

# PathologyToday®

ASCP's Physician Newsmagazine

July 2007  
Volume 4, Number 4

## Out of the Laboratory and Into the World

### Contents

Annual Meeting Keynote	1
Virginia Tech	2
Member Awards	3
President's Message	4
H.P. Smith Award	5
Chair's Message	6
Washington Report	8
Interactive Slide Seminar	9
ASCP at USCAP	10
MOC Report, Part 2	11
Assessment Enhancements	12
Visit New Orleans	13
Guyana	14
Reality Lab Stories	16

At this year's ASCP Annual Meeting in New Orleans, Gregory S. Henderson, MD, PhD, FASCP, will speak about how his experience in the wake of Hurricane Katrina led him to explore the significant need for pathologists in international humanitarian efforts.

The dramatic story of the role that he played in organizing and providing medical assistance in the immediate aftermath of Hurricane Katrina is a now-familiar saga.

Henderson found himself at the center of the greatest natural disaster in the history of the United States. The challenges he faced in learning to perform as a primary care physician with no resources had a profound effect on his professional perspective, and he has since become an active advocate in humanitarian efforts.

In his Keynote address, Henderson will share his new perspective and his passionate vision of the new and critical roles that pathologists can play in advancing global healthcare initiatives. He will challenge his audience to take a new look at the many ways that pathologists can play a broader role in the greater healthcare community, and move from the relative anonymity of the laboratory and to more high-profile roles as active members of

the healthcare team, both locally and globally.

"As physicians and medical professionals, we have a commitment to bring some of our knowledge and abilities to the table of humanitarian efforts," said Henderson. "There is a great need – almost a vacuum – for all of us to step up to, and step into, these causes."

Henderson promises to issue a call to action for all pathologists and laboratory medicine professionals. He will examine the great need for pathologists across the globe, provide information about opportunities for becoming more involved, and

### Opening Keynote Address

## Out of the Laboratory and Into the World: Expanding the Pathologist's Role in Global Healthcare

Thursday, October 18, 2007  
5:30pm – 6:15pm

Gregory S. Henderson, MD, PhD, FASCP

describe how ASCP is expanding its mission and humanitarian role.

Join Henderson and your peers as we all commit to taking part in this new "grassroots" movement. For more information or to register, visit [www.ascp.org/07annualmeeting/](http://www.ascp.org/07annualmeeting/).

# The Virginia Tech Shooting: A Lab Works Together To Overcome Challenges

By Dan Kotheimer

On the morning of April 16, 2007, seventeen victims, each with multiple gunshot wounds from the tragic Virginia Tech shooting, were brought into Montgomery Regional Hospital in Blacksburg, VA.

Montgomery Regional is a community hospital of 146 beds with approximately 500 employees. That morning, nine staff members were scheduled to work in the clinical lab.

## Springing Into Action

At 7:30 AM, the hospital announced a trauma alert. It involved the first two gunshot victims from Virginia Tech. Montgomery Regional Hospital is accustomed to receiving trauma victims, but the more severe cases, for instance head injuries, are stabilized and sent to nearby Carilion Roanoke Memorial Hospital, 35–40 miles away.

One victim was DOA, and the other was transferred to Roanoke Memorial.

“We thought the crisis was over,” said Suzanne Holladay, MT(ASCP), administrative director of Montgomery Regional Hospital’s lab. But at approximately 10:30 AM, department directors were called to administration for the implementation of a “Condition Green” — code for an external disaster. There had been additional gunshot victims on the campus.

The lab staff immediately initiated disaster protocol, as did the entire the hospital. Staffing was evaluated to ensure sufficient coverage. “It was good that we had enough staff in the lab so that everyone stayed with their current assignments,” said Holladay. Staff at the time included one chemistry tech, one hematology tech, and one blood bank tech, among others.

Blood bank lead technologist Cecilia Riegert, MT(ASCP), immediately evaluated the blood supply

and alerted the local Red Cross and nearby hospitals of the possible need for additional units. She had six units of O negative, and 11 units of O positive available. “At the beginning of the trauma, we felt like we were in great shape with our blood supply,” said Riegert. She ordered 20 more O positive, and five more O negative from the Red Cross in Roanoke, which she received in about 40 minutes.

The hospital had been placed in lockdown. Security had to be alerted that the lab was expecting a blood shipment and to let the courier through as soon as he arrived.

Lockdown was required because the hospital was besieged by anxious students looking for friends, family concerned about their sons and daughters, and news media trying to get information. Students and families were directed to a large open space on the hospital grounds where counselors were on hand and administration gave updates as information became available.

Meanwhile, the hospital was experiencing communication problems. The department directors all have wireless Nextel phones, but at some point during the day, all the cell phone lines were tied up in the entire Blacksburg area. (At the hospital’s review meeting of the day’s events one week later, the suggestion was made to get 2-way radios with a dedicated frequency to address this problem.)

As soon as staff at Montgomery Regional Hospital realized what had happened at Virginia Tech, all elective surgeries were cancelled, and all surgeons reported to the hospital to help as needed.

“All routine procedures stopped those three to four hours that we were going through this,” said Holladay. All patients waiting to be seen in the ER before the tragedy

were transferred to the outpatient surgery area for treatment.

A phlebotomist and a “runner” were assigned to the emergency department. Phlebotomist Stephanie Cuddy was the main person in the ER drawing samples as the victims arrived.

“I think the biggest challenge — right in the moment — was just *getting* the blood from people who have major, multiple gunshot wounds,” said Cuddy. It is key to work with the anesthesiologists and other physicians who are placing central lines, or performing jugular or femoral sticks, she said. “I think it’s important to be there when they choose to do that, so that you have an opportunity to get specimens from those areas.”

As part of a trauma workup, a specific group of tests are ordered, which include CBC, CMP, PT, APTT, blood alcohol, and type and screen.

## Identification

Because identification was not available on arrival, trauma patients were given an account/admission number as their unique identifier.

“Thank goodness the blood bank uses the Hollister system,” said Riegert. A unique blood bank ID number matches the specimen drawn from each of the victims. “We not only were able to match the unique blood bank number to a unique bracelet, but also to that hospital account number.”

If anyone came into the lab asking for test results or blood for a specific patient, they could not identify that patient by his or her name or room number. “We had to have the account number,” said Holladay.

At the hospital’s trauma review meeting, the laboratory was assigned to lead a subcommittee to review the patient identification process during a disaster.

## Blood Bank

As the crisis unfolded, the lab's microbiology tech set up a workstation outside the blood bank to retype the units received from the Red Cross. (The facility's blood bank has space for only one person.) The units were placed into the stock blood supply where they were available for immediate use.

One of the patients needed two units of O negative quickly. "But I needed to know which patient we were releasing this to," said Riegert. The blood was given out as "Emergency Released, Uncrossmatched." The patient's account number and the unique Blood Bank number were used as the two required identifiers.

"Somebody might argue," said Riegert, "why worry about patient identification? Just give all O blood. But we don't have a huge inventory of blood in this area. And even getting blood from the Red Cross is 40 minutes away. Our closest neighbor only had two O negatives on the shelf. It is limited blood supply here."

"We were working on 10 people at the same time. I did 10 type and screens and crossmatched 14 units of blood. Twelve [units] were given total. Most of the transfusions were two to three units only," said Riegert.

## Dealing With Disaster

The first victim that came in DOA was kept in the facility's

locked morgue, guarded by security. The remaining victims were taken from the crime scene to the local forensics lab in Roanoke. (The hospital lab staff are not involved with identifying the deceased.)



Lab staff at Montgomery Regional Hospital

The bullets went directly from the operating room to the state police investigator. Staff pathologist Soheila Yadrandji, MD, received several post-surgery specimens for grossing as usual, including colectomy, hemicolectomy and femoral artery specimens.

Blacksburg, VA, has been described as a close-knit community. However, Pam Stauss, MLT(ASCP) said, "There was no familiarity with victim's names, because all we had were numbers. And we all just concentrated on those numbers and the results — totally." But later, when names were associated with the victims . . . "Later, *reality hit!*" she said.

"I'm just proud of the staff that we had," said Yadrandji. "Everybody did his job or her job wonderfully

...and I'm glad the staff was prepared — on the emotional level and the professional level."

The lab resumed seeing outpatients that same afternoon, and the ER began taking walk-in patients again. They tried to get back to normal work activity as soon as possible.

Grief counselors were on site in the hospital the entire week. Staff could go in a group or individually. Counseling is still available offsite.

What advice do these professionals have for other labs? Riegert said, "I think you have to have your processes in place, and you have to do these things on a daily basis."

If a facility is having a problem with a process routinely, it certainly will exist during a disaster. Among the issues being addressed by the hospital are completing patient's charts, errors in registration, and not enough trauma alert packets.

The lab staff recommends regular disaster drills that involve multiple departments of the hospital working together. ~

*Would you like to share your "real-life" lab experiences with other ASCP members? Contact [dank@ascp.org](mailto:dank@ascp.org).*

## Three ASCP Member Awards Presented at Leadership Exchange



Joanna E. Lurie, MS, MT(ASCP)

Three special awards were presented in March at the ASCP Leadership Exchange conference in Chicago.

Joanna E. Lurie, MS, MT(ASCP), received the

2007 ASCP Member Lifetime Achievement Award. The award honors a Member who has demonstrated a commitment to the profession through work, attitude, and Society activities.

"Her commitment to the profession is unquestionable," said Mary Lou Fusillo, MT(ASCP). "She has supported and motivated our laboratory staff through many difficult changes."

Lurie has a long and distinguished history with the ASCP.

Lurie served on the ASCP AMS administrative board for many years and during 2003/2004, she served as chair of the ASCP AMS (now known as the Member Council) and as a member of the ASCP Board of Directors.

Linda L. Fell, MS, MT(ASCP) SH, was honored with the 2007 ASCP Member Excellence in

*continued on page 7*

## ASCP President's Message



### Digital Slide Imaging: Is Outsourcing Coming Next?

Modern life has its peculiar paradoxes: the cell phone and the personal digital assistant (PDA) are but two examples of the double-edged swords of life in the fast lane (Is there a slow lane? Can I get on it?). Cell phones make it easy to speak to anyone anywhere, but the problem is that anyone can also reach you anytime and anywhere. PDAs are the same—only with e-mail. Reading e-mails on the beach while you're supposed to be on vacation is a bit much, but a necessary sacrifice to living life in the 21st century.

For pathologists, the ability to create digital images from microscopic glass slides is now a reality, complete with depth of field and the same “two edges” as cell phones and PDAs. Until recently, the profession has been preoccupied with all the potential good this new process could lead to: use in education of residents and medical technology students, in clinical conferences for patient care, and in telepathology for either education or expert consultation. The ability digital imaging gives us to detect and compare previously unrecognized cell and tissue detail for diagnosis has great potential to improve the diagnostic process. Finally, the ability to diagnose digital images—“slides”—at home is a (pleasant?) possibility.

On further reflection, other implications come to mind. Will this wonderful technology turn on us like a double-edged sword? Will all histology slides be imaged and sent to far-off places for interpretation? Will anatomic pathology services also be outsourced? If so, how soon would this become truly feasible? Anxious pathologists worry that “This is right around the corner!” This sense of immediacy reflects the fact that *radiologic* images are already being electronically transported to places like Australia for interpretation.

However, what has happened in radiology differs from what might happen with pathology. The lack of night-time radiologic coverage across a spectrum of X-rays, MRIs, and CT scans was previously the rule in many hospital settings. There was both a *need* and *demand* for services that were not, for good reasons, able to be covered by radiologists in the U. S. Currently no such unmet demand for pathology services exists.

The Society has been focusing on this issue since it was first identified in 2005 by the first ASCP Task Force on the Future of Pathology and Laboratory Medicine, which I had the privilege to chair. Because of the weighty

array of topics confronting us, ASCP has created a second Task Force on the Future to follow up on key issues.

The outsourcing potential for digital imaging is a multifaceted problem, one that is on the minds of the best Information Technology leaders in Pathology. As a first pass (and as a non-IT person), I suggest this particular “threat” requires a lot to happen before digital outsourcing affects us directly. For example, each site producing slides would have to purchase the equipment to scan all slides. Capital would need to be invested. Digital imaging requires huge amounts of memory and has related delivery issues. And, our currently familiar and comfortable microscopic approach to using traditional slides will need to change before the profession is ready to adapt to reading and making diagnoses directly from a computer screen.

Then there are the legal concerns—credentialing, licensing, malpractice coverage for those in distant lands tailored to potential lawsuits in this country, state by state. Also, will the American public allow this? A final diagnosis rendered by a pathologist remains much more definitive than the typical radiology report. Finally, the driving forces behind this sort of change would likely differ from those that drove change in radiology, because we have adequate coverage of AP services now; the driver may be financial—ie, cheaper services.

Suffice it to say that, unlike other threats that are clearly immediate, the outsourcing of anatomic pathology diagnosis through digital technology is at least some years away. In the meantime, let us all continue to focus on how to best approach the future, not by preserving past practices, but by embracing change and trying to influence it as it comes. We must change to adapt, and this is made all the more clear by what is now happening with outpatient biopsies. For the first time in my life as a pathologist, I confess to being quite concerned about our future, unless we confront, head-on, the serious immediate issues facing us, such as where and how biopsies should be diagnosed and whether there is merit in a common repository for patient material (previously called our system of local laboratories, which has served America's patients very well).

Those are my thoughts for this month. Please don't hesitate to contact me with your thoughts at [president@ascp.org](mailto:president@ascp.org).

---

John S.J. Brooks, MD, FASCP

# Triplett to Receive 2007 H. P. Smith Award

By Dan Kotheimer

Douglas A. Triplett, MD, will be honored with the ASCP's 2007 H. P. Smith Award for Distinguished Pathology Educator at the ASCP Annual Meeting in New Orleans this October.

The award is given to ASCP Fellow members who have had distinguished careers in pathology and laboratory medicine embracing education, research and administration, as well as service to organized pathology.



Douglas A. Triplett, MD

Triplett has had a long career devoted to pathology and continuing medical education. Due to illness, his professional career was cut short and he retired in 2004.

Triplett pursued a degree in medicine from Indiana University where he graduated magna cum laude and earned several other outstanding student awards. After completing his internship and residency in pathology at Methodist Hospital (Indianapolis) and Ball Memorial Hospital (Muncie, IN) respectively, he served as a major in the military and was chief of the pathology department in the Raymond W. Bliss Army Hospital in Arizona.

He began his commitment to the ASCP in the 1970s, serving as a faculty member and working on the Professional Self-Assessment Program (Series III), and the Hematology Test Committee. In the 80s, he was an editor of the ASCP's *Check Sample* program and a member of the ASCP's

Hematology Council. He also served as deputy commissioner of the ASCP Commission of Continuing Education for Scientific Symposia, and served as a reviewer for the *American Journal of Clinical Pathology*.

Triplett has held academic appointments at the Indiana University School of Medicine, the Muncie Center for Medical Education, and Ball State University. He has served as a reviewer or on the editorial board of more than a dozen scientific publications.

Triplett has held numerous professional appointments with a variety of organizations including the American Board of Pathology, the American Heart Association, and the College of American Pathologists. A noted expert in blood coagulation and hematopathology, Triplett has published more than 150 journal articles and abstracts and has been involved as the chapter writer, co-author, or author of 48 books, many of which deal

with coagulation, antiphospholipid antibodies, and lupus.

Most recently, Triplett has served as the Assistant Dean and Professor of Pathology and Director of the Muncie Center for Medical Education of Indiana University School of Medicine, and Vice President and Director of Medical Education, Director of Hematology, Director of Pathology Residency Program and Director of the Coagulations Laboratory at Ball Memorial Hospital.

Throughout his life, he was a collector of World War II history books and baseball cards, some of which were quite rare. "Baseball is his love," said lifelong friend, Richard Reedy, MD. "The Pittsburgh Pirates and the Cleveland Indians are his favorite teams."

He has a daughter at Purdue University and a son in high school. ~

## Does Someone You Know Deserve an Award?

Do you know someone who deserves to be honored with an ASCP Award? The ASCP presents four different and unique awards to pathologists each fall during the ASCP Annual Meeting. They are:

- The Ward Burdick Award for Distinguished Service to Clinical Pathology
- The H. P. Smith Award for Distinguished Pathology Educator
- The Israel Davidsohn Award for Distinguished Service
- The Philip Levine Award for Outstanding Research

Visit [www.ascp.org/membership/benefits/awards.aspx](http://www.ascp.org/membership/benefits/awards.aspx) to download the nomination forms. The deadline date to send nominations for 2008 awards is August 31, 2007.

## Chair's Message, ASCP Resident Council



### What Residents Should Know About ASCP – But Don't!

In casual conversations with residents during my years of volunteering on the Resident Council, I've discovered that many residents don't actually know much about the ASCP. There is a misconception that the organization only serves the needs of laboratorians.

This is unfortunate because the Society has done – and still does – so much for the *entire* field of pathology and laboratory medicine. This ignorance and these misconceptions appear to arise from the fact that we, generally speaking, are never given a proper introduction or orientation to the organizations that are part of our profession.

For many residents, our first introduction to ASCP is when we are handed an application form and asked to fill it out because the membership is free and “well, it can't hurt to join.” Rarely are we ever told (or take the time to read about) the history, goals, and services of the organization that we are joining.

Therefore, I want to provide an ASCP “CliffsNotes®” summary for those residents who would like to know.

#### History

The ASCP was the first and is the oldest pathology organization. It was formed in 1922 by a handful of practitioners within the American Medical Association with the goal of promoting the clinical application of pathology and laboratory medicine through the establishment of standards, education, research, and advocacy. These goals still stand today.

Over the last 85 years, the Society has promoted our field and ultimately succeeded in helping establish the practice of pathology as we know it today by playing crucial roles in the creation of the Board of Registry for laboratory personnel (1928), the American Board of Pathology (1937), the College of American Pathologists (1946), and the CAP Laboratory Accreditation process (1960s). *Each* of these significant events originated from within the ASCP.

#### Mission and Membership

The ASCP's mission, following the original goals set by its founders, is to provide excellence in education,

certification, and advocacy on behalf of patients, pathologists, and laboratory professionals. It is this mission and the totality of the Society's membership that distinguishes it from all other pathology societies.

The ASCP has, by far, the most diverse and largest membership, with nearly 140,000 members worldwide, spanning all areas of pathology and laboratory medicine, including pathologists, nonpathologist physicians, doctoral-level laboratory scientists, medical technologists, pathologists' assistants, cytotechnologists, histotechnologists, medical laboratory technicians, histology technicians, and phlebotomists. It is this diversity that is one of the ASCP's greatest assets: creating a unique environment that fosters collaboration across all of the profession's many specialties.

Although pathologists comprise only about 15% of the entire membership, they play a major role in the governance of the organization, including two of the three governing councils (Fellow Council and Resident Council) and the Presidency.

#### Services

ASCP's service to its members is comprehensive *and* impressive in its breadth and depth.

##### 1) Education:

The Society sponsors close to 400 workshops, meetings, courses, symposia, teleconferences, and self-study programs annually, in all areas of surgical, cytological, and clinical pathology. In addition, ASCP is an award-winning, full-scale medical publisher of textbooks, reference manuals, CDs, as well as membership newsletters and two esteemed journals: the *American Journal of Clinical Pathology* and *LABMedicine*.

##### 2) Certification:

The ASCP Board of Registry's Board of Governors oversees the certification process of laboratory professionals by establishing criteria for knowledge and skills to ensure quality within the profession. Since 1928, the Board of Registry has certified more than 416,000 laboratory practitioners in the US and has recently begun certifying individuals overseas, particularly in the Asia/Pacific rim.

##### 3) Advocacy:

ASCP and CAP are the only two organizations that advocate for pathologists on state, regional, and national

levels. The ASCP Washington office employs a full-time staff that interacts daily with legislative leaders on the state and national levels by providing advice and information to ensure that our profession is well represented in legislative decisions.

#### 4) **Resident-Specific Services:**

The ASCP offers a host of services for residents. These services are overseen by the **Resident Council**, one of the three governing councils within the Society. Nine residents serve on the Resident Council and represent resident opinions, ideas, and interests. *Nearly every committee in the ASCP has at least one resident member* to ensure that resident opinions are integral to the decisions that are made within the Society.

**Subspecialty Grants** are awarded annually to resident applicants to defray the cost of visiting “away” institutions to expand their experience in fields of pathology that are not well represented at their institution.

Two **Resident Leadership Awards** are awarded annually to resident liaisons to attend the ASCP Annual Meeting and participate on the Resident Council. All residents are most likely familiar with the ASCP **Resident In-Service Exam (RISE)**, which is offered to all residency programs throughout the country and Canada.

ASCP **Resident Handbooks** are distributed annually to all residents by their program directors. These handbooks provide basic information about the Society, upcoming events, helpful websites, and the

Boards. This year residents will also be able to use the handbook as a log for their procedures (Autopsies, FNAs, Bone Marrows).

Resident members also receive **discounted rates for all publications, workshops, and symposia**. Additionally, resident members can register “stand-by” for three- to five-day Educational Courses where they are granted free admission if space is available.

Understanding the organizations of which you are a member is important. I am proud to be a part of the ASCP. The services it continues to provide for our profession are invaluable.

I am also very proud, in particular, of the services that the Society provides for its resident members. During my term on the Resident Council, the ASCP has made a tremendous effort to incorporate us (the residents) into its governing structure, understanding that we are the future of our profession.

I encourage you to take advantage of this by becoming an active member now. Take the time to learn more about what ASCP and other professional organizations are doing. I think that you will find it a very rewarding and productive experience.

---

**Dominique Coco, MD**  
*residentchair@ascp.org*

## ASCP Member Awards

*continued from page 3*

Education Award. Fell is Associate Professor, School of Allied Health Professions, and Director, Clinical Laboratory Science Program at the University of Nebraska Medical Center (UNMC) in Omaha. From 2004 to 2005 she served as chair of the ASCP Associate Council (now known as the Member Council) and as a member of the ASCP Board of Directors.

“I cannot think of anyone more deserving than Linda to be honored in this way,” said Diana Mass, MA, MT(ASCP). “Linda is the consummate educator, a selfless professional, and the epitome of leadership.”

Fell currently serves on numerous ASCP committees. She and others put a lot of time into developing hematology course materials that are now in use in Africa.

M. Sue Zaleski, MA, SCT (ASCP)HT, was presented with the ASCP Member Excellence in Management Award, which honors an ASCP Member who is actively engaged in laboratory management or supervision and has demonstrated effective leadership skills and management strategies regarding personnel, finance, and operations.

Zaleski has been a member of the University of Iowa Hospitals

and Clinics, Department of Pathology, since 1979, rising through the ranks from a cytotechnologist II to the position she has held for the past five years: clinical laboratory manager. She manages a \$15 million operating budget and a staff of 190 full-time employees.

“Sue has a zest for seeing a goal and empowering the laboratory staff to meet and exceed that goal, providing tools and resources as they pursue it,” said Barbara R. Swanson, MEd, MT(ASCP), of the University of Iowa’s Core Laboratories. ~



### ASCP Petitions AHA To Change Coding Guidelines

ASCP has asked the American Hospital Association to change its coding requirements for hospital discharges – particularly those involving the use of pathology reports. Current AHA coding policy does not allow hospital coders to extract information directly from the pathologist's reports when coding hospital discharges, thus requiring coders to use less-specific information gleaned from physician reports and notes.

Unfortunately, the detailed information contained in pathology reports is often needed to provide the greatest degree of specificity, which actually facilitates proper medical coding. Thus, coders often must secure clarification from the patient's physician if they identify a more specific diagnosis in a pathology report than that which was reflected in the attending physician's original documentation.

As ASCP noted, this “results in needless extra work and inconvenience for hospital coders and physicians. Not clarifying the findings compromises the specificity of the coded information.”

ASCP noted that a “number of hospitals are now using All-Patient Refined Diagnosis-Related Groups (DRGs) to provide better adjustments for severity. Classifying patient discharges into severity-adjusted DRGs is being reviewed by the Centers for Medicare and Medicaid Services to refine the prospective payment system. The ability of such refinements to improve payment accuracy and equity will depend to a considerable degree on the accuracy and specificity of the coded information.”

### HHS Seeking Final Clearance on New Blood Banking Guidelines To Prevent HCV Transmission

The Food and Drug Administration (FDA) and the Department of Health and Human Services (HHS) are awaiting final clearance from the Office of Management and Budget (OMB) on regulations developed to better prevent transmission of hepatitis C virus (HCV) through the nation's blood supply.

These rules would establish procedures to prevent HCV transmission (similar to those currently established for prevention of HIV transmission through the blood supply) and would reduce the chances of HCV infection and enhance disease prevention many years after a patient's exposure to an infected donor. The rules would require hospitals that transfuse blood and blood products

to prepare and follow written procedures for appropriate action when it is determined that blood or blood products it has received and possibly transfused are at increase risk for transmitting HCV.

Hospitals would be responsible for notifying at-risk transfusion patients of the need for HCV testing and counseling. In addition, the retention period for blood banking records would be extended from 5 years to 10 years. This amendment would increase the chances for disease prevention or treatment years after a patient has received blood or blood products from a donor later determined to be infected with HCV.

Upon final clearance, these rules may undergo revision. ASCP will monitor the status of the new regulations and report any significant changes to the final rules.

### Genes, the Environment, and Disease

An Advisory Committee on Genetics, Health and Society (SACGHS) of the Department of Health and Human Services (HHS) released Policy Issues Associated with Undertaking a New Large U.S. Population Cohort Study of Genes, Environment, and Disease. The report outlines the preliminary questions that should be examined to help policymakers decide whether the federal government should conduct a large population study to determine the relationship between exposure to environmental factors and risk for disease.

The report (available at [www4.od.nih.gov/oba/SACGHS/reports/SACGHS\\_LPS\\_report.PDF](http://www4.od.nih.gov/oba/SACGHS/reports/SACGHS_LPS_report.PDF)) is based on two years of research, public consultation and deliberation.

### Phase II of ASCP “Fix the Law” Campaign – NY Licensure Law Threatens Training Programs

ASCP has launched phase two of its “Fix the Law” campaign aimed at the multitude of problems associated with the New York State Laboratory Personnel Licensure Law.

Phase two of the campaign is being fueled by the negative impact the flawed law is having on the state's training programs. For instance, the State University of New York at Cobleskill is losing its histotechnologist program – the state's only histotechnologist training program – later this year. According to the program's director, Pamela Colony, New York's new laboratory personnel licensure law is at fault — the lack of a licensure

category to license histotechnologists means that they will likely have to leave New York to practice.

The program is not the only laboratory training program in jeopardy of closing. Several other laboratory personnel training programs are also considering closing their doors because of the onerous provisions in the new licensure law.

Although ASCP supports licensure, the Society early on expressed grave concerns about the New York law and accompanying regulations, maintaining that they were too stringent and adversely impacted laboratory personnel. The histotechnologist training program described above is but one example of the law's negative impact on the recruitment and training of qualified laboratory personnel to serve the state – potentially leading to adverse effects on patient health and safety.

## ASCP Adopts Health Information Technology Policy

### *Emphasizes Crucial Role Laboratory Plays in Medical Technology*

ASCP has announced its policy on health information technology and electronic medical records: The Society supports the implementation of standardized health information technology (HIT) within the country's health care system as a means of improving patient care and public health. Key to the society's staunch support of HIT is the critical role the laboratory plays in

this evolving medical trend. The laboratory should be the leader in healthcare informatics because the medical information labs provide is the heart of a patient's medical record. Many decisions about treatment stem from diagnostic tests performed in the laboratory. According to John S. J. Brooks, MD, FASCP, president of ASCP, "all indicators point to the implementation of health information technology being a catalyst to improved patient care and cost savings." Information technology has been identified as a critical force that could significantly improve health care and patient safety.

To read ASCP's complete policy statement on health information technology, visit [www.ascp.org/advocacy/publicpolicy\\_statement.aspx](http://www.ascp.org/advocacy/publicpolicy_statement.aspx).

## ASCP Nominates Experts to AMA CPT Panels

ASCP recently nominated ASCP members Mark Synovec, MD, FASCP, and Lee Hilborne, MD, MPH, FASCP, to fill several vacancies on the AMA Current Procedural Terminology (CPT) panels. ASCP partnered with the American Hospital Association to enhance the prospects of securing a pathologist on both panels.

Additionally, ASCP nominated Hilborne to fill a vacancy on the AMA CPT Advisory Committee. Hilborne had just completed the second of two four-year terms on the CPT Editorial Panel. ASCP's nomination of Hilborne was seconded by the AHA.

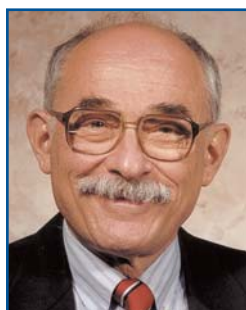
Drs. Synovec and Hilborne are also members of the Pathology Coding Caucus. ~

---

## Gastrointestinal Miscellany – the Interactive 2007 Anatomic Pathology Slide Seminar

Since 1934, the ASCP Anatomic Pathology Slide Seminar has been the capstone educational event of the ASCP Annual Meeting. Each year, this comprehensive seminar focuses on one specialized area of surgical pathology and covers current and useful topics with practical diagnostic information that every practicing pathologist needs.

This year's topic is "A Gastrointestinal Miscellany: New Issues, New Twists, and Golden Oldies." It will be presented by Henry D. Appelman, MD, FASCP, and Barbara J. McKenna, MD, FASCP, colleagues at the Department of Pathology at the



Henry D. Appelman,  
MD, FASCP



Barbara J. McKenna,  
MD, FASCP

University of Michigan, Ann Arbor, MI.

A series of cases will be presented with in-depth discussions of differential diagnosis, nonuse of

ancillary techniques, and prognostic implications. Drs. Appelman and McKenna are passionate presenters who will share their in-depth knowledge and experience in gastrointestinal pathology.

"The cases we will present include neoplasms and nonneoplastic entities from throughout the gastrointestinal tract," said Appelman. "Some cases will lead to discussions of new issues — newly described entities that are likely to be unfamiliar to many pathologists, and thus likely to pose diagnostic challenges. Some cases will be diseases well known to most pathologists, but with newly

available information that alters our concepts of these diseases – [we're calling them] 'new twists.' And 'golden oldies' are those cases that are perpetual problems, either because of confusing terminology or subtle histologic distinctions."

For the first time this year, AP Slide Seminar presenters will employ Aperio virtual slide technology (with zoom-in, zoom-out capability)

and an audience response system for immediate feedback. Using the response system, audience members, using keypads, can be polled or asked multiple-choice questions during the seminar.

The seminar will consist of two half-day sessions: an afternoon seminar on Saturday followed by the conclusion on Sunday morning. A reception will immediately

follow the Saturday portion of the seminar, allowing attendees to interact directly with the experts in a casual social atmosphere.

A valuable 2-DVD set of virtual slides from the seminar will be distributed to all 2007 ASCP Annual Meeting attendees.

Register online at: [www.ascp.org/07annualmeeting/](http://www.ascp.org/07annualmeeting/) or call 866.314.3416. ~

## ASCP at USCAP: Countering Corruption in Pathology Practices

By Ellen Sullivan

Sleaze, graft, and corruption attracted pathologists to the ASCP Companion Meeting at the 2007 Annual Meeting of the United States and Canadian Academy of Pathology in March in San Diego. More than 160 people attended the session – "Controversies in Pathology: Sleaze, Graft, and Corruption and Why a Surgical Pathologist Needs to Care" – designed to help pathologists combat unethical business practices.

Robert E. Petras, MD, FASCP of AmeriPath, Inc., moderated the riveting session that featured presentations by Robert L. Michel of The Dark Report ("Overview of Irregular Business Practices in Surgical Pathology"); Jane Pine Wood, Esq., of McDonald Hopkins Co. LPA ("How to Compete When Everyone Seems to be Cheating"); and ASCP President John S.J. Brooks, MD, FASCP ("Organized Pathology to the Rescue: The ASCP Approach").

Michel described market changes that are altering long-standing pathology practices.

Specifically, he described the growth of the "pod labs" or "condo labs" in which urologists and gastroenterologists share revenue from their anatomic pathology referrals. This practice has resulted in ongoing reductions in both anatomic and clinical pathology reimbursement.

"The smallest pathology groups will be impacted first, because they lack the economic scale to compete," Michel said. "Pathology's winners will be those regional groups which consolidate and provide the only viable local option for high quality pathology services in their community."

Wood explained that some specialty physicians such as urologists have been purchasing AP services at a discount and re-billing the pathology services to private payers and patients with a significant markup in price. "The practice of discounted account billing and markups often results in excessive ordering of pathology services, medically unnecessary biopsies, and inferior patient care," she said.

"The purchasing physicians not only may be acting in violation of their professional code of ethics, but also state fee splitting prohibitions, thereby placing their medical licenses at risk. In addition, this type of discount places the pathology provider at risk for violation of another federal statute, the Medicare "usual charge" requirement."

Brooks called attention to ASCP's "Stop Pod Labs Now" Campaign urging the Centers for Medicare and Medicaid Services to close loopholes in its regulations that allow these abusive billing practices to persist. He also urged attendees to discourage colleagues from entering into such arrangements and to educate health care executives about the interpretive services that pathologists provide. "We must counteract the perception of lab tests as a 'commodity,'" Brooks said.

Copies of the speakers' presentations are available online at <http://test.pathologyportal.org/newindex.htm?96th/index.htm>. ~

### PathologyToday®

PathologyToday® is published 6 times a year for members of the American Society for Clinical Pathology (ASCP).

©2007, American Society for Clinical Pathology

AMERICAN SOCIETY FOR CLINICAL PATHOLOGY  
33 W. Monroe, Suite 1600  
Chicago, IL 60603  
[www.ascp.org](http://www.ascp.org)

Phone 800-267-ASCP  
(In Illinois, 312-541-4999)

Fax 312-541-4767

Dan Kotheimer, Managing Editor,  
[Dan.Kotheimer@ascp.org](mailto:Dan.Kotheimer@ascp.org)

# Report from the ASCP Maintenance of Certification Committee, Part 2

Larry Fowler, MD, FASCP

Chair, ASCP Maintenance of Certification Committee

*This is the second in a series of articles on Maintenance of Certification (MOC).*

The first meeting of the ASCP MOC Committee occurred on January 28-29, 2007. One of the top goals given to the MOC Committee by the ASCP Board of Directors was to assist those ASCP members who will be affected by the American Board of Pathology (ABP) MOC requirements and who have time-limited certificates to meet the new requirements. Thus it was extremely helpful to have as part of the committee recent diplomates Drs. Shaye and Kim, representing the recently-certified anatomic and clinical pathologists.

The four main parts of the ABP MOC requirements that were explained in my last column include:

Part I: Professional Standing

(measured in increments of every 2 years)

Part II: Lifelong Learning & Self-Assessment (individual CME including SAMs)

Part III: Cognitive Expertise (the recertification exam)

Part IV: Evaluation of Performance in Practice

The ABP expects that documentation within these four parts will concern all areas currently included within the ACGME's Six General Competencies for physicians. These are:

## **Patient Care (includes technical skills for pathologists)**

- Diagnostic competence

## **Medical Knowledge**

- Knowledge about established and evolving biomedical, clinical and cognate sciences

## **Practice-Based Learning and Improvement**

- Appraise and assimilate scientific evidence & improve patient care practices

## **Interpersonal and Communication Skills**

- Interpersonal and communication skills that result in effective information exchange

## **Professionalism**

- Adherence to ethical principles and sensitivity to a diverse patient population

## **Systems-Based Practice**

- Awareness and responsiveness to the system of health care to provide pathology services of optimal value

Part I is similar to the current ACGME recommended "portfolio" and is thus information driven from the pathologist that is seeking MOC and will need to be completed utilizing the web-based forms that the ABP is developing. Parts II and IV are areas of continuing medical education and practice parameters that can be evaluated by others than the ABP. Cooperating pathology societies have been asked to participate and offer programs to fulfill these requirements. Thus the ASCP MOC Committee began by reviewing the requirements under Parts II & IV and current ASCP educational and assessment tools as they might apply to this MOC process.

The Part II CME requirements for Lifelong Learning as planned by the ABP MOC will need to be documented every two years and comprise 35 AMA PRA Category 1 CME credits per year (70 credits every two years total minimum). It will be the responsibility of the indi-

## **ASCP MOC Committee members:**

Larry J. Fowler, MD, FASCP, Chair  
Neal S. Goldstein, MD, FASCP  
Burton H. Kim, MD, FASCP  
Barbara J. McKenna, MD, FASCP  
Richard A. McPherson, MD, FASCP  
Alexandra Shaye, MD, FASCP  
Jean M. Taylor, MEd, SCT(ASCP)  
John E. Tomaszewski, MD, FASCP  
C. Bruce Alexander, MD, FASCP

vidual pathologist to assure that at least 80% of the CME requirement directly relates to the diplomate's practice in pathology. The remaining CME may be in areas such as management and ethics with general relevance to pathology and medicine. Thus CME not related to pathologists' active practice but perhaps in the past chosen for its site or recreational value will be discouraged.

Passive CME, where one sits in a lecture or reviews a one-hour taped presentation without participant testing and feedback or other interactions, such as monitoring of changes in practice, have come into question as to their learning impact or as to how they improve practice performance.<sup>1</sup> Thus 10 credits per year (20 credits in two years) of the individual's CME must be within self assessment modules (SAMs). The SAMs require testing of the CME activity with a set minimum standard for passing and with rapid feedback on the testing to the individual participant. CME credit for a SAM cannot be given unless a minimum score is achieved. The results will be electronically transmitted to the ABP. Online courses are especially suited for this interaction and feedback as well as for documentation.

The ASCP eCourses (online) are the first set of educational offerings from the ASCP that meet requirements for the American Board of Pathology Maintenance of Certification (MOC) Part II requirements for SAMs.

Participants may choose to use eCourses to meet MOC Part II requirements for SAMs or earn valuable AMA PRA category 1 CME credit to meet MOC Part II requirements for Life-Long Learning. Fourteen eCourses are currently available with many more to be added later. Topics address key issues in cytology, chemistry, dermatopathology, and surgical pathology. For more information, visit: [ascp.org/eCourses](http://ascp.org/eCourses).

The ABP website mentions that the ABP will publish an annual list of topics representing important advancements in principles of pathology and diagnostic pathology. It is hoped that these updates will serve as a template for CME and self-assessment, assist pathologists to prepare for the MOC cognitive examination, direct MOC test question development, focus on practical “need-to-know”

information that is used in daily practice and required for competence, and cover all disciplines of pathology. The ASCP will review these topics yearly for inclusion into the eCourses as well as other ASCP CME activities and educational tools. These annual updates will be extremely helpful because to this date a uniform comprehensive pathology curriculum has not been accepted by the ABP and among the various cooperating pathology societies.

Other ASCP programs such as *CheckPath* and *Check Sample* will be reviewed and updated to use for MOC Parts II & IV for educating and evaluating both the individual pathologist and laboratory as a whole. This will also include automatic transmission to the ABP electronically. The inter- and intralaboratory improvement and QA activities that most diplomates are already doing, such as the CMS-approved 10 slide Gyn proficiency exam (ASCP GYN PT™ program), or the ASCP GYN PT and Lab Comparison™ program can also be used to meet these Part IV requirements.

MOC Part IV also requires the pathologist to provide—twice during any MOC cycle of 10 years—letters attesting to the diplomate’s interpersonal and communication skills, professionalism, ethics and effectiveness in a systems-based practice from an ABP-certified pathologist, an individual in senior administration within his or her institution or group practice, a physician in another specialty, and a technologist or PA who works with the diplomate. It is not known if the ABP will require a specific form, but if not, the ASCP could provide such attestation templates in the future to assure acceptance by the ABP.

In my next column, I plan to address how the ASCP is already considering how it can assist the diplomate who initially may not demonstrate satisfactory performance in all four parts of MOC. ~

---

1. Davis DA, Thomson O'Brien MA, Freemantle N, et al. Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? *JAMA*, 1999;282:867–874.

## Enhancements to Your 2007 ASCP Cytology Assessment Programs

### 2007 ASCP GYN Assessment and Non-GYN Assessment Programs

The goal for both the ASCP GYN PT & Assessment Committee and the ASCP Non-GYN Committee was to revitalize the old ASCPStar GYN and Non-GYN programs with the acquisition of thousands of new cases and create new, improved versions of both programs for 2007. One of the first changes that took place was the renaming of the programs to ASCP GYN Assessment and ASCP Non-GYN Assessment to better reflect the objective of these programs, which is to enhance patient care through education and assessing the accuracy of diagnostic

skills. Additional modifications or enhancements in program structure and logistics took place in response to input from both the participants and the committees.

#### What has Changed for 2007?

- Floating 12-month enrollment schedule that allows you to begin your ASCP glass slide assessment enrollment any time of the year.
- Guaranteed timely delivery of the program—you will know within a two-day window when to expect every shipment for your entire enrollment.
- ASCP GYN Assessment increased quality, glass slide cases from 12 slides to 15; the ASCP

Non-GYN Assessment program remained at 20 slides total; 1 CME/CE credit awarded for each case completed.

- Each program contains cases from three levels of difficulty (routine, moderate, and very difficult) with each program consisting of at least 12 routine cases performing at 90% or better to the exact diagnostic category.
- Simplified diagnostic coding, with five diagnostic categories to choose from rather than seven, no tissue type selection, and fewer specific interpretations from which to select.
- Three free optional online virtual microscopy cases for

an additional 2 CME/CE credits awarded for each case reviewed.

- Target answers sent directly to the site coordinator via e-mail.
- A year-end statistical package for both assessment programs.

### 2007 ASCP Non-GYN Digital Image Program

Previously, this program was distributed as ASCPStar Non-GYN Static Image. The name has been changed to reflect its objective as an assessment program that offers digital images, whether printed, online, or virtual. The ASCP Non-GYN Assessment Committee and ASCP staff have enhanced the ASCP Non-GYN

Digital Image program this year with changes that address our participants' needs and use of the program. The goal of this program also is to enhance patient care through education and assessing the accuracy of diagnostic skills.

#### What has Changed?

- The program's name.
- High-quality images are now provided on CD-ROM.
  - Included on the CD-ROM are the case study images and history for all four events.
- A Microsoft PowerPoint file for projection and group review or computer monitor review.
- An Adobe PDF-formatted file for projection or

computer monitor review.

- An Adobe PDF abbreviated handout with condensed versions of the case study images and histories for individuals to print if desired.
- Images will also be available on ASCP's new eLearning portal.
- Participant user name and password will be provided to your site coordinator by e-mail.

For information regarding ASCP's cytology assessment programs, go to [www.ascp.org/education/assessment](http://www.ascp.org/education/assessment). We welcome your feedback on these programs and their enhancements as well as suggestions for future modifications that will enable us to better serve your needs. ~

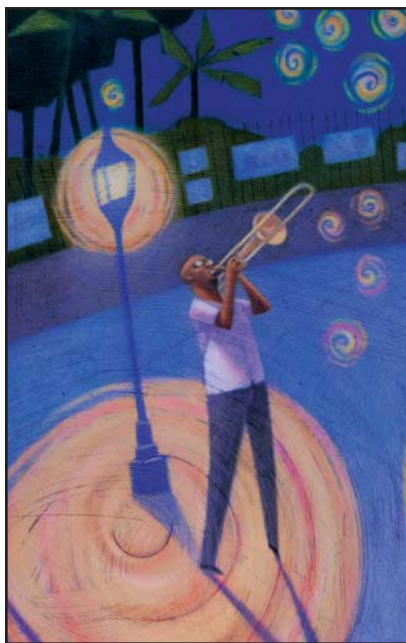
## New Orleans – Again Bustling With Life and Action

The ASCP Board of Directors is very excited that the ASCP 2007 Annual Meeting will be held in New Orleans this year, October 18–21.

In recognition of New Orleans' recovery progress and as a show of support for the city's rebuilding process, the ASCP encourages its members to attend and help celebrate the rebirth of this great American city.

"Our conference will be one of many that help bring a healthy economy back to the area," said ASCP President John S.J. Brooks, MD, FASCP. "The best thing that the Society and its members can do is to go to New Orleans and lead the revitalization by example."

After a recent tour of the city, local attractions and the convention facilities, ASCP staff returned home with resounding confidence that New Orleans is THE place for ASCP in 2007. "The major hotels are all up and running and Orleans Parish now has 812 restaurants open—more than 100 percent of pre-Hurricane Katrina totals," said



Catherine Sullivan, ASCP meeting services director. "On any given day, the convention center is bustling with attendees from the ongoing conferences."

Other organizations that have held their annual conventions in

New Orleans during the past year include the American College of Cardiology, Healthcare Information and Management Systems Society, the Society of Exploration Geophysicists, the American Library Association, and the American College of Emergency Physicians. This year has also seen the success of February's Mardi Gras and May's Jazz Fest.

While the downtown, French Quarter, and Garden District largely escaped flooding, many parts of the city are still recovering. But the locals won't hesitate to tell you that tourists, business conventions, and festivals help with the healing process.

"We recognize that Hurricane Katrina was devastating," said Brooks. "Yet the city is recovering quickly and has taken impressive steps towards prosperity. We seriously evaluated and researched New Orleans and found the city to be safe and a great place to hold our Annual Meeting." ~

For more information or to register, visit [ascp.org/07annualmeeting/](http://ascp.org/07annualmeeting/).

# Guyana: A Country and Medical Laboratory System in Transition

By Ellen Sullivan

Ministry of Health officials in the developing nation of Guyana on the northeast shoulder of South America have their work cut out for them.

Medical technologists in the Caribbean country's public health system earn the equivalent of US\$120 a month, while apartments rent for about US\$200–250 a month. It's quite common for laboratory professionals to earn their degrees from the University of Guyana, work for a few years in country, then move to neighboring Caribbean countries –with more tourism and stronger economies – for the higher salaries. Hematology is a gaping hole in the country's laboratory system – with no experts available at the blood bank, in the public hospitals, or at the university.



Guyana is a country in transition. It became a republic independent from the United Kingdom in 1966 and implemented its Constitution in 1980. In 1990 Guyana was one of the poorest countries in the hemisphere. Socialist policies then gave way to free market initiatives, such as privatization of state-owned industries, international debt refinancing and relief, and most recently, international aid for humanitarian as well as

economic reasons. This year, ASCP entered this picture.

International assistance hit the medical laboratory community around 2000, in what is now commonly referred to as “The Intervention” – a project of the Caribbean Epidemiology Centre (CAREC) funded by the European Union to strengthen medical laboratory services in the Caribbean. The project trained key personnel in both public and private laboratories in quality assurance and laboratory management.

“Five years ago, we had no recordkeeping,” said Yvette Irving, HBSc, MMedSc, Acting Director of Standards and Technical Services for the Ministry of Health, which operates the public health system that provides free services for the population of 765,000 people. “Now we have a quality management system that you can audit.”

## General HIV/AIDS Epidemic

Such recordkeeping is particularly critical because Guyana is experiencing a general epidemic of HIV/AIDS, the leading cause of death among Guyanese between 25 and 44 years of age. UNAIDS estimates that about 2.5 percent of the adult population is living with HIV/AIDS.

The manager of the laboratory intervention project, Valerie Wilson, MSC, MBA, of CAREC said Guyana's laboratories have rapidly improved over the past five years due to the efforts of the Minister of Health, Leslie S. Ramsammy, PhD. Ramsammy earned a doctorate in biochemistry from St. John's University in New York, where he held an assistant professor position. He also served as professor of medicine in chemical pathology at State University of New York in Stony Brook. When

he returned to Guyana, he was chairman and CEO of Biomed Labs of Guyana and Chairman of the Georgetown Public Hospital Corp. before becoming Minister of Health.

“You have to have commitment at the top,” Wilson said. “He has the vision, and because of that there is a national drive for laboratory improvement.”

Although the Ministry is responsible for the operations of the nation's public health laboratories, Ramsammy said the Ministry is positioning itself more as a standards and policy body than as a health care delivery organization. He is working closely with Parliament to put a legal framework in place for licensing health facilities, including laboratories, and health professionals.

“We are quite close,” he said. A health facilities bill has been introduced to Parliament and assigned to a committee. “Regulations that will come out of that bill will determine what a laboratory has to do to open and to stay open.” A health professionals bill under development would establish a third party licensing body for health professionals. Ramsammy is confident that both bills will be law by the end of 2007.

“We have to ensure that we develop a system with particular rules for being a medical technologist, without excluding other people from the laboratory,” he said. “This is a priority for us. We have to give our professionals something to hold onto. They don't have much else.”

Ellen Hope Kearns, PhD, SH(ASCP), Vice Chair of the ASCP Board of Registry's Globalization Committee, said Guyana is on the right track to improving laboratory services to its citizens.

“Pending legislative initiatives for improving health facilities and the quality of laboratory professionals

are critical for Guyana to progress,” she said in her keynote address ([ascp.org/aboutUs/natmed/guyana/guyana\\_keynote.html](http://ascp.org/aboutUs/natmed/guyana/guyana_keynote.html)) at the Ministry of Health’s Awards Reception during National Medical Laboratory Professionals Week in April in the capital city of Georgetown. Through these combined initiatives, she added, “Guyana is putting itself not only on the map of the Caribbean, but also on the map of the world.”

Concurrent with the legislative initiatives is an effort by CAREC to work with the University of Guyana to fill gaps in the medical technology curriculum. Among the largest gaps is education and training in hematology, which ASCP is addressing through Training of Trainer programs that began in May 2007.

## ASCP Outreach to Guyana

ASCP has sent representatives to Guyana on three separate occasions so far in 2007.

Through ASCP’s cooperative agreement with the US Centers for Disease Control and Prevention through the President’s Emergency Plan for AIDS Relief (PEPFAR), Susan Baker, MT(ASCP), and staff in February met with laboratory officials within Guyana to plan and customize ASCP training programs for laboratory professionals. They recommended a Training of Trainers Session in chemistry, hematology, and laboratory management. Bette A. Jamieson, MT(ASCP)SH; Amy McGranahan, MT(ASCP)SH; Wendy Arneson, MS, MT(ASCP); and Anna M. Murphy, HT(ASCP)<sup>CM</sup>, conducted the hematology and chemistry

Training of Trainers programs in May and June. Lab management training is scheduled for fall 2007.

At the request of the Ministry of Health, ASCP sent Hope Kearns to Guyana in April to meet with government and university officials and tour public and private laboratories. She also appeared on two national television programs about Lab Week, marched in the Lab Week parade, gave two lectures, and delivered the keynote address ([www.ascp.org/aboutUs/natmed/guyana/guyana\\_keynote.html](http://www.ascp.org/aboutUs/natmed/guyana/guyana_keynote.html)) at the awards reception. Hope Kearns’ visit marked the opening of a dialogue between the Ministry and ASCP on the prospects for bringing ASCP international certification to the country or region. ~

## ASCP Fighting AIDS in Guyana



Ellen Hope Kearns, PhD, SH(ASCP), second from right, appeared with other laboratory professionals on TV in Guyana.



ASCP conducted a Training of Trainers at the University of Guyana.



The hematology department at Georgetown Public Hospital.

To see more pictures, visit [www.ascp.org/outreach/pepfar/](http://www.ascp.org/outreach/pepfar/) and click on “photos.”



West Indian manatees at the Guyana Zoo.

## Reality Lab Stories — Share Yours!

Laboratory professionals help save lives every day. Drawing blood, preparing tissue, and performing HIV, cancer, diabetes or simple blood tests may seem routine to most laboratory professionals, but think about it. This is life-saving work. You just don't always hear about the end results.

Do you know of a patient whose life was turned around by a test result? Do you know of a laboratory professional whose attention to quality work resulted in catching a mistake?

Last fall, when three premature babies at a midwestern United States hospital died from sudden massive hemorrhaging, it was a fast-thinking laboratory technician who helped determine that the heparin flush dosage for the babies' IV lines was 1,000 times the required amount. Because of this quick discovery, at least 2 other NICU babies who received the same fatal heparin dosages were spared.

Laboratory technicians like this one have long been the unsung heroes of medical facilities throughout this country. While their contribution is not always as dramatic as the heparin overdose incidents, every

day laboratory technicians save lives and help control the cost of care in thousands of hospitals.

Do you have a dramatic story to share? Did you or a coworker directly affect the lives of a patient through your day-to-day work? Or perhaps you know someone who has gone above and beyond the call of duty and discovered something very rare?

In 2004, while doing routine blood-typing procedures in the laboratory at St. Francis Medical Center in Grand Island, NE, Christina Nickel, MT(ASCP), saw something out of the ordinary. A child born at the facility had type AB blood, even though her mother had type O blood—a phenomenon that is so rare that there is no documentation of incidence statistics in the United States.

A rare mutation that has a gene frequency of about  $1.1 \times 10^{-5}$  allowed the father to pass both the A and B antigen to the child.

"It's the type of thing that seems like a mistake," said Nickel. "I checked everything I could to rule out what this might be." Nickel checked specimen identification,



*Christina Nickel,  
MT(ASCP)*

retested mother and infant samples, and then tested the father as well. Specimens were ultimately sent for PCR-RFLP testing which confirmed a previously undocumented cis-AB locus.

Nickel presented her findings in *LABMedicine* (2006;37:28-35).

Do you know of a similar jaw-dropping or heart-warming story? Share it with us at the ASCP!

Remember, what may seem routine to you can often be fascinating to others.

Did you ever have one of those "Sherlock Holmes" days in the laboratory that resulted in something totally unexpected? Tell us about it! By sharing stories like this, we can tell the world who we are and what we do! ~

Send your stories to Dan Kotheimer: [dank@ascp.org](mailto:dank@ascp.org). Use the words "Reality Lab Story" in your subject line.

### ASCP To Provide Online Voting for Councils and Board of Directors

Voting for Member, Fellow, and Resident Councils opens August 1 through August 15. All Member, Fellow, and Resident ASCP members are eligible to vote, but only for their Council's members.

On August 1, go to [www.ascp.org/voting2007](http://www.ascp.org/voting2007).

Also, ASCP members will be able to vote online for candidates seeking to serve on the Board of Directors beginning in mid-September 2007 at the same website.

### 2007-2008 ASCP Resident Grant Recipients Announced

The ASCP has awarded a total of \$20,000 in Resident Council Subspecialty Grants for the academic year 2007-2008.

To see the names of the 11 grant recipients and who they will be working with, visit: [www.ascp.org/aboutUs/newsroom/articles/memberUpdateArticle\\_subspecialty.aspx](http://www.ascp.org/aboutUs/newsroom/articles/memberUpdateArticle_subspecialty.aspx).

## ASCP To Provide Online Voting for Councils and Board of Directors

Voting for Member, Fellow, and Resident Councils opens August 1 through August 15. All Member, Fellow, and Resident ASCP members are eligible to vote, but only for their Council's members.

On August 1, go to [www.ascp.org/voting2007](http://www.ascp.org/voting2007).

Also, ASCP members will be able to vote online for candidates seeking to serve on the Board of Directors beginning in mid-September 2007 at the same website.

## 2007-2008 ASCP Resident Grant Recipients Announced

The ASCP has awarded a total of \$20,000 in Resident Council Subspecialty Grants for the academic year 2007-2008.

To see the names of the 11 grant recipients and who they will be working with, visit:

[www.ascp.org/aboutUs/newsroom/articles/memberUpdateArticle\\_subspecialty.aspx](http://www.ascp.org/aboutUs/newsroom/articles/memberUpdateArticle_subspecialty.aspx). ~

