do," he said.

"If we are created, conceived and developed in a gravitational field, a lot of the things we do, the density of our bones, the size of our muscle, the size of our heart, how our cellular systems and mechanisms operate, are all within a gravitational field. Space is the only place we can go and where you can take G out of the equation. When you take G out of the equation, all bets are off as to what we find."

Harris became an astronaut in 1991. A veteran of two space flights, he left NASA in 1996 but remains qualified for assignment as a mission specialist on future Space Shuttle flight crews.

"My job as an astronaut physician was to first of all design systems to monitor the changes that go on in the human body [during space flight], then to figure out what the mechanisms are, and then to develop countermeasures for those," he said.

Harris earned his medical degree from Texas Tech University School of Medicine in 1982. He completed his residency training at the Mayo Clinic in 1985. Before joining NASA in 1987, he held a National Research Council Fellowship at NASA's Ames Research Center, Moffett Field, in California. His research focused on musculoskeletal physiology and disuse osteoporosis. He then joined NASA's

Johnson Space Center as a clinical scientist and flight surgeon, where his duties included clinical investigations of space adaptation and the development of countermeasures for extend-



*Bernard A. Harris, Jr., MD, FACP*

ed-duration space flight. Assigned to the Medical Science Division, he held the title of Project Manager, Exercise Countermeasure Project.

He performed tests on astronauts before,

during, and after space flight, looking at cardiovascular, hematological and immunological, musculoskeletal, neuromuscular, pulmonary, and even psycho-social issues. Gravity, or the lack of gravity, he found, affects the human body in surprising ways.

"When we go into space, in minutes, you're being exposed to a fluid shift that occurs," he said. "That fluid shift causes a cascade of events to happen. Right now, as we're sitting, one fifth of our blood volume is held down by gravity. A hydrostatic column is produced. Our body has developed to operate in that situation. In space, you're no longer holding that one fifth of your blood in your upper and lower extremities. Immediately, the fluid goes from the blood into the tissues of your face and into your brain. Your body senses that as a fluid overload, and it starts all these different things to get rid of it. The first thing it does is it reduces the amount of fluid you have in your blood system. In turn, it concentrates the RBCs. That kicks off something in the spleen and bone marrow that says, 'I have too many RBCs,' so it stops making them, and it starts destroying them. Over time you end up with significant anemia." On one spaceflight, the hemo-

globin of one of the crew went from 14 to 7. "That was OK in space, but he couldn't stand on Earth," Harris said.

Microgravity (the state of near-zero gravity in space) results in a decrease in white blood cell migration. "If we stay in space, we have issues with infection, which is why we are quarantined after flights," he said. In addition, fluid replacement is critical for astronauts returning to Earth. Harris said he had to consume 1.5 liters of fluids and eight salt tablets 45 minutes before reentry so that he could stand up once they landed.

In microgravity, a person will lose bone mass at a rate of 1% per month. Muscles decondition, changing from fast- to slow-twitch type muscles. Harris helped develop resistance exercises with what he called "simulated weights" to help astronauts maintain bone and muscle health.

The space suit Harris wore weighed 150 pounds, a burden for sure on Earth, but important protection in space, where temperatures can range from -165°F to 200°F. Sweat, he said, doesn't fall off your body; rather, it collects and forms a film on your skin.

Harris, who now runs a venture capital firm that seeks investors in medical technology, is excited about the prospects of a space flight to Mars, the medical challenges of the flight, and the medical research data it could yield. "Right now using conventional rocketry, we're talking anywhere from six months to a year to get to Mars, a year perhaps on the surface, and another year and a half coming back," he said. "So it's at least a three-year trip for anybody who signs up. There will be long periods of time where you will be in microgravity, and then you will arrive on Mars, which has 1/3 of the Earth's gravitational field." So how will a body react? Harris would love to find out. ■

## Six-Day Review Course Prepares Residents for Boards and Practice

ASCP's Resident Review Course in April covers the broad expanse of both clinical and anatomic pathology over six days in Chicago.

"This is a great way to review for the boards, but more importantly, it's a great way to review all the knowledge that you've developed in this time to become ready to take on a real practice opportunity," said Michael Laposata, MD, PhD, FASCP, Director of Clinical Laboratories at Massachusetts General Hospital in Boston, Professor of Pathology at Harvard Medical School, and director of the Clinical Pathology component of the course.

The course meets April 20–25, 2006, at Northern Illinois University's Hoffman Estates Educational Center in the northwest suburb of Hoffman Estates, a short drive from Chicago's O'Hare International Airport. Residents may choose to attend the Clinical Pathology lectures April 20–22, or the Anatomic Pathology lectures April 23–25, or both.

Dr. Laposata will open the course and will review all basic aspects of coagulation. In addition, he will discuss the new anticoagulants (hirudin and argatroban) that have recently become commercially available, and the importance of laboratory testing with these anticoagulants.

The Clinical Pathology (CP) component of the course continues with a review of microbiology by John Branda, MD; Transfusion Medicine by Christopher Stowell, MD, PhD; Molecular Diagnostics/Molecular and Medical Genetics by John Branda, MD; Laboratory Hematology by Daniel Mais, MD, FASCP, who is new to the Resident Review Course faculty this year; Chemistry by Kent Lewandrowski, MD, and Anand Dighe, MD, PhD; Immunopathology by Dighe; Lab Administration by Donna MacMillan, MT(ASCP), MBA; and Pathology Informatics by Walter Henricks, MD, FASCP.

The Anatomic Pathology (AP) lecture topics and presenters are Liver Pathology by Barbara McKenna, MD, FASCP, who is director of the AP section of the course; Breast Pathology by Celina Kleer, MD; GYN Pathology by Dean Daya, MD, MHA, FRCP(C), FASCP; Non-GYN Cytopathology by Eva M. Wojcik, MD, MIAC, FASCP; GYN Cytopathology by Christine Noga Booth, MD, FASCP; Renal Pathology by Stephen Bonsib, MD, FASCP; Head and Neck Pathology by Jennifer L. Hunt, MD, FASCP; Pulmonary Pathology by Henry Tazelaar, MD; Pediatric Pathology by Carole

Vogler, MD, FASCP; Lymph Node Pathology by Riccardo Valdez, MD; Forensic Pathology by Wendy Lavezzi, MD, FASCP, presented as an optional lecture over dinner; Central Nervous System by Richard Prayson, MD, FASCP; Soft Tissue Pathology by John Goldblum, MD, FASCP; GI Pathology by Goldblum; GU Pathology by Jennifer Brainard, MD; and Bone Pathology by David Hicks, MD.

Of the 164 residents who attended the 2005 Resident Review Course, 88% of participants rated the course "excellent" and 98% of participants indicated that they would recommend the course to a colleague. Participants will receive a CD ROM containing all printed materials including representative images.

Cost for the full course is \$929 for ASCP members, \$579 for CP only section, or \$579 for the AP only section, and includes all meals. Hotel rooms are available for \$69 per night at the AmeriSuites Hotel, 2750 Greenspoint Parkway, Hoffman Estates, for those who reserve their rooms by March 23. For more details and to register, visit [www.ascp.org/member/resident/](http://www.ascp.org/member/resident/), or call 800-267-ASCP. Educational grants from Abbott and Cytyc helped make the 2006 ASCP Resident Review Course possible. ■

### AJCP Call For Abstracts - Deadline is April 15!

#### AJCP Poster Presentations

Present your research at the premier educational event for pathologists and pathology residents: The 2006 ASCP Annual Meeting in Las Vegas, NV, October 19–22. All abstracts accepted for presentation will be posted on [AJCP.com](http://AJCP.com) and will be published in the October 2006 issue of *AJCP*.

#### AJCP Resident Research Symposium

Residents submitting abstracts may have their submissions considered for the 2006 AJCP Resident Research Award, during the ASCP Annual Meeting. The winner of the Award will receive an Olympus brightfield microscope (adaptable for photomicroscopy), which has gained an outstanding reputation in pathology, worldwide.

For more information, visit [www.ascp.org/ajcp/abstract.asp](http://www.ascp.org/ajcp/abstract.asp).

## TPAIDA – Give your Old Lab Equipment a New Purpose

I have been a cytotechnologist and a member of ASCP for the past 27 years. During these years I have honed my skills at the microscope never dreaming I would ever have the opportunity to use my career in any other way than the day in and day out grind of the slides. Little did I know my life would soon change.

In June of this year I was given the opportunity to travel to Iquitos, Peru as part of a humanitarian effort to assist the people there. This trip was organized through TPAIDA (Tropical Pathology and Infectious Disease Association) out of Weber State University in Ogden, UT. Organized by Dr. Lane Rolling, a small group of medical professionals and pre-med students from the university were allowed entrance into the city. We were provided with clinical exposure to tropical medicine, diseases, laboratory skills, and direct patient observation. We were taken immediately to the ghetto so that we would understand why these people were always so sick. The open food markets, the lack of sanitation and most importantly, the lack of modern medical supplies and equipment for their hospitals so that they could diagnose and treat their own people. Being a laboratory-based person I spent a lot of time observing the laboratory testing. What we take for granted, they are just glad to have. For example, they have to re-use slides. Yes, when they

are done with the test, the slides are placed in a huge tub of soap and water to be cleaned and used again. The blood typing was being done on a broken piece of glass out of a window somewhere. Ancient microscopes, Bunsen burners, watered down stains, air dried pap smears and believe it or not, no cytotechnologist!

Although these people do a pretty good job with what they have to work with I came home knowing my own hospital and department had shelved equipment and supplies that were desperately needed in Iquitos. With the help of local laboratories and ASCP staff in Chicago, we have all been able to donate slides, stain, conventional Pap smear kits, microscopes, glassware and books for this cause. But my purpose for writing this, is to reach out to other members of ASCP and challenge them to help the people of Iquitos with donations from their laboratories or hospitals as well. If you know of a microscope or centrifuge or shaker that is just taking up space somewhere please consider sending it to TPAIDA. The smallest of items are so necessary...flawed slides, labels, blood typing glass, gauze, coplin jars, anything that is being considered for the dumpster just because it is no longer used, PLEASE think of this cause. The



*Dr. Rolling (left) presenting one of the donated microscopes to one of the local doctors in Iquitos.*

shipping is refundable and the cause tax-deductible.

Recently hurricane Katrina and Rita humbled our nation. The people of this country have stepped up with millions of dollars to help those who have lost their homes and all their belongings. For them, this is a temporary state. For the people of Iquitos, this is their way of life. Every single day consists of trying to survive. Please, help us help them.

To learn more about TPAIDA please visit [http://clubs.weber.edu/tropicalpatho/peru\\_contracts.htm](http://clubs.weber.edu/tropicalpatho/peru_contracts.htm)

If I can help answer any questions about this mission feel free to e-mail me at [mary.templeton@mountainstarhealth.com](mailto:mary.templeton@mountainstarhealth.com).

Sincerely,

Mary Templeton, SCT, HT  
(ASCP)

International Liaison TPIDA

(To see more photos, visit [www.ascp.org/Downloadables1/WebTextItems/11279.asp](http://www.ascp.org/Downloadables1/WebTextItems/11279.asp))

### ASCP Presents the Pathology Resident In-Service Examination (RISE)

The ASCP Pathology Resident In-Service Examination (RISE) will be administered online May 1-12, 2006. The examination consists of more than 300 multiple-choice items constructed by pathologists who are acknowledged experts in their fields. The examination represents collaboration between the ASCP, the Association of Directors of Anatomic and Surgical Pathology (ADASP), and the Academy of Clinical Laboratory Physicians and Scientists (ACLPs).

In 2005, the RISE was utilized by 100% of pathology residency programs in the US as well as by international programs. This comprehensive examination will cover all areas of anatomic and clinical pathology, including laboratory administration.

The ASCP is continuing toward the goal of making an evaluation tool that can be used to assess resident progress in the area of "Medical Knowledge," one of the competency areas in the ACGME Outcomes Project. The RISE Committee continues to make improvements and changes, and invites any suggestions.

For more information, visit [www.ascp.org/member/resident/](http://www.ascp.org/member/resident/).

## Assessment of Tomorrow Is in Your Own Hands

ASCP volunteer leaders gathered round the crystal ball in November and saw a future in which pathologists and laboratory professionals assess their own performance and personalize their continuing education throughout their career.

"Assessment of the future will reflect our performance, not our potential," said Robert Galbraith, MD, of the Center for Innovation, National Board of Medical Examiners. "There will be a massive increase in real-life observations."

Galbraith was one of two plenary speakers at the Matrix Meeting, Nov. 11 in Chicago, who discussed the innovations in professional assessment. The Matrix Meeting is ASCP's annual assembly of volunteer leaders of the society's commissions: Membership, Assessment, Public Policy, and Education. The Publications commission did not meet at this event. The other speaker, John Kues Jr., PhD, Assistant Dean of Continuing Medical Education, University of Cincinnati College of Medicine, discussed how technology will transform continuing education and assessment.

### Assessment Trends

Using the example of physicians, Galbraith said that the vast majority of physician assessment occurs in medical school and residency. "In practice, there's not much going on in the way of assessment," he said. "That's going to change in a very big way."

It is imperative to broaden the base of assessment well beyond multiple-choice, knowledge-based questions, he said. "It's the right thing to do. We don't have any choice. We don't know how to do it, but we have to do it anyway."

Galbraith listed a variety of trends that will shape the terrain of assessment

in the future. They include portfolios, work-based assessment, self-assessment, individualization not standardization, practice profiles and procedure logs, competency-based assessment, maintenance of certification, integration of education and assessment, assessment of the individual versus the team, and high-fidelity simulations.

"The field of medicine has built a strong foundation of standardized assessment (in the form of multiple choice questions that started in the 1950s)," he said. "Now we need to do individual assessment."

Work-based assessments – "the law of the land" in the United Kingdom – look at what a medical professional does and how, and they look at it in the context of a particular patient. Galbraith called this a "rough and ready approach" in the United States.

Self-assessments are tailored to the needs of the individual. They are self-directed measurements of proficiency, predicated on one's practice profile. So for example, Galbraith primarily sees patients who need liver transplants, so he would focus his self-assessment on that area. Self-assessments can help one identify areas of weakness directly relevant to one's job. They also can enhance self-efficacy, support self-improvement, promote reflection, and stimulate accountability without being punitive, he said.

Innovations will be needed in content, format and usage. Content must be driven by one's practice profile. Format must be flexible, web-based, self-paced, and easily accessible not just from computers but also from cell phones and PDAs. They should incorporate voice-recognition software. Furthermore, the results must be usable for continuing medical education credit, professional

development, and maintenance of certification. Galbraith believes it is most important that professional societies collaborate to develop and support self-assessment pilot programs.

### Learning Management Systems

Kues, who is past president of the Society for Academic Continuing Medical Education, said assessment tools must be developed to take advantage of new technologies. "Physicians are looking for more anytime, anywhere CMEs," he said. Dynamic online learning management systems can provide that service.

"A learning management system takes all the content, and allows you to go through that content to get your need for that visit to the site met, and to keep track of it," said Kues. "So it begins to learn about you. It learns what you know, what you don't know. It learns what you like, what you don't like." Much like Amazon.com tracks one's purchases and search history and suggests other products that may be of interest.

Kues pointed to the education portal of the Radiological Society of North America ([www.rsna.org](http://www.rsna.org)), which has been building the pieces of a learning management system since 1999. It includes not just Internet-based CME programs and refresher courses, but also educational exhibits, cases of the day, Power Point presentations, streaming video, and traditional text pieces.

"There's a lot of intellectual material, a lot of learning material, a lot of good resources, that we fail to capture," he said. "They are starting to capture these."

Galbraith concluded that assessment of the future will be non-intrusive, inexpensive, self-directed, supportive, and not punitive. "It speaks to the fact that most of us really do want to improve," he said. ■

### The Best of the AJCP 2005: A Scientific Colloquium

The ASCP recently presented "The Best of the AJCP 2005: A Scientific Colloquium," an ASCP Companion Society Program at the 2006 USCAP Annual Meeting, Sunday Feb. 12 in Atlanta, GA. Five papers published in the *American Journal of Clinical Pathology (AJCP)* during 2005 were presented during this evening session. A precis of each paper was presented by the authors. AJCP editorial board member Dr. Mark H. Stoler of the University of Virginia moderated the session.

To see the full list of abstracts, visit [www.ascp.org/Downloadables1/WebTextItems/11999.asp](http://www.ascp.org/Downloadables1/WebTextItems/11999.asp).

## Leaders in Pathology Contribute to New Hematology Guide

The newly published fourth edition of *Practical Diagnosis of Hematologic Disorders* is a dramatically expanded, comprehensive and user-friendly guide to the selection, use and interpretation of laboratory tests for clinical hematologic disorders.

The fourth edition comes in a two-volume format, featuring hundreds of high-quality color images and many algorithms and tables. Volume One focuses on benign disorders, while Volume Two focuses on malignant disorders. The book includes current guidelines for laboratory tests and an overview of pathogenesis and clinical features and treatment.

"The book started out as a pocket-sized guide that house staffers could carry in their lab coat and has expanded so that many other laboratory personnel will find it of use," said editor Carl Kjeldsberg, MD, FASCP, chairman of the board and chief executive officer of Associated Regional and University Pathologists, Inc. and professor of pathology at the University of Utah. "We decided we would go to a standard book format with this new edition."

While most hematology books focus on one subject such as lymphoma, leukemia or RBC diseases, this book covers the entire field of hematology, including anemias, blood

banking, oncology, blood disorders, leukemias, lymphomas, coagulation disorders and myeloproliferative disorders. New to this edition are chapters on molecular techniques in the diagnosis of hematologic disorders, lymphoproliferative disorders associated with immunodeficiency and mast cell disease.

The 900-page hard-cover book includes contributions from authors with national and international reputations, including James Vardiman, MD, who specializes in myeloproliferative disorders at the University of Chicago; Robert McKenna, MD, an authority on myelodysplastic syndromes at the University of Texas Southwestern Medical Center at Dallas; Megan Lim, MD, an authority on immunodeficiency disorders at the University of Utah School of Medicine in Salt Lake City; Kathy Foucar, MD, professor of pathology at the University of New Mexico Hospital in Albuquerque and author of the ASCP book *Bone Marrow Pathology*; and Sherrie Perkins, MD, PhD, an expert in pediatric hematologic disorders at the University of Utah School of Medicine.

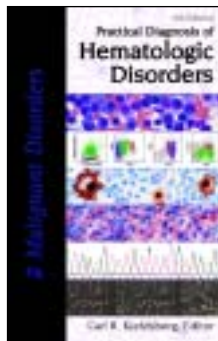
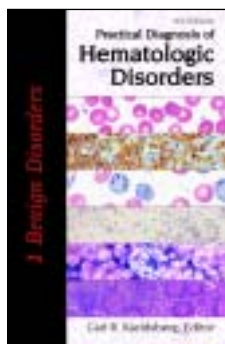
The book's focus is still practical diagnosis, said Kjeldsberg. "It's a very

easy-to-use book compared to the encyclopedic textbooks usually found in hematology. Each chapter follows a specific format which makes finding information easy. I saw how books written by multiple authors were a challenge for the audience to read, so I decided to give authors a format to follow."

The book is aimed not only at academics but those who need applied information, Kjeldsberg said. "It has quite a broad audience from medical students to residents and fellows to practicing pathologists, hematologists, oncologists and technologists." It's also helpful for those preparing for board exams in pathology and internal medicine.

Kjeldsberg was honored with the ASCP's Ward Burdick Award for Distinguished Service to Clinical Pathology in 2005. The award is given to an ASCP Fellow member who has made a significant contribution to pathology through sustained services to the profession and the ASCP.

"Just because the book has been enlarged doesn't mean it has lost its usefulness," Kjeldsberg said. "It's better than ever, you just can't carry it in your pocket anymore." *To order your copy call 1-800-267-ASCP* ■



### Pathology Update: State-of-the-Art Surgical Pathology With Cytologic and Molecular Diagnostic Applications

July 10-14, 2006 in Vancouver, BC, Canada

Learn about state-of-the-art pathology from internationally renowned sub-specialists in anatomic pathology! This intensive 5-day course provides practical diagnostic teaching coupled with information about recent advances in an organ-specific didactic format. Lectures focus on pitfalls, mimics, differential diagnosis, and ancillary testing to help you make top-quality diagnoses in your daily practice. **CME: Up to 40 Category 1 credits.**

"Excellent choice of speakers. Excellent review and format for anyone doing general surgical pathology or with a subspecialty who wants an update in the areas not regularly seen."  
—Lee. M. Sigmon, MD, FASCP

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