APC 2019 Annual Meeting July 21-24, 2019 Boston, MA

Innovation Through Collective Excellence:
Shaping the Future of Pathology

Dear APC 2019 Annual Meeting Attendee: We're only days away from seeing you in Boston for the fantastic programming in each of APC's Sections! **UPON ARRIVAL,** go to the **APC Registration Desk** in the **Harborview Lobby** on the **Plaza Level (top level)** at the **Seaport World Trade Center (WTC)**. The APC Registration Desk will be staffed on **Sunday, July 21st at 3:00pm – 7:00pm**.

The following items will be available at the APC Registration Desk:

1. **APC 2019 Annual Meeting Badge** (and Guest Badges): All attendees must wear their meeting badge to enter sessions throughout the conference. Guest Badges (of registered attendees) are for the SPICE/Guest Hospitality Program that can be purchased on-site for those who haven't purchased yet.
2. **APC 2019 Program Meeting Guide:** In a new consolidated format this year, each Section Program is laid out per conference day with a map of the WTC (see below for the link). A one-piece printed version will be available at the APC Registration Desk.
3. **APC 2019 Abstracts and Exhibits Program Guide:** The posters and sponsors/exhibitors will be in the adjacent Harborview Ballroom, which opens with the Welcome Reception on Sunday, July 21st at 5:00pm. Abstracts for Poster Presentation are now published in *Academic Pathology:* https://doi.org/10.1177/2374289519852559.
4. **CME Application Tracker:** Worksheets for those who enrolled in the CME program for claiming credit for the CME-eligible sessions you attend. Details and updates on the CME program are listed at: www.apcprods.org/m-2019-cme.
5. **Prize Drawing Entry Forms:** Engage with Exhibitors to receive a sticker to put on this form by 11:00am on Tuesday, July 23rd…the more exhibitors you visit, the more chances you'll receive to enter a drawing and win one of twelve gift card prizes! Details on the Prize Drawing Entry Form.

There are multiple ways to help you schedule and plan out your sessions:

1. **Mobile App:** All registered meeting attendees should have received an email in the last couple of days from Christi Trimble, who is our meeting registration and mobile app support during the conference. If you missed the message sent from the mobile app, simply search for "Association Pathology" in the app store (Apple and Android stores) on your device and look for the circular APC logo to download the app directly.

2. **Website: www.apcprods.org/m-2019-agenda**
   a. A compiled version of the individual **Section Programs, Abstracts, Discussion Groups, Exhibits**, the **CME Application Tracker** and floor plans is now posted for a one-stop, on-demand printing if you wish to print on your own or save as a pdf on your computer.
   b. **The Program Meeting Guide** (Section Programs per day) is also posted at the webpage, but not meant for office printing. Registrants receive a printed copy at the APC Registration Desk.

See you in Boston! Safe travels – The APC Office

Sunday, July 21	Monday, July 22	Tuesday, July 23
SAFE TRAVELS TO THE BOSTON SEAPORT HOTEL AND WORLD TRADE CENTER!	**6:45a-6:30p**: APC Reg Desk Open [**Harborview Foyer**] **7:00a-8:15a**: *LD&D Committee Meeting* [**Federal**] **7:00a-8:00a**: Breakfast in Exhibit Hall [**Harborview**] **8:30a-10:00a**: SPICE Hospitality Breakfast for Registered Spouses/Guests [**Hotel: Admiral Suite**]	**6:45a-5:00p**: APC Reg Desk Open [**Harborview Foyer**] **6:45a-7:45a**: *Advocacy Committee Meeting* [**Federal**] **7:00a-8:00a**: Breakfast in Exhibit Hall [**Harborview**] **7:00a-7:45a**: Demo: PathPresenter.net: A Platform for Pathology Education in the 21st Century [**Skyline**] **8:30a-10:00a**: SPICE Hospitality Breakfast for Registered Spouses/Guests [**Hotel: Admiral Suite**]

1:00p-5:00p: PCME Educational Case Review Board *(by invitation only)* [**Congress Boardroom**]
 	
1:30p-3:00p: Council Onboarding *(for all Section Council Members)* [**Skyline**]
 	
2:00p-5:00p: TRIG Work Group Meeting *(by invitation only)* [**North End**]
 	
3:00p-4:30p: Meet-and-Greet for S'67 Scholars and S'67 Board *(by invitation only)* [**Federal**]
 	
3:00p-7:00p: APC Registration Desk Open [**Haborview Foyer**]
 	
4:00p-5:00p: APC Social Media Committee Kick-Off Meeting [**Back Bay**]
 	
4:00p-5:00p: Meet-and-Greet for SPICE (Spouse/Guest) Program for Registered Spouses/Guests [**Skyline**]
 	
4:30p-5:00p: APC Council Exclusive Preview of Exhibits [**Harborview**]
 	
5:00p-7:00p: WELCOME RECEPTION [**Harborview**]
 	
5:30p-6:30p: POSTER SESSION [**Harborview**]
 	
5:30p-7:30p: UME Committee Meeting *(by invitation only)* [**Congress Boardroom**]
 	
6:00p-8:00p: UTRIG Work Group Meeting *(by invitation only)* [**North End**]
 	
7:00p-8:30p: EPA Working Group Meeting *(by invitation only)* [**Federal**]
	8:15a: OFFICIAL OPENING & WELCOME [**Amphitheater**]
	Barbara Ducatman, MD, *Oakland Univ*
	Lydia Howell, MD, *Univ of California, Davis*
	
	8:30a-12:00p: CHAIRS BOOT CAMP [**Amphitheater**]
	*Programmed by SFG and LD&D
		Joint Chairs/PDAS Session*
		Welcome and Introduction to Boot Camp
		Moderator: Fred Sanfilippo, MD, PhD, *Emory University*
		8:35a: **Panel: Optimizing Interactions with Institutional Leaders**
			Moderator: L. Maximilian Buja, MD, *Univ of Texas Health Science Center at Houston*
			Discussants:
			  David Bailey, MD, *Univ of California, San Diego*
			  Barbara Ducatman, MD, *Oakland University*
			  Brian Smith, MD, *Yale Univ*
			  Martha Miers, MBA, *Vanderbilt Univ*
			10:00a: **Break [Harborview]**
			10:15a: **Panel: Dealing with Disruptive Faculty and Staff**
			Moderator: Deborah Powell, MD, *Univ of Minnesota*
			Discussants:
			  David Wilkinson, MD, PhD, *Virginia Commonwealth Univ*
			  Lydia Howell, MD, *Univ of California, Davis*
			  Avrum Gotlieb, MD, *Univ of Toronto*
			  John Baci, MBA, *Boston Children's Hospital*
			11:45a: **Summary and Discussion**
			Fred Sanfilippo, MD, PhD, *Emory University*
			
			12:00p-1:15p: **New Chairs Meeting/Lunch with Senior Fellows** *(by invitation only)* [**Skyline**]
			12:15p-1:30p: **Medical Education Working Group Meeting/Lunch** *(by invitation only)* [**Federal**]
			12:15p-1:30p: **MD Survey Task Force Meeting/Lunch** *(by invitation only)* [**Washington**]
				8:00a-10:00a: PRACTICE SESSION [**Amphitheater**]
				Development and Implementation of Big Data and Computer Algorithms in Pathology
					Moderator: Jeffrey Golden, MD, *Brigham & Women's Hospital*
					8:00a: **Overview of the Future Pathology Practice**
					Karen Kaul, MD, PhD, *NorthShore Univ HealthSystem*
					8:20a: **Information Systems & Pathology: The Integration that Determines the Future of Practice**
					Alexis Carter, MD, *Children's Healthcare of Atlanta*
					9:00a: **The Diagnostic Cockpit of the Future: A Unified Vision of Data Output**
					Steven Seltzer, MD, *Brigham and Women's Hospital*
					10:00a: **Break [Harborview]**
					
					10:15a-12:00p: RESEARCH SESSION [**Amphitheater**]
					Computational/Artificial Intelligence Models Using Lab Data to Predict Outcomes or Direct Personalized Care
						Moderator: Jeffrey Golden, MD, *Brigham & Women's Hospital*
						10:15a: **Mechanistic Modelling of Hemoglobin Glycation for Diabetes Patient Management**
						John Higgins, MD, *Massachusetts General Hospital*
						11:05a: **Machine Learning Tools for Microbiome Diagnostics and Therapeutics Development**
						Georg Gerber, MD, PhD, *Brigham and Women's Hospital*
						11:55am: **Closing Remarks**
						Jeffrey Golden, MD, *Brigham & Women's Hospital*

	12:00p-1:30p: Celebrate Exhibitors Lunch [**Harborview**] **12:15p-1:15p**: POSTER SESSION [**Harborview**]	**12:00p-1:30p**: AWARDS LUNCH [**Hotel: Plaza Ballroom**]
	1:30p-3:30p: LEADERSHIP DEVELOPMENT & DIVERSITY SESSION [**Amphitheater**] *Moderator: Dani Zander, MD, Univ of Cincinnati* 1:35p: *Patricia Thomas Lecture (open to all):* **Diversity and Excellence Are Friends: Valuing and Promoting Excellence** Janice Gross Stein, PhD, *Univ of Toronto* 2:25p: **Building a Wellness Program** Erick Messias, MD, *Univ of Arkansas for Medical Sciences* 3:15p: **Discussion** **3:30p-5:00p**: COMMITTEE MEETINGS FOR ALL CHAIRS • Research Committee [**Skyline**] • GME Committee [**Washington**] • P&M Committee [**Federal**] **5:00p-6:30p**: Senior Fellows Group Meeting [**Hotel: Aura Restaurant, Magnum A**]	**1:30p-4:00p**: ADVOCACY SESSION [**Amphitheater**] *Joint Chairs/PDAS Session -* **Lab Consolidation: Path to Perdition or Path to Paradise?** 1:30p: **Overview: Pressures in the Environment** John Tomaszewski, MD, *Univ at Buffalo, SUNY* 1:40p: **The National Joint Venture Lab Model** Harvey Kaufman, MD, MBA, *Quest Diagnostics* 2:15p: **The Regional Joint Venture Lab Model** Carolyn Wilson, MBA, *Beaumont Health* 2:50p: **The Co-Operative Lab Model** James Crawford, MD, PhD, *Northwell Health* 3:25p: **Panel Discussion** **4:00p-5:00p**: CHAIRS CONNECTION HOUR [**Hotel: Hospitality and Admiral Suites**] **4:00p-5:30p**: Pathology Roundtable Meeting *(by invitation only)* [**Federal**]
	5:00p-6:30p: NETWORKING RECEPTION [**Harborview**] **5:00p-6:00p**: POSTER SESSION [**Harborview**] **6:30p-8:30p**: Senior Fellows Group Dinner *(by invitation only)* [**Hotel: Aura Restaurant, Magnum B**]	**5:30p-8:30p**: Society of '67 Appreciation Dinner for Major Donors and Special Guests *(by invitation only)* [**Hotel: Flagship Ballroom**]

AT THE APC 2019 ANNUAL MEETING

Wednesday, July 24, 2019

Shaping the Future of Pathology

Wednesday, July 24
6:45a-5:00p: APC Reg Desk Open [**Harborview Foyer**]
6:45a-7:45a: *Academic Pathology Editorial Board Meeting (by invitation only)* [**Skyline**]
7:00a-8:00a: Challenges in Informatics Training: A Town Hall Meeting and Breakfast [Cityview] Bruce Levy, MD, *Geisinger Health*	Scott Anderson, MD, *Univ of Vermont*	Marie DeFrances, MD, PhD, *Univ of Pittsburgh*	Michael Esposito, MD, *Northwell Health*

8:00a-9:30a: UME SESSION [Cityview]
Joint Chairs/UMEDS/PRODS Program
Moderator: Michael Prystowsky, MD, PhD, *Albert Einstein*
8:05a: **Leadership in Education and Curricular Advocacy**
Paul Hemmer, MD, *Uniformed Services Univ of the Health Sciences*
8:40a: **Pathologist Experience in Educational Leadership**
Kristin Olson, MD, *Univ of California, Davis*
8:50a: **Mentoring and Development of Junior Faculty as Education Leaders,** Richard Conran, PhD, MD, JD, *Eastern Virginia Medical School*
9:00a: **Panel Discussion**

9:30a-11:00a: GME SESSION [Cityview]
Joint Chairs/PRODS/UMEDS Program
Moderator: Karen Kaul, MD, PhD, *NorthShore Univ HealthSystem*
9:35a: **Graduate Medical Education: Interprofessional Education**
Barbara Brandt, PhD, *Univ of Minnesota*
10:15a: **Q&A**
10:20a: **Implications for Pathology**
Deborah Powell, MD, *Univ of Minnesota*
10:35a: **Comments and Panel Discussion with:**
Cheryl Hanau, MD, *Drexel Univ,* and Mary Furlong, MD, *Georgetown Univ*
10:45a: **Panel Discussion**

11:00a-12:30p: DISCUSSION GROUPS (See separate handout for descriptions)

12:30p-1:30p: CHAIRS BUSINESS MEETING/LUNCH [Harborview 1]

1:30p-5:00p: APC Council Meeting (without Section Chairs) *(by invitation only)* [**Congress Boardroom**]

1:30p-5:00p: CHAIRS join other Sections' Programs:

- **PDAS [Beacon Hill]:** Hot Topics Discussion Forum (ending at 3:00p)
- **PRODS/GMEAS [Cityview]:** ACGME Milestones 2.0 and Updates from the ABPath, ASCP RISE, ECFMG, and the ACGME (ending at 4:30p)
- **UMEDS [Cambridge]:** Innovations in Teaching/Curricular Integration and Pathology Pipeline Programs (ending at 4:50p)

5:30p-8:30p: APC Council (with Section Chairs) Dinner *(by invitation only)* [**Hotel: Action Kitchen**]

SEAPORT WORLD TRADE CENTER LEVELS AND MEETING ROOMS

PLAZA LEVEL *(top)*	Cityview Ballrooms Harborview Ballrooms Harborview Foyer Skyline Ballroom North End South End
MEZZANINE LEVEL *(middle)*	Amphitheater Back Bay Complex Congress Boardroom Federal Complex Tremont Washington
HARBOR LEVEL *(bottom)*	Beacon Hill Complex Cambridge Complex Waterfront Ballrooms

SEAPORT HOTEL MEETING ROOMS

Plaza Ballroom: Awards Lunch Admiral Suite: Hotel Room #1836 Hospitality Suite: Hotel Room #536 Aura Restaurant, Magnum A/B Rooms

11:00a-12:30p: DISCUSSION GROUP SESSIONS [Floor Level: Room]

1. Serving as a Temporary Pathology Chair: Boon or Boondoggle? [**Plaza: Cityview**]
2. The Big Squeeze: Curriculum Compression in Medical Education [**Plaza: Harborview 3**]
3. Managing the Transition from Academic Health Center to Academic Health System [**Plaza: Harborview 2**]
4. Getting the Best Fit: Recruitment and Ranking of Residency Applicants [**Plaza: Harborview 1**]
5. Training Residents in Patient Safety (TRIPS): Pathology Approaches to Resident Training [**Plaza: North End**]
6. Best Practices in Pathology UME Teaching [**Harbor: Waterfront 2**]
7. Professionalism in Medical Education [**Mezzanine: Back Bay**]
8. Implementing Artificial Intelligence/Machine Learning in Academic Pathology Departments [**Harbor: Beacon Hill**]
9. Collective Excellence through Social Media: Twitter for Pathologists [**Harbor: Waterfront 3**]
10. International Medical Graduates: Challenges and Opportunities [**Harbor: Cambridge**]
11. Interviewing 101: Foundations for Successful Development of interviewing skills in Faculty and Trainees [**Mezzanine: Washington**]
12. IMGs in Training: The Responsibilities, Challenges and Strategies for the Residency Programs [**Mezzanine: Tremont**]
13. Administration Woes - What Hasn't Been Checked Lately? [**Harbor: Waterfront 1**]

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SAFE TRAVELS TO THE BOSTON SEAPORT HOTEL AND WORLD TRADE CENTER!
 	
1:30p-3:00p: Council Onboarding *(for all Section Council Members)* [**Skyline**]
 	
3:00p-4:30p: Meet-and-Greet for S'67 Scholars and S'67 Board *(by invitation only)* [**Federal**]
 	
3:00p-7:00p: APC Registration Desk Open [**Haborview Foyer**]
 	
4:00p-5:00p: WELCOME GATHERING for new and first-time PDAS attendees with PDAS Council [**Tremont**]
 	
4:00p-5:00p: APC Social Media Committee Kick-Off Meeting [**Back Bay**]
 	
4:00p-5:00p: Meet-and-Greet for SPICE (Spouse/Guest) Program for Registered Spouses/Guests [**Skyline**]
 	
5:00p-7:00p: WELCOME RECEPTION [**Harborview**]
 	
5:30p-6:30p: POSTER SESSION [**Harborview**]
	8:15a: OFFICIAL OPENING & WELCOME [**Amphitheater**]
	Barbara Ducatman, MD, *Oakland Univ*
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	8:30a-12:00p: CHAIRS BOOT CAMP [**Amphitheater**]
	*Programmed by SFG and LD&D
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		Welcome and Introduction to Boot Camp
		Moderator: Fred Sanfilippo, MD, PhD, *Emory University*
		8:35a: **Panel: Optimizing Interactions with Institutional Leaders**
		Moderator: L. Maximilian Buja, MD, *Univ of Texas Health Science Center at Houston*
		Discussants:
		  David Bailey, MD, *Univ of California, San Diego*
		  Barbara Ducatman, MD, *Oakland University*
		  Brian Smith, MD, *Yale Univ*
		  Martha Miers, MBA, *Vanderbilt Univ*
		10:00a: **Break [Harborview]**
		10:15a: **Panel: Dealing with Disruptive Faculty and Staff**
		Moderator: Deborah Powell, MD, *Univ of Minnesota*
		Discussants:
		  David Wilkinson, MD, PhD, *Virginia Commonwealth Univ*
		  Lydia Howell, MD, *Univ of California, Davis*
		  Avrum Gotlieb, MD, *Univ of Toronto*
		  John Baci, MBA, *Boston Children's Hospital*
		11:45a: **Summary and Discussion**
		Fred Sanfilippo, MD, PhD, *Emory University*
			8:00a-9:30am: Corporate Sponsored Session by PDM: It's the Future…Grab It! [Beacon Hill]
			Susan McCarthy, *Univ of Southern California*
			Jane Pine Wood, *Bio-Reference Labs*
			Gregory S. Henderson, MD, PhD, *PathForceDx*
			Krista Tinsley, *Consultant to PathForceDx*
			Lisa-Jean Clifford, *Gestalt Diagnostics*
			
			9:30am: Break [Harborview]
			
			9:45a-12:00p: PDAS SESSION [Beacon Hill]
			9:45am: **Succession Planning for Pathology Department Administrators: When and How to Start**
			John Baci, MBA, *Boston Children's Hospital*
			10:15am: **Q&A**
			10:30am: **Out of the Ordinary vs Ordinary Days**
			Martin Lawlor, *Univ of Michigan*
			10:45am: **Out of the Ordinary vs Ordinary Days**
			Susan Evers, *Univ of North Carolina, Chapel Hill*
			11:00am: **PDA with More than One Department**
			Brian Rudolph, MBA, *Univ of Pittsburgh*
			11:15am: **The Juggling Act: Leading Two Departments**
			Andrea Saenim, *Northwestern Univ*
			11:30am: **Panel Discussion**

	12:00p-1:30p: Celebrate Exhibitors Lunch [**Harborview**] **12:15p-1:15p:** POSTER SESSION [**Harborview**]	**12:00p-1:30p:** AWARDS LUNCH [**Hotel: Plaza Ballroom**]
	1:30p-3:30p: LEADERSHIP DEVELOPMENT & DIVERSITY SESSION [**Amphitheater**] *Moderator: Dani Zander, MD, Univ of Cincinnati* 1:35p: *Patricia Thomas Lecture (open to all):* **Diversity and Excellence Are Friends: Valuing and Promoting Excellence** Janice Gross Stein, PhD, *Univ of Toronto* 2:25p: **Building a Wellness Program** Erick Messias, MD, *Univ of Arkansas for Medical Sciences* 3:15p: **Discussion** **3:30p-5:00p: PDAS SESSIONS [Amphitheater]** 3:30p: **Clinical Pathology Support: A Redesigned Part A Financial Model**	Andrea Ligler, *Indiana Univ* 4:00p: **Q&A** 4:10p: **Anatomic Pathology Scheduling and Effort Calculations in Partial Sub Specialization** Pamela Gibson, MD and Michael Towle, *Univ of Vermont* 4:40p: **Q&A**	**1:30p-4:00p:** ADVOCACY SESSION [**Amphitheater**] *Joint Chairs/PDAS Session -* ***Lab Consolidation: Path to Perdition or Path to Paradise?*** 1:30p: **Overview: Pressures in the Environment** John Tomaszewski, MD, *Univ at Buffalo, SUNY* 1:40p: **The National Joint Venture Lab Model** Harvey Kaufman, MD, MBA, *Quest Diagnostics* 2:15p: **The Regional Joint Venture Lab Model** Carolyn Wilson, MBA, *Beaumont Health* 2:50p: **The Co-Operative Lab Model** James Crawford, MD, PhD, *Northwell Health* 3:25p: **Panel Discussion** **4:00p-5:30p: RECEPTION sponsored by PDM:** Mix & Learn about Digital Pathology and Artificial Intelligence [**Skyline**]
	5: 5:00p-6:30p: NETWORKING RECEPTION [**Harborview**] **5:00p-6:00p:** POSTER SESSION [**Harborview**]	**5:30p-8:30p:** Society of '67 Appreciation Dinner for Major Donors and Special Guests *(by invitation only)* [**Hotel: Flagship Ballroom**]

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7:00a-8:00a: PDAS Breakfast *(alternative)* [**Beacon Hill**]
8:00a-9:50a: PDAS SESSION [**Beacon Hill**]
8:00a: **The Value of the Laboratory in an Uncertain Healthcare Landscape** Karen Kaul, MD, PhD and Zachary Zahara, MBA, *NorthShore Univ HealthSystem* 8:20a: **Outreach Examples** Gary Brown, MBA, and Ann Thor, MD, *Univ of Colorado, Denver* 8:40a: **Panel Q&A**
8:55a: **Development of a Pathology Compensation Plan** Diana Lantz, *Virginia Commonwealth Univ* 9:10a: **Compensation Model Examples at UCSD and UCSF** Kai Wang, MBA, *Univ of California, San Diego* 9:25a: **Compensation Model Example at Baystate** Kristen Kolb, MBA, *Baystate Medical Center* 9:40a: **Panel Q&A** 9:50a: Break
10:05a-11:00a: Regulatory Affairs [Beacon Hill] 10:05a: Just Jane: A Legal Update | Jane Pine Wood, JD, *Bio-Reference Labs* 10:55a: **Wrap-Up |** Beth Hansell, *Medical Univ of South Carolina*
11:00a-12:30p: DISCUSSION GROUPS (See separate handout for room locations)
12:30p-1:30p: PDAS BUSINESS MEETING/LUNCH [**Beacon Hill**]
1:45p-2:45p: HOT TOPICS DISCUSSION FORUM [**Beacon Hill**] Gary Brown, MBA, *Univ of Colorado* Will Kyle, MBA, *Houston Methodist* Martin Lawlor, *Univ of Michigan* Kelley Suskie, *Univ of Rochester Medical Center*
2:45p-3:00p: PDAS WRAP-UP/CLOSING SESSION [**Beacon Hill**] Kristen Kolb, MBA, Baystate Medical Center *PDAS Program ends at 3:00p.*
5:30p-8:30p: APC Council (with Section Chairs) Dinner *(by invitation only)* [**Hotel: Action Kitchen**]

11:00a-12:30p: DISCUSSION GROUP SESSIONS
[Floor Level: Room]

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1:00p-5:00p: PCME Educational Case Review Board *(by invitation only)* **[Congress Boardroom]** **1:30p-3:00p: Council Onboarding** *(for all Section Council Members)* **[Skyline]** **2:00p-5:00p: TRIG Work Group Meeting** *(by invitation only)* **[North End]** **3:00p-4:30p: Meet-and-Greet for S'67 Scholars and S'67 Board** *(by invitation only)* **[Federal]** **3:00p-7:00p: APC Registration Desk Open [Haborview Foyer]** **4:00p-5:00p: APC Social Media Committee Kick-Off Meeting [Back Bay]** **4:00p-5:00p: Meet-and-Greet for SPICE (Spouse/Guest) Program** for Registered Spouses/Guests **[Skyline]** **4:30p-5:00p: APC Council Exclusive Preview of Exhibits [Harborview]** **5:00p-7:00p: WELCOME RECEPTION [Harborview]** **5:30p-6:30p: POSTER SESSION [Harborview]** **5:30p-7:30p: UME Committee Meeting** *(by invitation only)* **[Congress Boardroom]** **6:00p-8:00p: UTRIG Work Group Meeting** *(by invitation only)* **[North End]** **7:00p-8:30p: EPA Working Group Meeting** *(by invitation only)* **[Federal]**	**8:00a-12:00p: COURSE DIRECTORS WORSKHOP [Cityview 2]** **8:00am: Official Opening & Welcome** Barbara Knollmann-Ritschel, MD, *Uniformed Services Univ of the Health Sciences* **8:05am: Integrated and Accelerated Curriculum From Scratch: Experiences and Lessons Learned** B. Alan Rampy, DO, PhD, *Univ of Texas at Austin* **8:55am: Student and Course Assessment** Vijay Vanguri, MD, *Univ of Massachusetts* **9:30am: Remediation** Robin LeGallo, MD, *Univ of Virginia* **10:05: Break [Harborview]** **10:20am: Nuts and Bolts of Social Media** Valerie Fitzhugh, MD, *Rutgers Univ* **11:35am:** Panel Discussion	**7:00a-7:45a:** Demo: PathPresenter.net: A Platform for Pathology Education in the 21st Century [**Skyline**] **8:00a-9:00a: FACULTY DEVELOPMENT [Cityview 1]** Joint PRODS/UMEDS Program 8:00a: **Introduction** Mary Furlong, MD, *Georgetown Univ* 8:05a: **Creating a Rich Workplace Learning Environment – Teaching is Not an Art: It is a Skill** Janet Hafler, EdD, *Yale Univ* **9:10a-12:00p: UMEDS SESSION [Cityview 2]** 9:10a: **Providing Faculty/Career Development** Kristin Olson, MD, *Univ of California, Davis* 9:40a: **Faculty Development, CV's and Educational Portfolio: How, What and Why** Barbara Knollmann-Ritschel, MD, *Uniformed Services Univ of the Health Sciences* 10:10a: **Panel Q&A** 10:25a: **Break [Harborview]** 10:40a: **Medical Education Certificate Programs at Georgetown University** Mary Furlong, MD, *Georgetown Univ* 11:10a: **Medical Education Fellowships and Certificate Programs at Harvard Medical School** Scott Lovitch, MD, PhD, *Harvard Univ* 11:40a: **Panel Q&A**
	12:00p-1:30p: Celebrate Exhibitors Lunch [**Harborview**] **12:15p-1:15p: POSTER SESSION [Harborview]**	**12:00p-1:30p:** AWARDS LUNCH [**Hotel: Plaza Ballroom**]
	1:30p-3:30p: LEADERSHIP DEVELOPMENT & DIVERSITY SESSION [Amphitheater] *Moderator: Dani Zander, MD, Univ of Cincinnati* 1:35p: *Patricia Thomas Lecture* (open to all): **Diversity and Excellence Are Friends: Valuing and Promoting Excellence** Janice Gross Stein, PhD, *Univ of Toronto* 2:25p: **Building a Wellness Program** Erick Messias, MD, *Univ of Arkansas for Medical Sciences* 3:15p: **Discussion** **3:30p-5:00p: EDUCATIONAL CASE-WRITING WORKSHOP [Cityview 2]** Barbara Knollmann-Ritschel, *Uniformed Services Univ of the Health Sciences*	**1:30p-3:15p: ONLINE LEARNING [Cityview 2]** 1:30p: **E-Learning in Pathology Education: New and VERY Improved**	Martin Pusic, MD, PhD, *New York Univ* 2:20p: **Asynchronous Online Learning and Teaching** Marta Margeta, MD, PhD, *Univ of California, San Francisco* 2:40p: **Online Educational Materials for Health Professional Education** Peter Anderson, DVM, PhD, *Univ of Alabama at Birmingham* 3:00p: **Panel Q&A** 3:15p: **Break** **3:30p-5:00p: UNDERGRADUATE TRAINING IN GENOMICS (UTRIG): TRAINING THE TRAINER WORKSHOP [Cityview 2]** Rebecca Wilcox, MD, *Univ of Vermont*
	5:00p-6:30p: NETWORKING RECEPTION [Harborview] **5:00p-6:00p: POSTER SESSION [Harborview]** 6:30p-8:30p: *UMEDS Council Dinner* (by invitation only) **[Offsite: Strega Waterfront, Chef Room]**	**5:30p-8:30p: Society of '67 Appreciation Dinner for Major Donors and Special Guests** *(by invitation only)* **[Hotel: Flagship Ballroom]**

AT THE APC 2019 ANNUAL MEETING

Wednesday, July 24, 2019

Shaping the Future of Pathology

Wednesday, July 24
6:45a-5:00p: APC Reg Desk Open [**Harborview Foyer**]
6:45a-7:45a: *Academic Pathology Editorial Board Meeting* [**Skyline**]
7:00a-8:00a: Challenges in Informatics Training: A Town Hall Meeting and Breakfast [**Cityview**] Bruce Levy, MD, *Geisinger Health* | Scott Anderson, MD, *Univ of Vermont* Marie DeFrances, MD, PhD, *Univ of Pittsburgh* | Michael Esposito, MD, *Northwell Health*
8:00a-9:30a: UME SESSION [Cityview] *Joint Chairs/UMEDS/PRODS Program* Moderator: Michael Prystowsky, MD, PhD, *Albert Einstein* 8:05a: **Leadership in Education and Curricular Advocacy** Paul Hemmer, MD, *Uniformed Services Univ of the Health Sciences* 8:40a: **Pathologist Experience in Educational Leadership** Kristin Olson, MD, *Univ of California, Davis* 8:50a: **Mentoring and Development of Junior Faculty as Education Leaders,** Richard Conran, PhD, MD, JD, *Eastern Virginia Medical School* 9:00a: **Panel Discussion** **9:30a-11:00a**: GME SESSION [Cityview] *Joint Chairs/PRODS/UMEDS Program* Moderator: Karen Kaul, MD, PhD, *NorthShore Univ HealthSystem* 9:35a: **Graduate Medical Education: Interprofessional Education** Barbara Brandt, PhD, *Univ of Minnesota* 10:15a: **Q&A** 10:20a: **Implications for Pathology** Deborah Powell, MD, *Univ of Minnesota* 10:35a: **Comments and Panel Discussion with:** Cheryl Hanau, MD, *Drexel Univ,* and Mary Furlong, MD, *Georgetown Univ* 10:45a: **Panel Discussion** **11:00a-12:30p**: DISCUSSION GROUPS (See separate handout for descriptions)
12:30p-1:30p: UMEDS BUSINESS MEETING/LUNCH [Cambridge]

1:45p-3:05p: INNOVATIONS IN TEACHING/CURRICULAR INTEGRATION [Cambridge]
1:45p: **Medical Student Pathology Study Materials: New and Digital Resources are In and Traditional Resources are Out**
Philip Boyer MD, PhD, *East Carolina Univ*
1:55p: **Teaching Stewardship in the Undergraduate Medical Curriculum: Pathology-Teaches**
Christine Roth, MD, *Baylor College of Medicine*
2:05p: **Multidisciplinary Conferences to Enhance Appreciation of Pathology** \| Andrea Deyrup MD, PhD, *Duke Univ*
2:15p: **Blended Case Based Learning Environment to Enhance Undergraduate Pathology Education**
Jyotsna Pandey, MD, PhD, *Central Michigan University*
2:25p: **Optimization of Medical Student Cardiovascular Pathology Education: A Critical Review of Topics and Teaching Modalities with Incorporation of 3-D Printed Congenital Heart Disease Models** \| Philip Boyer MD, PhD, *East Carolina Univ*
2:35p: **Panel Discussion**
3:05p: **Break**

3:20p-4:50p: PATHOLOGY PIPELINE PROGRAMS [Cambridge]
3:20p: **Starting the Pipeline Early: Engagement of High School Students in Pathology** \| Jennifer Findeis-Hosey, MD, *Univ of Rochester Medical Center*
3:30p: **A Single-Institution Experience of Increasing Pathology Visibility to Medical Students with Resident as Teacher** \| Dong Hyang Kwon, MD, *Georgetown Univ*
3:40p: **The "Race" Towards Diversity, Inclusion, and Equity in Pathology: The Johns Hopkins Experience** \| Alisha Ware, MD, *Johns Hopkins Univ*
3:50p: **A University of Michigan Experience: Increasing Exposure to Pathology During Surgery Clerkship** \| Madelyn Lew, MD, *Univ of Michigan*
4:00p: **Engaging Ideas for Pathology Student Interest Group Meetings** \| Kimberly Sanford, MD, *Virginia Commonwealth Univ*
4:10p: **Panel Discussion**
UMEDS program ends at 4:50p.

5:30p-8:30p: APC Council (with Section Chairs) Dinner *(by invitation only)* [Hotel: Action Kitchen]

11:00a-12:30p: DISCUSSION GROUP SESSIONS
[Floor Level: Room]
1. Serving as a Temporary Pathology Chair: Boon or Boondoggle? **[Plaza: Cityview]**
2. The Big Squeeze: Curriculum Compression in Medical Education **[Plaza: Harborview 3]**
3. Managing the Transition from Academic Health Center to Academic Health System **[Plaza: Harborview 2]**
4. Getting the Best Fit: Recruitment and Ranking of Residency Applicants **[Plaza: Harborview 1]**
5. Training Residents in Patient Safety (TRIPS): Pathology Approaches to Resident Training **[Plaza: North End]**
6. Best Practices in Pathology UME Teaching **[Harbor: Waterfront 2]**
7. Professionalism in Medical Education **[Mezzanine: Back Bay]**
8. Implementing Artificial Intelligence/Machine Learning in Academic Pathology Departments **[Harbor: Beacon Hill]**
9. Collective Excellence through Social Media: Twitter for Pathologists **[Harbor: Waterfront 3]**
10. International Medical Graduates: Challenges and Opportunities **[Harbor: Cambridge]**
11. Interviewing 101: Foundations for Successful Development of interviewing skills in Faculty and Trainees **[Mezzanine: Washington]**
12. IMGs in Training: The Responsibilities, Challenges and Strategies for the Residency Programs **[Mezzanine: Tremont]**
13. Administration Woes - What Hasn't Been Checked Lately? **[Harbor: Waterfront 1]**

SEAPORT WORLD TRADE CENTER
LEVELS AND MEETING ROOMS

PLAZA LEVEL *(top)*	Cityview Ballrooms Harborview Ballrooms Harborview Foyer Skyline Ballroom North End South End
MEZZANINE LEVEL *(middle)*	Amphitheater Back Bay Complex Congress Boardroom Federal Complex Tremont Washington
HARBOR LEVEL *(bottom)*	Beacon Hill Complex Cambridge Complex Waterfront Ballrooms

SEAPORT HOTEL MEETING ROOMS

Plaza Ballroom: Awards Lunch Admiral Suite: Hotel Room #1836 Hospitality Suite: Hotel Room #536 Aura Restaurant, Magnum A/B Rooms

Sunday, July 21	Monday, July 22	Tuesday, July 23
SAFE TRAVELS TO THE BOSTON SEAPORT HOTEL AND WORLD TRADE CENTER!	**6:45a-6:30p**: APC Reg Desk Open [**Harborview Foyer**] **7:00a-8:00a:** Breakfast in Exhibit Hall [**Harborview**] **7:00a-8:00a:** New PRODS Breakfast with PRODS Council [**Skyline**] **8:30a-10:00a:** SPICE Hospitality Breakfast for Registered Spouses/Guests [**Hotel: Admiral Suite**]	**6:45a-5:00p**: APC Reg Desk Open [**Harborview Foyer**] **6:45a-7:45a:** *Advocacy Committee Meeting* [**Federal**] **7:00a-8:00a:** Breakfast in Exhibit Hall [**Harborview**] **8:30a-10:00a:** SPICE Hospitality Breakfast for Registered Spouses/Guests [**Hotel: Admiral Suite**]
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	12:15p-1:30p: **Medical Education Working Group Meeting/Lunch** *(by invitation only)* [**Federal**] **12:15p-1:30p:** **MD Survey Task Force Meeting/Lunch** *(by invitation only)* [**Washington**]	
	12:00p-1:30p: Celebrate Exhibitors Lunch [Harborview] **12:15p-1:15p:** POSTER SESSION [Harborview]	**12:00p-1:30p:** AWARDS LUNCH [Hotel: Plaza Ballroom]
5:00p-7:00p: WELCOME RECEPTION [Harborview] **5:30p-6:30p:** POSTER SESSION [Harborview] **6:00p-8:00p:** UTRIG Work Group Meeting *(by invitation only)* [North End] **7:00p-8:30p:** EPA Working Group Meeting *(by invitation only)* [Federal]	**1:30p-2:00p:** OPEN DISCUSSION on Surgical Pathology and Autopsy APC Position Papers [Cityview 1]	Moderator: Robert Hoffman, MD, PhD, *Vanderbilt Univ* **2:00p-3:15p:** C. BRUCE ALEXANDER LECTURE [Cityview 1] *Joint PRODS/GMEAS Program*	**Perspective on Competency-Based Curricula and the Entrustable Professional Activities (EPAs)** Deborah Powell, MD, *Univ of Minnesota* 3:00p: Questions **3:15p-5:00p:** ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA) [Cityview 1] 3:15p: **EPA Working Group Update** Cindy McCloskey, MD, *Univ of Oklahoma* 4:15pm: **Discussion**	**2:00p-3:45p:** CAREER DEVELOPMENT [Cityview 1] 2:00p: **Faculty Career Development** Deborah Powell, MD, *Univ of Minnesota* 2:45p: **Investigating the Impact of a Professional Development Coaching Program in Pediatrics** Benjamin Nelson, MD, *MGH for Children* 3:30p: **Panel Q&A** 3:45p: Break **4:00p-5:00p:** SPECIAL TOPIC IN PATHOLOGY 4:00p: **In Vivo Microscopy in Trainee Education** Nicholas Reder, MD, *Univ of Washington* 4:45p: **Discussion and Q&A**
	5:00p-6:30p: NETWORKING RECEPTION [Harborview] **5:00p-6:00p:** POSTER SESSION [Harborview] **6:30p-8:30p:** *PRODS Council Dinner (by invitation only)* [**Offsite: Strega Waterfront, Boardroom**]	**5:30p-8:30p:** Society of '67 Appreciation Dinner for Major Donors and Special Guests *(by invitation only)* [Hotel: Flagship Ballroom]

Wednesday, July 24, 2019
Shaping the Future of Pathology

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Moderator: Michael Prystowsky, MD, PhD, *Albert Einstein*
8:05a: **Leadership in Education and Curricular Advocacy**
Paul Hemmer, MD, *Uniformed Services Univ of the Health Sciences*
8:40a: **Pathologist Experience in Educational Leadership**
Kristin Olson, MD, *Univ of California, Davis*
8:50a: **Mentoring and Development of Junior Faculty as Education Leaders,** Richard Conran, PhD, MD, JD, *Eastern Virginia Medical School*
9:00a: **Panel Discussion**

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Moderator: Karen Kaul, MD, PhD, *NorthShore Univ HealthSystem*
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Cheryl Hanau, MD, *Drexel Univ,* and Mary Furlong, MD, *Georgetown Univ*
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11:00a-12:30p: DISCUSSION GROUPS (See separate handout for descriptions)

12:30p-1:45p: PRODS BUSINESS MEETING/LUNCH [Cityview]
12:30p: **Pipeline Development Council**
Karen Kaul, MD, PhD, *NorthShore University HealthSystem*
1:10p: **International Medical Graduates and the Pathology Workforce**
John Boulet, PhD, *ECFMG*
1:30p: **PRODS Business Meeting**

2:00p-3:00p: ACGME PATHOLOGY MILESTONES 2.0 [Cityview]
Joint PRODS/GMEAS Program
Laura Edgar, EdD, *ACGME*

3:00p-4:30p: ANNUAL UPDATES [Cityview]
3:00p: **American Board of Pathology (ABPath) Update**
Rebecca Johnson, MD, *American Board of Pathology*
3:20p: **ASCP Resident In-Service Exam (RISE) Update**
Jonathan Genzen, MD, PhD, *ASCP RISE / Univ of Utah*
3:40p: **Educational Commission for Foreign Medical Graduates (ECFMG) Update**
Eleanor Fitzpatrick, *ECFMG*
4:00p: **Accreditation Council for Graduate Medical Education (ACGME) Update** Kate Hatlak, *ACGME*

PRODS/GMEAS Program ends at 4:30p.

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	Congress Boardroom
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	Tremont
	Washington
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	Cambridge Complex
	Waterfront Ballrooms

SEAPORT HOTEL MEETING ROOMS

Plaza Ballroom: Awards Lunch
Admiral Suite: Hotel Room #1836
Hospitality Suite: Hotel Room #536
Aura Restaurant, Magnum A/B Rooms

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SAFE TRAVELS TO THE BOSTON SEAPORT HOTEL AND WORLD TRADE CENTER! **1:30p-3:00p:** Council Onboarding *(for all Section Council Members)* [**Skyline**] **3:00p-7:00p:** APC Registration Desk Open [**Haborview Foyer**] **4:00p-5:00p:** APC Social Media Committee Kick-Off Meeting [**Back Bay**] **4:00p-5:00p:** Meet-and-Greet for SPICE (Spouse/Guest) Program for Registered Spouses/Guests [**Skyline**] **4:30p-5:00p:** APC Council Exclusive Preview of Exhibits [**Harborview**] **5:00p-7:00p:** WELCOME RECEPTION [**Harborview**] **5:30p-6:30p:** POSTER SESSION [**Harborview**]	**8:00a-12:00p: COORDINATOR BOOT CAMP [Cambridge]** 8:00a: **Welcome to GMEAS** LeeTanya Marion-Murray, *Cedars-Sinai Medical Center* 8:30a: **The ACGME: Five Capital Letters and Everything in Between** Ashley Sanders, *Univ of Arkansas for Medical Sciences* 9:30a: **Optimizing Project Planning** Carol Hollstein, *Loma Linda Univ* 10:00a: **Break [Harborview]** 10:20a: **What Coordinators Need to Know About the American Board of Pathology (ABPath)** Tammy Talvy, *Univ of Arizona* 10:35am: **A Year-in-the-Life of a Program Coordinator** Tammy Talvy, *Univ of Arizona* 11:00a: **Targeted Mentorship in Residency Training** Noreen Matsuda, *Univ of Hawaii* 11:30a: **Program Coordinator Mentorship at the Mayo Clinic** Tasha Gilbertson, *Mayo Clinic*	**7:00a-7:45a**: Demo: PathPresenter.net: A Platform for Pathology Education in the 21st Century [**Skyline**] **8:00a-10:00a:** RECRUITMENT [**Cambridge**] 8:00a: **Program Recruitment for Larger Institutions** Kristina Smith, *Mayo Clinic* 8:25a: **Resident Recruitment** Chelle Kozy, *Orlando Regional Medical Center* 8:50a: **Discussion** 9:00a: **On-Boarding** Beth Shultz, *Penn State Health* 9:20a: **Best Practices: On-Boarding** Amy Motta, *Dartmouth-Hitchcock Medical Center* 9:35a: **Q&A** 10:00a: **Break [Harborview]** *Joint PRODS/GMEAS Program* **10:15a-12:00p: PROGRAM REQUIREMENTS [Cityview 1]** 10:15a: **ACGME New Program Requirements** Kate Hatlak, *ACGME* 10:45a: **PD Experience 1: Quality and Patient Safety Curriculum at the Cleveland Clinic** Deborah Chute, MD, *Cleveland Clinic Foundation* 11:00a: **PD Experience 2: Curriculum Development** Kristie White, MD, *Univ of California, San Francisco* 11:15a: **PD Experience 3: Going Beyond the Curricular Needs: A Holistic Approach to Graduate Medical Education** Vijayalakshmi Ananthanaray, MD, *Loyola Univ* 11:30a: Discussion/Questions
	12:00p-1:30p: Celebrate Exhibitors Lunch [**Harborview**] **12:15p-1:15p:** POSTER SESSION [**Harborview**]	**12:00p-1:30p:** AWARDS LUNCH [**Hotel: Plaza Ballroom**]
	1:30p-2:00p: OPEN DISCUSSION on Surgical Pathology and Autopsy APC Position Papers [**Cityview 1**] **2:00p-3:15p:** *C. Bruce Alexander Lecture* [**Cityview 1**] *Joint PRODS/GMEAS Program* **Perspective on Competency-Based Curricula and the Entrustable Professional Activities (EPAs)** Deborah Powell, MD, *Univ of Minnesota* 3:00p: Questions **3:30p-5:00p:** CAREER DEVELOPMENT [**Cambridge**] 3:30p: **Coordinator as a Career** Alexandra Murtha, *University of California, San Diego* 3:50p: **Coordinator Wellness** Chelle Kozy, *Orlando Regional Medical Center* 4:10p: **Reducing Errors in Program Administrative Tasks** Amy Motta, *Dartmouth-Hitchcock Medical Center* 4:30p: **Professional Development: Ways to Increase up the Ladder** LeeTanya Marion-Murray, *Cedars-Sinai Medical Center*	**1:30p-5:00p:** COMMUNICATION [**Cambridge**] 1:30p: **Crucial Conversations: Navigating the Stakes, Opinions, and Emotions** Ashley Sanders, *Univ of Arkansas for Medical Sciences* 2:00p: **Communication Skills** Carol Hollstein, *Loma Linda Univ* 2:30p: **Lean Six Sigma: Interactive Session on Streamlining Processes** Alexandra Murtha, *University of California, San Diego* 3:00p: **Q&A** 3:15p: **Break** 3:30p: **How to Write an Evaluation Question** Beth Shultz, *Penn State Health* 4:10p: **Leveraging Social Media in GME** Amy Motta, *Dartmouth-Hitchcock Medical Center* 4:30p: **Q&A**
	5:00p-6:30p: NETWORKING RECEPTION [**Harborview**] **5:00p-6:00p:** POSTER SESSION [**Harborview**] **6:30p-8:30p:** GMEAS Appreciation Dinner *(sponsored by CAP, by invitation only)* [**Westin Waterfront Hotel: City Bar**]	**5:30p-8:30p:** Society of '67 Appreciation Dinner for Major Donors and Special Guests *(by invitation only)* [**Hotel: Flagship Ballroom**]

Wednesday, July 24, 2019

Shaping the Future of Pathology

Wednesday, July 24

6:45a-5:00p: APC Reg Desk Open [**Harborview Foyer**]

7:00a-8:00a: Challenges in Informatics Training: A Town Hall Meeting and Breakfast [Cityview] Bruce Levy, MD, *Geisinger Health* | Scott Anderson, MD, *Univ of Vermont* | Marie DeFrances, MD, PhD, *Univ of Pittsburgh* | Michael Esposito, MD, *Northwell Health*

7:00a-8:00a: GMEAS Breakfast *(alternative)* **[Cambridge]**

8:00a-9:00a: WELLNESS [Cambridge]
8:00a: **Keeping the Peace with Different Personalities in the Workplace**
Tasha Gilbertson, *Mayo Clinic*
8:30a: **Resident Wellness**
Adriana Flores, *Harbor-UCLA Medical Center*
8:45a: **Q&A**
9:00a: **Break**

9:15a-10:15a: COORDINATOR FAMILY FEUD [Cambridge]
Carol Hollstein, *Loma Linda Univ*
Chelle Kozy, *Orlando Regional Medical Center*
Ashley Sanders, *Univ of Arkansas for Medical Sciences*

10:15a-11:00a: RESIDENT MANAGEMENT SYSTEM USER GROUPS
- **MedHub [South End]** Leslie Antinarella, *Univ of Rochester Medical Center*
- **New Innovations [North End]** Beth Shultz, *Penn State Health*

11:00a-12:30p: DISCUSSION GROUPS (See separate handout for descriptions)

12:30p-1:30p: GMEAS BUSINESS MEETING/LUNCH [Skyline]

2:00p-3:00p: ACGME Pathology Milestones 2.0 [Cityview]
Joint PRODS/GMEAS Program
Laura Edgar, EdD, *ACGME*

3:00p-4:30p: ANNUAL UPDATES [Cityview]
3:00p: **American Board of Pathology (ABPath) Update**
Rebecca Johnson, MD, *American Board of Pathology*
3:20p: **ASCP Resident In-Service Exam (RISE) Update**
Jonathan Genzen, MD, PhD, *ASCP RISE / Univ of Utah*
3:40p: **Educational Commission for Foreign Medical Graduates (ECFMG) Update**
Eleanor Fitzpatrick, *ECFMG*
4:00p: **Accreditation Council for Graduate Medical Education (ACGME) Update**
Kate Hatlak, *ACGME*

PRODS/GMEAS Program ends at 4:30p.

5:30p-8:30p: **APC Council (with Section Chairs) Dinner** *(by invitation only)* **[Hotel: Action Kitchen]**

SEAPORT WORLD TRADE CENTER
LEVELS AND MEETING ROOMS

PLAZA LEVEL *(top)*	Cityview Ballrooms
	Harborview Ballrooms
	Harborview Foyer
	Skyline Ballroom
	North End
	South End
MEZZANINE LEVEL *(middle)*	Amphitheater
	Back Bay Complex
	Congress Boardroom
	Federal Complex
	Tremont
	Washington
HARBOR LEVEL *(bottom)*	Beacon Hill Complex
	Cambridge Complex
	Waterfront Ballrooms

SEAPORT HOTEL MEETING ROOMS

Plaza Ballroom: Awards Lunch
Admiral Suite: Hotel Room #1836
Hospitality Suite: Hotel Room #536
Aura Restaurant, Magnum A/B Rooms

11:00a-12:30p: DISCUSSION GROUP SESSIONS
[Floor Level: Room]

1. Serving as a Temporary Pathology Chair: Boon or Boondoggle? **[Plaza: Cityview]**
2. The Big Squeeze: Curriculum Compression in Medical Education **[Plaza: Harborview 3]**
3. Managing the Transition from Academic Health Center to Academic Health System **[Plaza: Harborview 2]**
4. Getting the Best Fit: Recruitment and Ranking of Residency Applicants **[Plaza: Harborview 1]**
5. Training Residents in Patient Safety (TRIPS): Pathology Approaches to Resident Training **[Plaza: North End]**
6. Best Practices in Pathology UME Teaching **[Harbor: Waterfront 2]**
7. Professionalism in Medical Education **[Mezzanine: Back Bay]**
8. Implementing Artificial Intelligence/Machine Learning in Academic Pathology Departments **[Harbor: Beacon Hill]**
9. Collective Excellence through Social Media: Twitter for Pathologists **[Harbor: Waterfront 3]**
10. International Medical Graduates: Challenges and Opportunities **[Harbor: Cambridge]**
11. Interviewing 101: Foundations for Successful Development of interviewing skills in Faculty and Trainees **[Mezzanine: Washington]**
12. IMGs in Training: The Responsibilities, Challenges and Strategies for the Residency Programs **[Mezzanine: Tremont]**
13. Administration Woes - What Hasn't Been Checked Lately? **[Harbor: Waterfront 1]**

APC 2019 Annual Meeting Discussion Groups
Wednesday, July 24, 11:00am – 12:30pm

DG #	TOPIC	SEAPORT LEVEL: ROOM
DG 1.	Serving as a Temporary Pathology Chair: Boon or Boondoggle?	Plaza: Cityview
DG 2.	The Big Squeeze: Curriculum Compression in Medical Education	Plaza: Harborview 3
DG 3	Managing the Transition from Academic Health Center to Academic Health System	Plaza: Harborview 2
DG 4.	Getting the Best Fit: Recruitment and Ranking of Residency Applicants	Plaza: Haborview 1
DG 5.	Training Residents in Patient Safety (TRIPS): Practical Approaches to Curriculum Implementation	Plaza: North End
DG 6.	Best Practices in Pathology UME Teaching	Harbor: Waterfront 2
DG 7.	Professionalism in Medical Education: Assessment and Remediation	Mezzanine: Back Bay
DG 8.	Implementing Artificial Intelligence/Machine Learning in Academic Pathology Departments	Harbor: Beacon Hill
DG 9.	Collective Excellence through Social Media: Twitter for Pathologists	Harbor: Waterfront 3
DG 10.	International Medical Graduates: Challenges and Opportunities	Harbor: Cambridge
DG 11.	Interviewing 101: Foundations for Successful Development of Interviewing Skills in Faculty and Trainees	Mezzanine: Washington
DG 12.	IMGs in Training: The Responsibilities, Challenges and Strategies for the Residency Programs	Mezzanine: Tremont
DG 13.	Administration Woes - What hasn't been checked lately?	Harbor: Waterfront 1

DG 1. Serving as a Temporary Pathology Chair: Boon or Boondoggle?   **Plaza: Cityview**

Although the Association of Pathology Chairs has many forums to assist new chairs and to sustain existing chairs, little, if any, attention has been paid to the so-called "time-limited" chair. This group includes those serving as: (a) the "acting chair" during a search for permanent chair; (b) the "interim chair" for a period of time after departure of the prior chair but before launching a search for the permanent chair; (c) the "term-limited chair" whose term is pre-set for a fixed period of time; and (d) the "terminal chair," who wishes to step down as chair but is asked to stay on until a successor can be found. The needs of these individuals are quite different from those of new and current chairs. To the extent that "acting," "interim," and "term-limited" chairs wish to become the permanent chair, they may have many questions (e.g., should I be a "caretaker" or a "change agent"? If I do too little, I may hurt my chances of becoming permanent chair, but if I do too much I may rub people the wrong way. If I refuse to serve, will I hurt my chances of becoming permanent chair because people will think I do not care? Will I be less valued as an internal candidate for chair? Even if I do not want to be chair at my institution, will this service enhance my curriculum vitae and chances for future leadership positions?) To the extent that they may have no desire to become the permanent chair, the "acting," "interim," and "term-limited" chairs may feel a sense of duty to serve and may worry about the effect of such service on their academic productivity. This discussion group/panel discussion at the APC 2019 annual meeting will focus on these issues as seen by current and former time-limited chairs and by a former dean. Findings will be submitted for publication.

Target Audience:	Chairs, Interim Chairs, PRODS
Moderators:	David Bailey, MD, University of California, San Diego
	Fred Sanfilippo, MD, PhD, Emory University
Panelists:	Melissa George, DO, Penn State Health, Milton S. Hershey Medical Center
	David Howell, MD, PhD, Duke University
	Donald Karcher, MD, George Washington University
	Jenny Libien, MD, PhD, SUNY Downstate Medical Center
	Deborah Powell, MD, University of Minnesota

DG 2. The Big Squeeze: Curriculum Compression in Medical Education   **Plaza: Harborview 3**

Many medical schools are either being anew or undergoing curriculum revision that is focused on integration. Outcomes of this might include compression of stand-alone time for pathology. Discussion around this will be focused on what worked for them and why and what failed and why.

Target Audience:	Chairs, UMEDS
Moderators:	Amy Rapkiewicz, MD, NYU Long Island School of Medicine
	Alan Rampy, DO, PhD, University of Texas, Austin - Dell Medical School

DG 3. Managing the Transition from Academic Health Center to Academic Health System   Plaza: Harborview 2

a) Increasingly academic health centers are merging and acquiring additional hospitals. Pathology departments are often called upon to assume additional duties or to absorb the pathologists from these hospitals. b) The discussion group will be moderated by two individuals who have managed these changes and the group will discuss the challenges and opportunities in these situations; c) the moderators will involve the audience to ask questions and comment on their own experiences.

Target Audience: Chairs, PDAS

Moderators: Barbara Ducatman, MD, Oakland University William Beaumont School of Medicine
Karen Kaul, MD, PhD, Northshore University Health System

DG 4. Getting the Best Fit: Recruitment and Ranking of Residency Applicants   Plaza: Harborview 1

Program directors often act in a vacuum when it comes to recruitment season and subsequent candidate ranking. The purpose of this discussion group is to share ideas, insights and best practices regarding effective ways to screen candidate applications, structure the interview day, evaluate candidates, and create a rank list. After a brief group introduction and administration of instructions, the majority of the discussion will take place in small groups comprised of no more than seven participants, each with varying degrees of experience in orchestrating a recruitment season. These small groups will allow each participant to discuss his or her own activities and challenges with regard to recruitment and ranking. During the last ten minutes, the entire audience will come together, and the co-moderators will facilitate a summary of the ideas that were exchanged during the small group encounters.

Target Audience: PRODS

Moderators: Brian Moore, MD, University of Colorado
Scott Anderson, MD, University of Vermont

DG 5. Training Residents in Patient Safety (TRIPS): Practical Approaches to Curriculum Implementation   Plaza: North End

Preventing diagnostic error and improving patient safety have become a pressing issue for the Pathology community and is now a key focus for the ACGME. However, few Pathology patient safety educational resources exist specifically for Pathology trainees. An APC PRODS committee, the Training Residents in Patient Safety (TRIPS) Working Group, has recently been established to develop a consensus patient safety curriculum and tools for implementation. In this DG session, we will have participants experience a TRIPS developed pilot root cause analysis exercise and obtain specific tools for local implementation. We will then solicit feedback on the exercise as well as invite other suggestions for interactive patient safety training for residents. Data from a planned TRIPS Working Group survey to PRODS membership on best practices in patient safety education will be integrated into the discussion. We hope that the session will provide ideas to both participants and TRIPS to help develop an effective patient safety curriculum for Pathology residents.

Target Audience: Chairs, PRODS

Moderators   Yael Heher, MD, Harvard Medical School/Beth Israel Deaconess Medical Center
Richard Haspel, MD, PhD, Harvard Medical School/Beth Israel Deaconess Medical Center

DG 6. Best Practices in Pathology UME Teaching   Harbor: Waterfront 2

APC meetings provide a supportive environment for discussion of the challenges of UME curriculum development, assessment, and faculty support with like-minded peers. Our experience is that post-meeting e-mail discussions provide advice and good practical examples of how peer institutions handle various decisions around pathology UME teaching, such as approaches to assessment. We hope to sustain this energy through a vigorous discussion around best practices and lessons learned at three different institutions: Duke University (~130 students, MS1 consists of core foundational sciences followed by clerkships during MS2), the University of California, San Francisco (~150 students, MS1 and the fall of MS2 consist of core foundational sciences, clinical microsystems curriculum, and inquiry followed by clerkship entry in January of MS2), and the University of Chicago (~90 students, 2-year preclinical pathology curriculum followed by clerkships). This will be a participant-driven discussion, not a didactic session, with guiding questions posed by the moderators based on their institutional experience. The moderators hold key leadership roles at these three institutions, have extensive experience in curriculum development, and are closely involved in faculty development for success in UME teaching, which involves some skills distinct from those required for success in GME teaching. We will survey the registered participants ahead of time to learn about the topics of greatest interest in order to address those topics during the discussion.

Target Audience: PRODS, UMEDS

Moderator: Marta Margeta, MD, PhD and Raga Ramachandran, MD, PhD, UCSF
Andrea Deyrup, MD, PhD, Duke University
Aliya Husain, MD, University of Chicago

DG 7. Professionalism in Medical Education: Assessment and Remediation   Mezzanine: Back Bay

Professionalism is a core competency for both medical students and residents, as mandated by the LCME and ACGME. Yet, despite efforts at defining this operationally, standardized assessment and remediation of professionalism remain some of the most difficult areas of medical education. Given that medical schools and residency training programs are required to assess students' and trainees' professionalism, they must therefore offer remediation plans for those who are failing. During this session, we will initially lay the groundwork for a common understanding of what professionalism does and doesn't mean. The discussion of methods of assessment and remediation then will be facilitated through case examples that illustrate common but difficult examples of students or residents exhibiting questionable professionalism, with varying degrees of complexity and controversy. Issues for discussion will include: How do we recognize professionalism issues as early as possible, then develop and implement a plan? Are there differences in the assessment and remediation of professionalism for medical students versus for residents? How do we deal with subjective differences in perception between different reviewers? To what extent do we as educators feel obligated and qualified to investigate whether unprofessional behaviors may be a manifestation of underlying

neuropsychiatric issues, and is there a place for fitness-for-duty examinations? Are there different generational and cultural norms for professionalism in medicine, and if so, how do we account for that in our diverse training milieu? How do we assess if remediation is successful, or whether the student/ trainee is in fact not remediable? What are our legal responsibilities both to trainees and the general public? Finally, we will examine the interaction between the educator and trainee and discuss how we maintain our own professionalism is these scenarios. This session will include tips on giving and receiving feedback during the process of remediation. The audience will be engaged by both discussion and the use of an audience response system.

Target Audience:	Chairs, PRODS, PDAS, UMEDS, GMEAS
Moderator:	Melina Flanagan, MD and Jeffrey Vos, MD, West Virginia University School of Medicine
	Suzanne Powell, MD, Houston Methodist Hospital

DG 8. Implementing Artificial Intelligence/Machine Learning in Academic Pathology Departments   Harbor: Beacon Hill

Artificial Intelligence (AI) and Machine Learning (ML) applications have tremendous paradigm shifting potential to increase efficiency, affordability, and productivity in healthcare. However, as we enter further into this digital age of medicine there are certain barriers to overcome related to its infrastructure, education, and implementation. Currently there is a knowledge gap growing in academic pathology departments about the utility and implementation of ML and AI, that if not addressed now, may result in increased cost, inadequate technology, insufficient resident training, and / or significant workflow changes.   The aim of this discussion group is to receive input and ideas from pathology departments on their individual approaches to the following discussion topics relating to AI/ML:

1) Current status of digital pathology infrastructure
2) Digital pathology workflows for safe, secure AI/ML implementation
3) Current status of health care related AI/ML educational resources for students/faculty
4) Gaining support for AI/ML integration

Target Audience:	Chairs, PRODS, PDAS, UMEDS, GMEAS, Informatics personnel, Residents and Fellows
Moderators:	Brittany Dugger, PhD, and John Paul Graff, DO, University of California, Davis

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DG 9. Collective Excellence through Social Media: Twitter for Pathologists   Harbor: Waterfront 3

Social Media is rapidly gaining in popularity, and Twitter has emerged as the platform of choice for pathologists. Pathologists on Twitter benefit from sharing educational cases, discussing new research and exploring new ideas that have been pioneered at other institutions. Twitter also provides a valuable connection from pathologists to patients and physicians in other specialties, and thus has become a powerful platform for advocacy. In addition, there are many social, ethical and practical issues that are encountered for the first time on social media. This Discussion Group is designed to welcome people at all levels, from seasoned pros who would like to discuss ideas and concerns, to beginners who are deciding whether they should set up an account for the first time. You will hear from a panel of seasoned social media users that will help guide you in expanding your use of social media beyond just sharing a case. You will also have opportunity to ask questions and participate in the discussion, and if you are new to Twitter, have opportunity to sign-up and craft your very first tweet!

Target Audience:	All
Moderators:	Nicole Riddle, MD, University of South Florida
	Yonah Ziemba, MD, Zucker School of Medicine at Hofstra/ Northwell
	Dana Razzano, MD, New York Medical College at Westchester
Panelists:	Michael Schubert, *The Pathologist*
	Kimran Mirza, MD, PhD, Loyola University
	Valerie Fitzhugh, MD, Rutgers University

DG 10. International Medical Graduates: Challenges and Opportunities   Harbor: Cambridge

NRMP data shows that the number of pathology residency positions filled by U.S. Seniors has dropped from 45.1% in 2013 to 35.9% in 2017. This means that more and more positions are being filled by IMGs. There were 272 foreign-trained physicians who matched into a PGY-1 spot for Pathology – up to 4.1% in 2017 from 3.3% in 2016. This highly interactive workshop will explore some of the challenges faced by these IMGs and seeks to identify best practices that may help or guide IMG residents and faculty to success.

1. Social and cultural adaptation. Many IMGs will encounter significant culture shock and may behave in manners that may seem contrary to US practices or norms. How do we recognize these differences and make them feel more comfortable with these differences?
2. Recognize that the impact of bias (conscious & unconscious) as well as microaggressions that these individuals face, can be significant.   It is all too easy to hurt and insult others if one fails to exercise vigilance when we engage with those whose lived experiences may be different than our own.
3. Concerns and stress over immigration status for self and family, culture shock, adapting to work demands, language issues, building relationships and a host of other factors impact the well- being of IMGs. Using a format of small groups, we will seek best practices and ideas for creating a wellness initiative that would encompass all trainees, with an emphasis on IMGs.
4. In a recent publication "The Recent Pathology Residency Graduate Job Search Experience" the results of 5 years of job market surveys, an important finding was that "international medical school graduate respondents reported greater perceived difficulty in finding a position, and indeed, fewer reported having accepted a position." Again, working in small groups, we will discuss approaches to address this issue e.g. by helping them develop a stronger, well written cv, better interview skills, professional attire, conversation tips, etc.

The opportunities and successes of IMGs are often a reflection of ways in which one addresses these challenges. Difficulties may often be overcome by hard work and persistence, but not always. We all can make a difference – if we are aware, conscious, caring and mindful.

Target Audience:	Chairs, PRODS, PDAS, UMEDS, GMEAS
Moderator:	Amyn Rojiani, MD, PhD, Medical College of Georgia at Augusta University

Panelists: Andrea Kahn, MD, University of South Alabama
Shahla Masood, MD, University of Florida, Jacksonville
Kinjal Shah, MD, University of Tennessee Health Sciences Center
Eleanor Fitzpatrick, Educational Commission for Foreign Medical Graduates

DG 11. Interviewing 101: Foundations for Successful Development of Interviewing Skills in Faculty and Trainees|Mezzanine: Washington

Interviewing applicants is a necessary skill for future pathologists; however, few programs offer formalized training in how to interview resident, fellow and faculty applicants. The proposed discussion group session will be arranged as a small group activity to give the participants the skills to effectively interview applicants, as well as to create durable content to take back to their respective institutions to offer sessions to faculty and trainees on interviewing best practices and techniques. The session will contain two parts. The first part will include a discussion of the nuts and bolts of interviewing: interview techniques, legalities of interviewing including NRMP rules, how to develop interview questions for recruitment (~25 mins). The second half of the session will be directed towards creating content to implement professional development activities to teach interviewing skills at the participant's institutions. Participants will break into small groups of 3-5 and will have a choice of developing a session on interviewing for faculty development or towards resident/fellow development (~30 mins). The final products created by the breakout groups will be presented to the larger group (25 mins). The remaining 10 mins will be allotted for answering questions.

Target Audience: Chairs, PRODS, UMEDS, Anyone that interviews applicants for employment
Moderators: Kristie White, MD, Sarah Calkins, MD, and Kelly McNeill, University of California, San Francisco

DG 12. IMGs in Training: The Responsibilities, Challenges and Strategies for the Residency Programs   Mezzanine: Tremont

There are unique requirements and cultural nuances that come into play when recruiting and training International Medical Graduates (IMGs) to pathology training programs. It is critical that program directors and administrators have a clear understanding of the current institutional and program responsibilities associated with IMG trainees. This session will combine a review of the basic IMG credential and immigration requirements with a focused discussion on the internal policies and best practices that will help to ensure effective coordination and positive outcomes for pathology programs and all of their residents. During the session, an experienced program director and administrator will guide participants through the program cycle and related responsibilities for IMG recruitment, on-boarding, evaluations/milestones, reporting, wellbeing etc. The presenters will highlight the challenges, resources and recommended strategies for success, touching on the progression from residency through fellowship. ECFMG staff will provide a review and update on ECFMG certification, ERAS and basic immigration requirements. The session will include a breakout period where participants will discuss the common misunderstandings/information gaps and biggest challenges.

Target Audience: PRODS, PDAS, GMEAS
Moderators: Eleanor Fitzpatrick, ECFMG-FAIMER
Elizabeth Hammerschmidt and Rema Rao, MD, Weill Cornell Medicine

DG 13. Administration Woes - What Hasn't Been Checked Lately?   Harbor: Waterfront 1

Pathology charging and billing is dramatically different than other medical services and new Administrators may not have the background to hit the ground running. Additionally, seasoned Administrators need to review current processes in terms of changes and updates that may not have been implemented as planned. LIS installations are complicated and not everything is remembered, accounted for or completed during data transition. This discussion will offer concrete examples of different issues and approaches for identifying potential overlooked income sources.

Target Audience: Chairs, PDAS, attendees interested in discussing potentially overlooked
revenue opportunities
Moderators: Steven Gudowski, MBA, MT(ASCP), Thomas Jefferson University

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Association of Pathology Chairs: Abstracts of the 2019 Annual Meeting: Innovation Through Collective Excellence: Shaping the Future of Pathology July 21 to 24, 2019, Boston Seaport Hotel and World Trade Center, Boston, MA

ASSOCIATION OF PATHOLOGY CHAIRS 2019 ANNUAL MEETING
INNOVATION THROUGH COLLECTIVE EXCELLENCE: SHAPING THE FUTURE OF PATHOLOGY
JULY 21-24, 2019 | BOSTON SEAPORT HOTEL AND WORLD TRADE CENTER, BOSTON, MA

The following abstracts were accepted by the Association of Pathology Chairs, without modification, for poster presentation at the 2019 APC Annual Meeting. This content was not peer reviewed by *Academic Pathology*.

Presenting authors' names are bolded throughout.

APC-19-0001PO. Measuring Physician Burnout in Pathology and a Proposal to Combat It

R. Jug[1], P. Pittman[1], J. Browning[1], L. Havrilla[1], A. Buckley[1], and T. Cummings[1]

[1]Department of Pathology, Duke University Medical Center, Durham, NC, USA

Objectives: Over the past 5 years, there has been a downward trend in US and international medical graduate pathology applications. In a 2017 Medscape survey of 19 270 physicians across 27+ specialties, pathologists were the least likely to choose medicine and the same specialty again. This survey also revealed a significant proportion of pathologists self-identified as burnt out and the severity of pathologist burnout was fourth highest among physicians surveyed. In light of this published data, the aim of our study is to measure the current state of burnout in our department's pathologists and to assess the learning environment of pathology trainees. Furthermore, we will address burnout prevention and mitigation through our proposal for a Patient Centered Pathology Program (PCP). **Methods:** Following IRB approval, an anonymous survey based on the Accreditation Council for Graduate Medical Education Back to the Bedside Survey (BTBS) was distributed to Pathology attendings, residents, and fellows by e-mail. The survey included questions to measure burnout (mild, moderate, and severe), meaningful work (positive, neutral, and negative), vitality (high vitality, neutral, and indolence), and trainee learning environment (supportive, neutral, and contradictory). Pathologist physicians voluntarily participated in PCP by scheduling appointments with patients interested in reviewing their slides and learning more about their diagnoses. After the consultation, the physician administered an anonymous Patient Experience Questionnaire (PEQ) to patients. All survey data were collected and stored securely in a REDCap database. Statistical analysis was performed using Microsoft Excel (2010; Microsoft Corporation,

Redmond, Washington). **Results:** Fifteen (of 69 invited) attendings (5) and residents (10) responded to the BTBS and 3 patients responded to the PEQ. Overall, 53% of respondents reported moderate burnout. Severe burnout was higher in attendings (20%) than trainees (0%). The majority of pathologists reported positive meaning (93%) and high vitality (73%) from their work. Ninety percent of trainees rated the learning environment as supportive. One hundred percent of PEQ respondents completely agreed that meeting their pathologist resulted in a better understanding of the role of pathologists, improved their overall health-care experience, and that they would recommend PCP to other patients. **Conclusions:** The majority of pathologist respondents reported a moderate level of burnout necessitating intervention to improve resiliency in our profession. High levels of meaning and vitality reported by pathologists reveal potential sources of career satisfaction to harness as a means of alleviating burnout. Given the positive patient feedback on the PCP program, we hope it may help improve patients' health-care experiences while enhancing pathologist job satisfaction and resiliency through increased recognition of job meaningfulness and reinvigorating career vitality. We anticipate pathology trainees in this supportive learning environment will be empowered to participate in and benefit from PCP.

APC-19-0002PO. Cross-Residency Radiologic-Pathologic Correlation Curriculum: Teaching Interpretation of Specimen Radiographs to Pathology Residents by Radiology Residents

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Objectives: The College of American Pathologists requires pathology residents to attain competency in "Radiologic Pathologic Correlation," including correlation of radiographic information with histopathologic findings. This training was not formalized in our institution, therefore, we sought to establish a curriculum in the interpretation of specimen radiographs by pathologists. To achieve this, we developed a cross-residency educational initiative bringing together radiology and pathology residents. The main goals of this new curriculum are for pathology residents to learn basic skills in radiologic-pathologic correlation of surgical specimens with preoperative imaging and specimen radiographs and to gain confidence in obtaining and interpreting specimen radiographs. **Methods:** Didactic sessions on the interpretation of specimen radiographs were prepared by 3 pairs of radiology and pathology residents

with mentorship provided by radiology and pathology attendings in the following subspecialty areas: breast, head, and neck, and bone and soft tissue. The didactic sessions were held in October 2018. Before and after the sessions, pathology residents completed a survey to assess perceived utility of the curriculum, confidence in their skills of interpretation of specimen radiographs, and understanding of the need for communication with radiologists. Pathology residents also completed a practical assessment of their radiologic-pathologic correlation skills in interpreting unknown specimen radiographs. These quizzes were blindly evaluated by both an attending radiologist and pathologist. **Results:** The primary end point is improved accuracy in the interpretation of specimen radiographs in organ-specific areas and correlation with histological findings in pathology specimens, and improved understanding of their clinical relevance. The secondary end points include improved self-reported confidence in the interpretation of specimen radiographs, increased utilization of radiographs in specimen evaluation, and greater appreciation of the importance of radiologic-pathologic correlation for crafting a final pathology report. **Conclusions:** Competency of skills in "Radiologic Pathologic Correlation" can be achieved by developing a cross-residency educational initiative that utilizes radiology resident skills to teach pathology residents. Survey results and quiz performance will be analyzed to determine the effectiveness of the curriculum. Once proven effective, the program developed will serve as the foundation for future training of pathologists to meet this benchmark. **References:** College of American Pathologists (2016). Competency Model for Pathologists. Accessed January 15, 2018. http://appsuite.cap.org/app suite/learning/CompModel/Competency_Model.pdf?_ga=2.48293733.2145709169.1543192318-1477840578.1543192318. **Note:** This abstract was accepted for presentation at the USCAP Annual Meeting 2019.

APC-19-0003PO. Better Together: A Combined Pathology Clinical Competency Committee Structure

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Objectives: All ACGME-accredited programs are required to establish clinical competency committees (CCCs) charged with assessing resident/fellow evaluations semiannually and determining milestone competence. There is significant heterogeneity in CCC structure with limited evidence to support best practices, however. To date the potential advantages of a CCC structure in which the core pathology residency and fellowship CCCs are combined has not been reported. **Methods:** Our pathology residency and fellowship directors elected to form a combined CCC with 15 members. There are ≥3 core faculty from each of our 3 ACGME-accredited fellowships on this

CCC which meets twice annually. Prework is assigned in advance of the meeting. Faculty are divided into 4 teams, which are each responsible for reviewing a single PGY class of residents and up to 1 fellow. In addition to faculty end-of-rotation assessments, other data is provided for CCC teams to factor into their assessment (eg, exam scores, 360° and self-evaluations, scholarly activity, QI projects). The teams synthesize the data, assign milestone subcompetency levels, and generate a summary performance comment as well as an individualized learning plan (ILP) for each trainee. At the meeting, each team presents their findings. A short discussion typically ensues which may result in adjustments to the comment, ILP, or milestone levels. A portion of each meeting is devoted to educational issues pertaining to residency/fellowship programs. As per Pathology Review Committee recommendations, a separate set of minutes is generated for each fellowship as well as the core residency program. **Results:** This approach has reduced administrative burden as our single program coordinator would otherwise have had to annually schedule 8 separate CCC meetings (vs 2). It has also helped mitigate faculty burnout for those who "cross-over" as both residency and fellowship CCC members and has helped us to maintain a diverse array of CCC faculty, thereby increasing our ability to provide comprehensive trainee evaluation. This slightly larger CCC size improved our ability to better assign teams to the PGY class with whom they have most contact. Consistently correlating the same PGY group and team each year, facilitates development of a "shared mental model" of the milestone levels appropriate for their group of learners. One other advantage of the combined CCC is that it provides opportunity for semi-regular collaboration between core residency and fellowship directors on educational initiatives and compliance matters pertinent to both. **Conclusions:** While the combined approach might not work for larger residencies or programs that are primarily fellow-driven, smaller to medium-sized pathology residency programs with fewer fellows may find that unifying the core residency and fellowship CCC's into a single team significantly reduces administrative burden, provides for a more robust CCC team composition, improves feedback and team internal consistency, and affords greater opportunity for residency and fellowship directors to collaborate on educational initiatives.

APC-19-0004PO. Predictors of Interviewing and Matching at Our Residency Program: A Review of More Than Two Thousand Applications

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Objectives: Reviewing Pathology residency applications is a yearly activity for program directors. Understanding trends regarding which applicants interview and match could be helpful in forming an application review strategy. **Methods:** We downloaded and analyzed all applications submitted to our residency program from the past 4 years (2015-2018) from ERAS. Our residency program is located in the southeast and matches 4 residents per year. **Results:** A total of 2039 applications were reviewed. We invited 235 (11.5%) candidates to interview. The average USMLE Step 1 and Step 2 Clinical Knowledge scores were 228.7 (n = 222) and 239.6 (n = 215) for invited candidates versus 219.2 (n = 1763) and 224.7 (n = 1720) for noninvited candidates. The average COMLEX Level 1 and Level 2 Cognitive Evaluation scores were 559.9 (n = 43) and 587.2 (n = 43) for invited candidates versus 495.2 (n = 46) and 507.6 (n = 44) for noninvited candidates. Average years since medical school graduation (at the time of match day) were 1.1 for invited candidates and 7.8 for noninvited candidates. Previous medical training was listed for 7.7% of invited candidates compared with 40.5% of noninvited candidates; 60.9% of invited candidates (n = 143) interviewed at our program (the rest declined or canceled the interview). US Citizens/Permanent residents comprised 208 of the 235 invited candidates; 51.6% (n = 120) of these candidates interviewed versus 85.2% (n = 23) of invited non-US citizens/permanent residents (n = 27) interviewed. A total of 296 applicants listed their permanent or contact state as our state or the neighboring 3 states; we invited 83 (28%) to interview and 66 (80%) came. We matched and matriculated 16 residents over the 4 years in this study. Their average Step 1 and 2 scores were 234.6 and 243.2 (n = 14) and Level 1 and 2 scores were 588 and 583.3 (n = 3). Eleven were from our region. Of note, although couples match participants accounted for only 2.4% of the entire applicant pool, they comprised 37.5% (n = 6) of our matched residents. **Conclusions:** Although applications to our program have remained relatively stable, since more medical students graduate each year, this actually represents a decrease in relative amount of medical students choosing to specialize in Pathology. We were more likely to invite candidates to interview who were current 4th year USA/Canadian medical students, had higher standardized exam scores, and were from our region. Our program matches a high proportion of couples match participants. Knowledge of these factors could help us refine our application review process.

APC-19-0005PO. Improving Patient Safety by Reducing Mislabeled Surgical Specimens— A Multidisciplinary Approach

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Objectives: Patient safety is the utmost concern of every health-care system and preventing patient misidentification is central to reducing avoidable harm. Chronic anatomic

specimen mislabeling and mishandling events were recognized as a significant patient safety issue in the 2016 electronic Patient Event Report and continue to rise each year despite prevention efforts. **Methods:** To improve patient safety at our facility, the Pathology and Laboratory Medicine Service developed an internal protocol to correct the mislabeling of surgical specimens. This consisted of identification of discrepancies between specimen requisition forms and specimen labels, contacting providers to correct any mislabels at the Histology Lab, documentation of corrections, and retraining of the providers for correct labeling by the Lab. **Results:** After implementing this measure, occurrence of mislabeled specimens dropped from 0.5%-0.7% to 0.1%-0.2% and turnaround time decreased significantly as a result. As our goal is to prevent all mislabeling, our QA manager assembled a multidisciplinary work group consisting of the patient safety officer, clinical service nurse manager, QA manager, courier supervisor, and histology supervisor to perform root cause analysis applying the six sigma principles. We found that specimens were batched for transport, labeling nomenclature varied from provider to provider within a service, the facility policies were written by laboratorians and poorly understood by clinicians, inadequate printers in mission critical areas to ensure a computer-generated label was used. To improve the quality of received specimens, we installed education sessions for the providers, revised the Policy Memorandum to require fresh specimens being delivered within 1 hour of resection, communicated with the escort service to eliminate specimen batching, and reminded nurses to check requisition forms and specimen labels with the submitting physicians before transportation. We continued requiring submitting providers correct any mislabels and inconsistencies at the Histology Lab. Because of these additional changes, the mislabeled specimens dropped further down to below 0.1%, an almost 90% reduction in non-compliance. This streamlined process greatly decreased the holding time for mislabeled specimens and prevented later errors in diagnosis. **Conclusions:** Our work suggests a multidisciplinary approach was very effective in preventing incorrect labeling of surgical specimens, reducing diagnostic errors and turnaround time and ultimately improving patient safety.

APC-19-0006PO. Utility of Artificial Intelligence (AI)/Machine Learning (ML) in Identifying Acute Leukemia, Chronic Lymphocytic Leukemia, and Chronic Myeloid Leukemia in Peripheral Blood Smears

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Objective: To develop a machine learning model through deep learning that could identify and differentiate acute leukemia, chronic lymphocytic leukemia, and chronic myeloid leukemia from nonneoplastic entities in peripheral blood smears. **Methods:** Multiple ML models were built through a transfer learning approach on 2 distinct deep neural networks (ResNet50 and SqueezeNet) on the Turi Create library for distinguishing acute leukemia, chronic lymphocytic leukemia (CLL), chronic myeloid leukemia (CML) from those with no evidence of neoplastic process on peripheral blood smears. These deidentified cases were treated as unknowns and reassessed by 2 boarded hematopathologists who then categorized each into the abovementioned categories prior to the training phase. The training set utilized 40 slides (10 acute leukemias, 10 CLLs, 10 CMLs, and 10 patients with no evidence of leukemia/lymphoma) to generate 2000 images which consisted of 500 acute leukemia images, 500 CLL images, 500 CML images, and 500 images with no evidence of leukemia/lymphoma to train various models on the aforementioned ML platform. The combined images noted above included 1000 at ×20 magnification and 1000 at ×40 magnification proportionately within each category. The performance parameter of the models was then assessed through their accuracy scores. **Results:** Overall, the models tested on the validation accuracy test set showed >90% accuracy. However, the preliminary results of our study demonstrate a difference in the accuracy of each model based on the corresponding platform. Models generated on the ResNet50 deep neural network were shown to be slightly more accurate (>95%) in distinguishing the abovementioned entities from their nonneoplastic counterparts when compared to the SqueezeNet neural network-trained models which were >90%. **Conclusions:** Our hematopathology ML models are capable of distinguishing acute leukemia, chronic lymphocytic leukemia, and chronic myeloid leukemia from those with no evidence of leukemia with a high degree of accuracy. These models can be deployed on user friendly Apps and help triage peripheral blood smears in underserved areas that are devoid of pathology expertise.

APC-19-0007PO. An Integrated Approach to Clinical Pathology Training

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Objectives: Conventional pathology residency programs separate exposure to the core clinical pathology subspecialties into independent rotations. The model of subspecialty separation has recently been applied to surgical pathology training, where it has been suggested to be the preferred modality by resident trainees. However, the infrastructural constraints that apply to clinical pathology training differ relative to anatomic pathology. A segregated approach to clinical pathology training, particularly in small training programs, limits resident availability to provide contiguous and effective laboratory medicine consultation services. An integrated 52-week cohort-based approach would increase resident exposure to the

low-frequency consultation events that form an integral component of laboratory management as well as offer a dynamic learning opportunity that fosters resident engagement and interest in the practice of clinical pathology. This is particularly relevant given the anticipated shortage of physician laboratory directors in clinical pathology. **Methods:** We propose a training model deemed that harmonizes the majority of clinical pathology subspecialties (clinical chemistry, microbiology, and hematology in addition molecular pathology, coagulation, and laboratory management). Residents progress in a rotation, "Diagnostic and Laboratory Management," in concert with their peer residents over the course of 4 years (with a total exposure of 52 weeks divided into 5 blocks). Residents share the responsibility of assisting with professional review of clinical laboratory tests as well as covering a laboratory medicine consultation service. Consultations and relevant case reports are summarized in weekly "DLM Rounds." Residents attend weekly administrative meetings including physicians, PhD scientists, laboratory administrators, and technical staff. **Results:** The Pathology Residency Training Program at the University of Cincinnati initiated its inaugural "Diagnostic and Laboratory Management" rotation in July 2018. Qualitative descriptions by faculty and residents suggest a preference for integration of clinical pathology subspecialties relative to segregation. Future assessment of outcomes including RISE and Board performance, and resident career choices is planned. **Conclusions:** An integrated approach to clinical pathology training may enhance resident competency and service quality. Adoption and assessment of this model by other small residency training programs may provide sufficient objective evidence to shift the paradigm of clinical pathology training and help direct more qualified pathologists to pursue careers in clinical pathology.

APC-19-0008PO. Residency Program Reputational Rankings: How Closely Do They Correlate With Institutional Rankings?

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Objectives: US News publishes yearly rankings of the nation's top hospitals and medical schools. In 2014, Doximity, a medical social network, in collaboration with US News released Residency Navigator (RN), a comprehensive directory of residency programs that includes reputation rankings derived from survey responses from physicians. Residency applicants report using RN to inform their choices; however, the relevance of reputation rankings in pathology and their relationship to hospital, medical school, and other residency program rankings remain to be established. To better characterize this, we investigated the correlation of pathology residency program rankings with US News hospital and medical school rankings as well as residency programs for 12 other specialties.

Methods: Data were obtained from Doximity's 2018-19 RN for 13 specialties (pathology, radiology, surgery, IM, OB/GYN, anesthesiology, EM, radiation oncology, neurology, urology, neurosurgery, psychiatry, and dermatology) and from US News rank lists for Best Hospitals 2018-19 (Honor Roll and Cancer care) and Best Medical Schools 2019 (Research and Primary Care). Correlation analysis was performed between pathology residency program reputation, medical school ranking, hospital ranking/raw score, hospital cancer ranking/score, and residency program reputation of 12 other specialties. The Benjamini-Hochberg procedure was used to adjust for multiple comparisons. **Results:** Residency rankings had a stronger correlation with medical school research rankings than with hospital rankings. Radiology had the strongest correlation with medical school research rank ($r = 0.76$) and EM had the weakest ($r = 0.18$), with pathology ranking fifth ($r = 0.67$). Pathology had the strongest correlation with hospital raw score ($r = -0.47$) though this did not reach statistical significance; OB/GYN had the weakest correlation ($r = -0.064$). Anesthesiology had the strongest correlation with cancer score ($r = -0.68$) and EM had the weakest ($r = -0.13$), with pathology ranking 10th ($r = -0.54$). Among the top 50 pathology programs, there was a significant correlation between pathology reputation rank and that of all other examined specialties, except EM. **Conclusions:** Residency Navigator's pathology residency reputation rank was significantly correlated with the US News rankings for cancer care (rank and score) and medical schools (research rank) and showed the strongest correlation with hospital raw score and rank among the specialties included. Pathology residency reputation was significantly correlated with the reputation of all other examined specialties, except EM, indicating that specialty reputations within the same institution tend to covary.

APC-19-0010PO. Lab Rounds: Combining Elements of Ward Rounds With TeamSTEPPS Safety Practices in the Gross Room

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Objectives: While developing subspecialty rotations in surgical pathology, an interprofessional working group at the University of Rochester identified a need for increased communication in the gross room due to a large volume of surgical specimens, a large number of team members and recognition that poor communication is often a root cause of adverse and sentinel patient events. The group developed a method for daily communication based on the longstanding practice of patient care (ward) rounds. Traditional ward rounds were adapted for the laboratory setting and salient features of TeamSTEPPS were incorporated into a method of communication dubbed Lab Rounds. Here, we describe the practice of lab rounds in

a large university hospital with over 85 000 surgical pathology accessions per year. **Methods:** A process for interprofessional communication in the surgical pathology gross room was developed and implemented at Strong Memorial Hospital in 2009 by a working group composed resident representatives, a pathology assistant and a faculty member (FM) advisor. In 2018, after relatively few changes to the practice of lab rounds, a satisfaction survey was sent to current residents, surgical pathology faculty, and pathologists assistants. **Results:** The interprofessional team that meets in surgical pathology, daily, for this brief 15 minute lab rounds huddle usually consists of 3 to 4 residents, each representing a different SP subspecialty, at least 2 FMs, up to 10 pathologist assistants, a member of the tumor bank staff, rotating students, and other visitors. A FM directs the process, which begins early each morning with debriefing overnight calls, frozen sections performed and specimens prepped, and is followed by a review of the operating room schedule, tumor library cases, handoffs, conferences, and other scheduled events. Each resident presents for their subspecialty service and identifies which specimens they will be grossing that day and the next. The huddle follows a standard process with a written aid posted so that various people can run the meeting. For 92% of survey respondents who had ever attended lab rounds, 73.9% were either very satisfied or satisfied, 8.7% were dissatisfied, 8.7% were very dissatisfied, and 8.7% were unsure. Based on survey comments, one reason for dissatisfaction reflects a recent change in the time of lab rounds. **Conclusions:** A daily method for communication between interprofessional team members modeled after ward rounds and incorporating elements of TeamSTEPPS safety practices can be successfully incorporated into surgical pathology practice and residency training.

APC-19-0011PO. Out of the Labs and Into the Unit

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Objectives: To develop a rotation for a pathology resident (PR) to serve on a medical intensive care unit (MICU) multidisciplinary care team (MCT). The typical MCT consists of nurses, respiratory therapists, pharmacists, internal medicine residents (IMRs), and a critical care attending. The PR's proposed role, as a laboratory specialist, is to provide education and guidance on laboratory test selection, interpretation, and utilization. **Methods:** A total of 6 days were spent in 3 MICUs to learn the workflow of each team, to discover educational opportunities for the PR during rounds with the MCT, and to identify clinical pathology (CP) topics that would benefit IMRs training ("discovery phase"). The characteristics of each MICU were evaluated to determine the optimal unit for the rotation. After selection of this MICU, the PR completed a 2-week rotation (8 days) during which the PR's input on patient care was recorded ("rotation phase"). **Results:** The selected MICU contained 12 beds, had a daily census average of 9.5 patients, was closest to the main laboratory, and contained the greatest number of trainees on the MCT. Close proximity to the main laboratory provided quick follow-up on patient issues and made it easier for the PR to perform their daily CP service work. A large number of trainees within the MCT offered increased opportunities to expose IMRs to the benefits of CP consultations. During both the discovery and rotation phases, the PR provided guidance on 29 different topics affecting 19 patients; 24 (82.8%) had direct impact on patient care. The laboratory subspecialty breakdown of the interactions was 8 clinical chemistry (28%), 8 hematopathology (28%), 8 transfusion medicine (28%), 3 clinical microbiology (10%), 1 anatomic pathology (3%), and 1 HLA (3%). The breakdown of type of interactions was 6 (20.7%) test selection, 16 (55.2%) test interpretation, and 7 (24.1%) test utilization. Of the 24 issues having immediate impact on patient care, 12 (50.0%) occurred when the PR first rounded with a patient; the remainder occurred after 1 day (5/24, 20.8%), 2 days (6/24, 25.0%), and 3 days (1/24, 4.2%) of rounding. Lab follow-up was needed for 13/29 (44.8%) interactions. By spending time in the MICU, the PR gained insight into how data is viewed by clinicians, which led to positive changes in their own data reporting practices. The PR also identified patients who would help with current validation studies taking place within the lab. **Conclusions:** The inclusion of a PR on the MCT led to enhanced discussions on test selection, utilization, and interpretation in 29 instances over 14 days, averaging approximately 2 per day. A large proportion (82.8%) of these discussions led to changes in the care of patients. Having a PR on the MCT increased the opportunities for high-value CP consultations, which is a requirement for CP boards. Further examination of PR inclusion is needed to optimize the educational value and impact on patient care and laboratory practice.

APC-19-0012PO. Pathology Teaching in Pre-Clerkship Elective: A Response to the Changing Curriculum

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Objectives: To develop practical and immersive teaching methods in pathology elective to elevate the student

engagement and satisfaction, leading to effective utilization of the services and optimal patient care. **Methods**: A committee composed of a pathology clerkship director and 5 service directors, facilitated by the Chair of Department of Pathology and Laboratory Medicine was created. Potential recommendations for competencies for the key rotations were discussed and clear goals and objectives were established for each service. A final review of the goals was performed by the clerkship director and the chair ensuring more hands-on experience (summarized below); appropriate resources to complement the established goals were made available. End of clerkship feedback session to assess student performance and student assessment of rotation was implemented. *Anatomic Pathology*: Creating an accurate and comprehensive pathology requisition; understanding rationale for frozen section and providing real-time experience; understand gross and microscopic findings of common specimens and interpretation of pathology report; self-paced session of digitized case-based slide set followed by discussion with clerkship director; on-site cytology evaluation experience. *Hematopathology:* Understand the principles of laboratory methods; understand CBC, RBC indices, and differential leukocyte count evaluation; understand the clinical indications for bone marrow evaluation; learn handling, preparation, and interpretation of bone marrow specimens; understands basic lymph node pathology of common diseases and lymphomas. *Transfusion Medicine:* Interpret information generated from a "type and screen" order; compare and contrast blood components available for clinical use and their indications; understand the infectious and non-infectious risks of blood transfusion; basic work up of a transfusion reaction. *Apheresis:* Understand the procedure, indications and contraindications. *Microbiology:* Understanding and observing different techniques of diagnostic microbiology work up; making and interpretation of Gram-stained smears; use of cultures and sensitivities in selection of appropriate antibiotic therapy. *Clinical Chemistry*: Gain knowledge and skills in appropriate ordering of lab tests with and understanding the limitation of tests in management algorithm; role of clinical chemistry and point-of-care testing in laboratory medicine**. Results:** Fourteen students, MS3 and MS4, who took revised pathology electives from August 2017 to June 2018 evaluated the rotation as an enhanced educational experience and strongly agreed that would recommend the rotation to other students. **Conclusions:** Transforming the medical student pathology elective to an immersive rotation is an invaluable tool for revival of pathology as an independent subject and appropriate use of pathology services. **Reference**: Magid MS, et al. Consensus guidelines for practical competencies in anatomic pathology and laboratory medicine for the undifferentiated graduating medical student. *Academic Pathology.* 2015;2(4).

APC-19-0013PO. Enhancing the Learning Environment Through a Program Coordinator Journal Club

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Objectives: In the constantly evolving health care and GME landscape, the ability to stay current and apply new knowledge is critical to the success of coordinators and programs. Engaging program administrators and GME staff in a GME-topic focused journal club is an innovative way to provide continuing education and professional development. The overarching objective was that by gaining knowledge in GME topics, the program administrators and GME staff would have the skills and knowledge to contribute to program improvement across disciplines through the sharing of best practices in order to enhance the education and training of residents and fellows in the clinical learning environment. **Methods:** A steering committee gathered feedback about GME topics of interest, scheduling challenges, and then developed the format for the journal club. This was followed by an informative and engaging presentation to our program administrators and GME staff, which provided the background, aims, logistics, and scheduling information. The steering committee members led the first 3 journal club sessions to model the process. Initial journal clubs were scheduled for 30 minutes, but due to the robust discussion and participation, we moved to 1-hour sessions. Individuals who demonstrated an interest in facilitating a journal club were offered mentoring and support by the committee. The facilitator identifies several articles and submits these to the GME for final selection. The selected article is then sent to all participants at least 30 days prior to the journal club along with questions to promote critical thinking and preparation. During the session, the facilitator leads the discussion and all participants are given the opportunity to share their individual insights. Discussions center on appraisal of methods used, outcomes, and sharing of best practices. **Results**: Participants were surveyed after each journal club, and at after the completion of the second academic year. Respondents reported (1) Participating in the GME journal club was a beneficial professional development opportunity, in gained or improved skills. (2) Articles were very or somewhat helpful, and discussions were informative, and an opportunity to change, incorporate, or potentially propose a new idea to their program directors, and beneficial to their program. (3) Improved professionalism in team building, bonding, inclusion, and interactions with their colleagues. (4) An increase in their self-confidence and self-esteem in learning or in their thought process. **Conclusions:** Our journal club provides a positive learning environment for program administrators and GME staff who promotes and fosters professional development, knowledge acquisition, critical

thinking, and problem-solving skills, which in turns improves and advances the resident and fellow learning environment.

APC-19-0014PO. Utility of Artificial Intelligence (AI)/Machine Learning (ML) in Identifying Acute Leukemia, Chronic Lymphocytic Leukemia, and Chronic Myeloid Leukemia in Peripheral Blood Smears

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Objectives: To develop a machine learning model through deep learning that could identify and differentiate acute leukemia, chronic lymphocytic leukemia, and chronic myeloid leukemia from nonneoplastic entities in peripheral blood smears. **Methods:** Multiple ML models were built through a transfer learning approach on 2 distinct deep neural networks (ResNet50 and SqueezeNet) on the Turi Create library for distinguishing acute leukemia, chronic lymphocytic leukemia (CLL), chronic myeloid leukemia (CML) from those with no evidence of neoplastic process on peripheral blood smears. These deidentified cases were treated as unknowns and reassessed by 2 boarded hematopathologists who then categorized each into the abovementioned categories prior to the training phase. The training set utilized 40 slides (10 acute leukemias, 10 CLLs, 10 CMLs, and 10 patients with no evidence of leukemia/lymphoma) to generate 2000 images which consisted of 500 acute leukemia images, 500 CLL images, 500 CML images, and 500 images with no evidence of leukemia/lymphoma to train various models on the aforementioned ML platform. The combined images noted above included 1000 at ×20 magnification and 1000 at ×40 magnification proportionately within each category. The performance parameter of the models was then assessed through their accuracy scores. **Results:** Overall, the models tested on the validation accuracy test set showed >90% accuracy. However, the preliminary results of our study demonstrate a difference in the accuracy of each model based on the corresponding platform. Models generated on the ResNet50 deep neural network were shown to be slightly more accurate (>95%) in distinguishing the abovementioned entities from their nonneoplastic counterparts when compared to the SqueezeNet neural network-trained models which were >90%. **Conclusions:** Our hematopathology ML models are capable of distinguishing acute leukemia, chronic lymphocytic leukemia, and chronic myeloid leukemia from those with no evidence of leukemia with a high degree of accuracy. These models can be deployed on user friendly Apps and help triage peripheral blood smears in underserved areas that are devoid of pathology expertise.

APC-19-0016PO. Perinatal Autopsy Pathology: A Novel Approach to Subspecialty Education When There is No Subspecialist

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Objectives: Pathology residency programs will be forced to find novel approaches to provide resident education during times when the program lacks faculty members with subspecialty expertise. After adjusting for population growth from 2001 to 2017, the number of pediatric pathology fellowship programs decreased.[1] This deficit of pediatric pathologists poses challenges for pathology residency programs, particularly regarding instruction focused on procedures such as perinatal autopsy external examination. Prior to our pediatric pathologist leaving our department and in anticipation of a lengthy recruitment process, we created an instructional video for residents demonstrating in detail the external examination procedure as part of a fetal/pediatric autopsy. **Methods:** In conjunction with the Educational Technologies Team at the University of Vermont, a video utilizing a simulation laboratory pediatric mannequin was created which demonstrates a systematic approach to the performance of the external examination of the fetal/pediatric autopsy. Additional images obtained from textbooks and the literature were incorporated into the video to illustrate frequently encountered syndromic and nonsyndromic abnormalities identified on the external examination. The pediatric pathologist was able to annotate these still images. The video was broken into body regions, allowing the resident to watch and review smaller segments at one sitting. **Results:** A video was created to supplement resident education on the external examination of the fetal/pediatric autopsy. **Conclusions:** The projected pathologist shortage, including shortages in subspecialists, may result in pathology graduate medical education programs struggling to fill faculty positions. We present this novel approach of collaborating with the Education Technology Team at the University of Vermont to create an educational training video to supplement resident education. Such a video can be used to support resident education, particularly when instruction involves a procedure and the training program lacks a faculty member with subspecialty expertise. **References:** Petriceks AH, Salmi D. Trends in pathology graduate medical education programs and positions, 2001 to 2017. *Acad Pathol*. 2018;5:2374289518765457. doi:10.1177/2374289518765457.

APC-19-0017PO. Development and Implementation of a Resident Training Tracking Tool Targeted to the Documentation of Milestone Fulfillment

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Objectives: Despite adoption of the 2015 Accreditation Council for Graduate Medical Education (ACGME) and American Board of Pathology Milestones for the assessment of resident education, few tools are available to organize the longitudinal collection of residency trainee data relevant to the milestones. With the goal of being able to efficiently and accurately convert resident accomplishment data into milestone scores during biannual resident evaluations, we devised a user-friendly tracking tool to collect, display, and map this data to relevant ACGME milestones. **Methods:** A committee was convened to overhaul the existing system, consisting of representatives from throughout the Department of Pathology. The committee assigned each resident accomplishment datapoint historically tracked by the program (eg, frozen section numbers, licensure status) to a corresponding ACGME milestone (eg, PC6, PROF1, respectively). A spreadsheet (tracking tool) was created to present these datapoints under the appropriate milestone. A prototype of the tool was piloted by a resident, and changes were made for clarity. The final version was populated by all residents and used by the clinical competency committee (CCC) during subsequent 6-month evaluation meetings. Deidentified data measuring the degree of milestone changes were abstracted to assess the impact of the tracking tool. **Results**: The tracking tool was successfully used by the CCC for assessment of resident milestones and was favorably received by program leadership and faculty. Use of the tool was associated with increased (positive) changes in resident milestones in 8/12 residents, when compared to changes in paired milestone levels from the preceding evaluation period. Moreover, the degree of change in resident milestone level scores was statistically significant in 4/12 residents. **Conclusions:** The resident data tracking tool was used successfully for data collection and CCC milestone assessment. This tool may be associated with greater fidelity between milestone levels assessed and relevant internal resident performance. (Preliminary findings presented previously at the 2018 ASCP Resident Poster Session).

APC-19-0018PO. An Interpretable Machine Learning Pipeline for Identifying Pathologies Within Archival Human Tissues

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Objectives: Standard criteria for assessing pathologies can have interrater variances and few broad categories. Other methods such as manual counts or positive pixel algorithms can be difficult to scale or tedious. Methods are needed to increase reliability, provide more detailed and sensitive measures, and reduce the burden placed on pathologists. Convolutional neural networks (CNN), a form of machine learning, have been successfully used for image analysis. **Methods:** As a proof of concept, we formed a multidisciplinary team and created an innovative CNN pipeline to identify Aβ plaques, a pathological hallmark of Alzheimer's disease. Our CNN development pipeline followed 3 phases: (1) automated segmentation of objects of interest, (2) web-based interface for rapid annotation, and (3) model training and evaluation. Saliency mapping determined model relevance and interpretable patterns. Digital whole slide images were generated from Aβ stained slides of temporal cortex. Open source libraries were used for tiling of images. Tiles were subject to an applied mask and bounding boxes to highlight candidate plaques generating over 65 000 small images. All images were annotated by an expert neuropathologist for the presence or absence of plaques. A random split of annotated tiles into training and validation sets was conducted for development and evaluation of a 6-layer CNN. **Results:** The CNN achieved an area under the precision recall curve (AUPRC) of 0.842 and area under the receiving operator characteristic (AUROC) of 0.983. On the hold-out test set, the model likewise performed well for unseen images (AUROC = 0.993, AUPRC = 0.744). Saliency maps visualizing the features underlying predictions were consistent with defining features of each pathology. **Conclusions:** To our knowledge, these studies are the first to demonstrate CNN recognition of Aβ-plaque pathologies that enhance a neuropathologist's expertise in a scalable and interpretable way. We anticipate that banks of annotated data sets from multiple sources and annotated by multiple experts will improve the robustness, sensitivity, recall, and accuracy of these models and support training of yet more sophisticated model architectures.

APC-19-0020PO. A Comparative Analysis of Learning Styles in Pathology and Implications in Personalized Training

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Objectives: Personalized training models have been reported to be linked to successful educational outcomes of learners. Pathology is a unique specialty in which learning is primarily dependent one-on-one sessions between resident and faculty (learner/teacher) providing the ideal set up for active involvement of the trainee in the learning process. The first principle of learner-centered training is based on identifying the needs and preferred learning style of the learner. David Kolb described 4 major learning styles that depend on how people perceive and transform experiences into memory. Kolb's tool has been extensively utilized by different medical specialties to understand and maximize learning outcomes (PMID26154861). The aim of this study was to identify whether pathologists have a preferred learning style, if it changes with time and experience and how this information can be used to enhance the learning process**. Methods:** Kolb's learning style inventory v3.0 was sent to pathology-inclined medical students, residents, fellows,

and faculty in 5 different programs. Extensive data including (but not limited to) age, gender, medical school, and subspecialty was collected. Statistical analysis was performed on Stata 10.0. **Results:** Complete data from 79 of 100 respondents (6 medical students, 36 residents, 11 fellows, and 26 faculty) was analyzed. Medical students demonstrated "dominance" >> "converging" learning styles, consistent with prior published studies (PMC2909974). Pathology residents' data showed scattered distribution of 4 learning styles by each postgraduate level. Fellows and faculty showed similar learning styles, revealing a dominance of "assimilating" followed by "diverging" learning styles ($P < .01$). Multinomial logistic regression did not show any correlation with demographic data within each group. **Conclusions:** It is not surprising that as a very "visual" field, "assimilating" and "diverging" learning styles were consistently noted among fellows and faculty. The unequal distribution of learning styles among residents is curious and may suggest an evolving learning process that needs acclimatization to the learning requirements of our field. Interestingly, the dominance of converging style of learning in residents may be explained by the practical skills required in grossing and/or residual styles from medical school. Moreover, the multimodal learning styles in residents suggests that learning curve of residents can be improved using resident-centered blended learning models to cater different styles. The data can also be used to group residents and faculty with similar styles for a successful mentorship program.

APC-19-0021PO. Development and Implementation of a Collaborative Leadership Model for a Network Department of Pathology and Laboratory Medicine

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Objectives: To devise and implement an effective, collaborative leadership model for a Department of Pathology and Laboratory Medicine that spans a health network composed of an academic medical center and 5 community hospitals. **Methods:** In FY2015, our department was tasked with integrating Pathology and Laboratory Medicine to form a single Network Department encompassing the laboratories of 6 financially and organizationally separate hospitals, ranging from a 25-bed critical access hospital to an academic medical center with over 500 licensed beds. Strategic objectives included implementation of a unified testing location model and standardization of major equipment, information systems, and quality management practices. **Results:** An integrated leadership structure was developed to manage clinical operations in the new Network Department. Reporting to the Chair are the Network Operations Director (to whom the Administrative Directors of the hospital laboratories report), the Network Finance Director, and the Vice Chair for Quality and Clinical Affairs (to whom the Division

Chiefs of Anatomic Pathology, Laboratory Medicine, and Community Practice report). Clinical leadership is coordinated through the activities of the High Value Patient Care Council, which meets monthly, is composed of the Medical Directors and Administrative Directors of the hospital laboratories, and is led by the Network Operations Director and the Vice Chair for Quality and Clinical Affairs. High Value Patient Care Council has collaboratively developed guiding principles for a testing location model, and these have been applied in initiatives such as regionalization of microbiology testing and standardization of reference laboratory partnerships. Coordination of major equipment purchases, leveraging of Network-scale pricing structures, and operational changes have resulted in substantial capital savings and reduced operating expenses that have favorably impacted budgets at all 6 hospitals. Leaders and subject matter experts from each of the laboratories are working together to develop a unified test compendium and to prepare for a phased rollout of the Epic Beaker LIS beginning in 2019. The increased level of trust among leaders and staff members in the Network's laboratories has facilitated rapid, effective responses to scenarios such as a nationwide shortage of influenza test kits in early 2018. **Conclusions:** Implementation of a collaborative leadership model at the Network level is improving coordination of laboratory services for patients in our region while yielding measurable financial savings and laying the groundwork for increased laboratory involvement in population health management.

APC-19-0023PO. Strategies to Enhance Social Media Engagement at Academic Conferences: The Association of Pathology Chairs 2018 Meeting SoMe Committee Experience

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Objectives: Social media benefits academic conferences by promoting an atmosphere of excitement, amplifying, and communicating content to people who were unable to attend, and providing a forum for continued discussion. Proven methods to improve social media engagement at academic meetings are limited. A dedicated social media committee was formed at the 2018 Association of Pathology Chairs meeting to implement strategies to enhance social media involvement. After the meeting, data was analyzed to identify strategies that can be effective at future meetings. After the meeting, data was analyzed to identify strategies that can be effective at future meetings. **Methods:** All meeting attendees were invited to the join the committee via a premeeting questionnaire, and the volunteers were distributed evenly across the meeting's 5 sections. A training session was held to align goals and to share skills with committee members who were new to social media. Committee members used their personal Twitter accounts to share about the meeting. In addition, they ensured coverage of presentations that typically receive less attention and availed themselves to other meeting participants who wanted guidance to be more involved in social media. All tweets bearing the meeting hashtag were analyzed. In order to quantify the effect of the committee, statistical Twitter coverage was compared to the APC meeting of the previous year. **Results:** The APC meeting received 2978 tweets in 2018, compared to 264 tweets in 2017. Tweets were posted throughout the 4 days of the meeting at an average rate of 31 tweets per hour. Every single abstract poster that was presented at the meeting was represented on Twitter. The tweets were insightful and positive, garnering interest and discussion. Each tweet was retweeted more than 2 times on average. Collectively, tweets were potentially viewed 2.009 million times. **Conclusions:** There was an 11-fold increase in social media presence and engagement at the 2018 APC meeting compared to the year prior. Implementation of the social media committee at the 2018 meeting was the main driver of this dramatic increase in engagement. Although a small fraction may be due to an overall increase in social media adoption in general, the magnitude of this change indicates that a dedicated committee has great potential to increase social media engagement at academic meetings. Many qualitative advantages were noted as well; the tweets promoted a "common mission" around the organizational goals and having the committee gave opportunity for conference organizers to direct social media engagement in a way that would most benefit the meeting. Our experience shows that formation of a dedicated social media committee is an underutilized strategy that can provide valuable benefits to academic meetings.

APC-19-0024PU. Optimization of Medical Student Cardiovascular Pathology Education: A Critical Review of Topics and Teaching Modalities With Incorporation of 3D Printed Congenital Heart Disease Models

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Objectives: Pathology is a cornerstone of medical student education and pathology content comprises a significant proportion of knowledge tested in the United States Medical Licensure Examination Step 1. We evaluated the current content and teaching modalities used to educate students about cardiovascular diseases in our institution's pathology course curriculum. **Methods:** An Index of Learning Styles survey was administered to all students. Literature searches identified resources detailing curriculum topics and teaching modalities for the cardiovascular component of undergraduate medical pathology courses. Course learning objectives were compared to those cited in widely used resources. Second-year medical students enrolled in the pathology course were surveyed to assess how they value optional laboratory sessions using gross specimens. A new, optional congenital heart session was implemented based on previous feedback. Participating students were polled regarding the usefulness of the congenital heart laboratory relative to other pathology sessions and the role of 3 dimensional (3D) printed models utilizing National Institutes of Health 3D print exchange data sets was evaluated. **Results:** For the Classes of 2020-21, 86% to 90% of students prefer visual over verbal learning in the Index of Learning Styles and 64% to 67% prefer sequential over global learning. The cardiovascular pathology curriculum covers all topics listed in the 5 pathology subject resources identified. Students rated the usefulness of observing gross specimens as 4.5 out of 5; 96.3% felt that the gross specimen lab experience expanded and supplemented their learning. Those who attended a new congenital heart defect session rated its usefulness as 4.7 out of 5. In addition, 4.7 out of 5 felt that 3D printed models colored to represent oxygenation states of blood were useful in understanding the pathology of congenital heart disease. The National Institutes of Health 3D print exchange offers reliable anatomical models that are compatible with 3D printers. **Conclusions:** While various teaching modalities are conducive to learning, an Index of Learning Styles survey indicates that medical students at our institution strongly value visual learning. The review of current pathology course content and

teaching modalities (1) validates the content covered against various resources and (2) documents perceived usefulness of laboratory demonstration of gross pathologic specimens as a learning modality. The use of 3-D models in cardiovascular pathology labs has the potential to improve visual and kines-thetic learner satisfaction and understanding of congenital heart pathology.

APC-19-0025PU. Medical Student Pathology Study Materials: New and Digital Resources Are in and Traditional Resources Are Out

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Objectives: Medical students have an increasingly diverse set of resources available to them as they navigate through course materials and prepare for Step 1 of the United States Medical Licensure Examination. Based on course feedback sessions, it was clear that students at our institution appeared to strongly favor electronic resources over traditional, hard-copy text-books. We sought to quantify this impression among our students. **Methods:** A literature search for studies documenting use by medical students of resources in studying for pathology content was conducted using pubmed.gov and Google.com. Medical students were surveyed using a SurveyMonkey.com poll regarding the resources they used during their pathology course studies. The survey listed all available references and available formats (videos, textbook, audio recordings) and asked students to indicate their use of the specific resource on a scale including 1 (not used), 2 (light use), 3 (moderate use), and 4 (heavy use). **Results:** A literature search identified no published references documenting which resources medical students used in studying for pathology content as part of a medical school curriculum. For the pathology course at our institution, summarizing self-reported moderate and heavy use, the vast majority of students utilized the pathoma.com videos (97%) and textbook (92%) and 51% also utilized the First Aid for the USMLE Step 1 textbook. In contrast, few students reported either moderate or heavy use of the recommended *Robbins and Cotran Pathologic Basis of Disease* textbook in either the hard copy (2%) or electronic (6%) format and only 2% utilized the *Robbins and Cotran Review of Pathology* review book. **Conclusions**: Most students use electronic resources in studying for our institution's pathology course First Aid for USMLE Step 1 and Pathoma.com books among the only hard copy resources used by most students. Traditional textbooks, in both the hard copy and electronic formats, have been largely abandoned by most students. To our knowledge, no published study has quantitatively evaluated this transition away from traditional resources. These findings have

significant implications for course instructors and textbook publishers.

APC-19-0026PU. Teaching Stewardship in the Undergraduate Medical Curriculum: Pathology-Teaches

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Objectives: Current health care spending is unsustainable. In order to deliver the highest possible quality at the lowest cost, there is a need to teach high value care across the continuum of medical education, and better match the needs of the health-care delivery system with the undergraduate medical education curriculum. Pathology-teaches is an educational intervention designed to teach laboratory stewardship early in clinical train-ing, at the level of the medical student in their core clinical clerkships. Instructional cases were designed following a needs analysis, which identified 2 major themes for student-level laboratory stewardship content: appropriate test ordering (knowledge of pre-/posttest probability, appropriateness cri-teria, recognition of unnecessary testing) and interpretation (test specifications, factors which impact the test results, rec-ognition of inaccurate results). We assess the pilot implemen-tation of 2 case-based educational modules in the Family Medicine and Emergency Medicine core clerkships at our insti-tution. **Methods:** Students on their 4-week Family Medicine and 2-week Emergency Medicine core clerkships were invited to participate in the pathology-teaches pilot. The 2 online cases were developed using a multidisciplinary approach with input from clinician educators in pathology, family medicine, emer-gency medicine, and internal medicine. In the Pathology-Teaches educational module, students make decisions regarding the ordering or interpretation of laboratory testing within the context of a clinical scenario, and they receive immediate feedback during the case. The intervention was assessed using pre and posttests. Student feedback was also collected from 2 questions on their end of rotation evaluation. **Results:** Forty-six students completed the pathology-teaches pilot, 39 in Family Medicine (initiated 7/2018) and 7 in Emer-gency Medicine (initiated 10/2018). Pathology-Teaches utility was demonstrated by significantly increased improvement between pretest and posttest scores (pretest mean = 52, stan-dard deviation (SD) = 24.4, vs posttest mean = 92; SD = 13.3,

$P < .05$, Cohen $d = 2.01$). The majority of students (32/43, 74%) perceived value in the educational intervention; 37% (16/43) rating the activity as "extremely valuable" or "very valuable" and 37% (16/43) as "some value." **Conclusions:** Pathology-Teaches effectively teaches stewardship concepts, and most students perceived value in this educational intervention. Future efforts will extend this pilot into other required core clinical clerkships at our institution.

APC-19-0027PU. Multidisciplinary Conferences to Enhance Appreciation of Pathology

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Objectives: Two factors that have been identified as contributing to the decreasing number of medical students entering pathology are (1) perceptions regarding the role of pathologists and (2) negative stereotypes of pathologists.[1] Pathologists may be perceived by students as isolated medical practitioners with minimal contribution in patient care other than providing a diagnosis. Multidisciplinary conferences (MDC) clearly demonstrate the significance of the pathologist in clinical decision-making and as part of the medical team; however, most students attend MDC during their surgery rotations on the wards when their attention is focused on patient details to the detriment of the larger picture. Our goal was to increase student awareness of the role of pathologists in clinical care in the context of a multidisciplinary conference during the first-year Pathology course. **Methods:** During the first-year Pathology course, medical students at Duke University were assigned to attend a multidisciplinary conference in groups of 3 to 4 students. Following the conference, they selected one patient and received the medical record number and surgical pathology number from the attending physician. In the subsequent week, the students explored the patient's electronic medical record and then met with a pathology resident to review the patient's slides and acquire histologic images. The students then identified an area of interest (eg, prognosis, treatment) and submitted an abstract from a primary research article to the pathology course director for feedback/approval. Finally, the students prepared a 30-minute presentation to their pathology small group. **Results:** Based on end of course survey data, students had a generally favorable response to the assignment and there were multiple comments regarding the utility of the experience and an increased awareness of the role of pathologists in patient care. **Conclusions:** Exposure to a multidisciplinary conference during pathology coursework can focus student attention on the role of the pathologist in clinical decision-making and as a member of the patient care team. Furthermore, this exercise provides context for the basic biomedical sciences.

APC-19-0028PU. Blended Case-Based Learning Environment to Enhance Undergraduate Pathology Education

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Objectives: Blended case-based learning (CBL) has the potential to enhance the student experience, engagement, and learning. In order to restructure and integrate the undergraduate pathology course to a novel blended learning environment; we adopted an approach that combines interactive flipped classroom; small group discussion by CBLs and team-based learning (TBL) principles for assessment. **Methods:** Central Michigan University College of Medicine (CMED) has an integrated organ system based curriculum. For each of the organ system modules, cases were developed that covered the organ system pathophysiology and pathology concepts. The learning week starts on Friday; the students get the learning objectives, prereading, and faculty selected learning resources, for example, videos, web-based animations, lecture notes or narrated slides. The first teaching-learning activity on Monday is a standard TBL for previously learnt anatomy, physiology, or histology content needed for the week, for example, blood smears and bone marrow. This is followed by a large group interactive session of pathophysiology principles or virtual microscopy of a disease group, for example, anemia. A mandatory small group "unfolding CBL" session follows the large group session. Home work for the day is a to-do list and relevant pathology learning objectives. Pharmacological principles are also incorporated into the CBL. The CBL is assessed following case conclusion on the second day by TBL consisting of individual Readiness Assurance Test (iRAT), Group Readiness Assurance Test (GRAT), and application questions. Each week has 3 CBLs. There is a review on Friday. The weekly cycle is repeated till all pathology concepts of an organ system are covered. Evaluation data consists of faculty and student feedback on case content, effectiveness, engagement, and ease of learning. Team-based learning assessment not only reinforces the required concepts but also provides feedback on student learning outcomes at least in the short term. An evaluation of the iRAT score as a predictor for end of module score was done to assess long-term retention. **Results:** Student evaluations reflect that the Monday TBLs promote reinforcement of previously learnt concepts. The CBL modules are described as enjoyable, motivating, and are appreciated for their contextual application of concepts that enable students to learn from each other and learn by teaching. The iRAT score is a good predictor for final exam performance and is used for early risk prediction and follow-up of at-risk students. **Conclusions:** In transforming the organ system pathology by integrating it in a blended learning model, we demonstrate that we are able to improve outcomes and provide a learning environment that achieves high levels of comprehension of difficult concepts, satisfaction, and value for learning.

APC-19-0029PU. Starting the Pipeline Early: Engagement of High School Students in Pathology

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Objectives: The projected decline of pathologists entering the workforce necessitates continued examination of methods to engage learners in pathology and laboratory medicine. The 2013 Pathology Workforce Summit identified the need to recruit bright students into the field. While a significant proportion of the published literature has focused on engaging medical students in pathology, there are fewer instances of pathology-specific programs for high school students. Here, we assess the impact of a 3-week intensive summer program in pathology and laboratory medicine for high school students. **Methods:** Ten high school students were enrolled in the University of Rochester's Explorations in Pathology (EIP) program taking place over 3 weeks in July 2018. The EIP program consisted of 90 contact hours during which students were introduced to pathology and laboratory medicine through a wide range of didactics and participatory activities. Students encountered a diverse array of laboratory professionals, including pathologists, pathology assistants, and cytotechnologists. Capstone projects were mentored by faculty members and involved student examination of clinicopathologic features of selected disease processes with final poster and on-line video presentations. Students and parents completed optional surveys following the completion of the program. **Results:** All 10 (100%) students responded that the EIP program improved their overall knowledge of pathology. Students self-reported that their knowledge of pathology increased from a preprogram average of 3 of 10 (range: 2-6) to a postprogram average of 7.4 of 10 (range: 4-9). Five parents completed surveys, with all 5 (100%) strongly agreeing that the EIP program broadened the educational experience of their student learner. At least 3 (30%) of the students have subsequently participated in additional shadowing sessions with pathologists following the completion of the EIP program. **Conclusions:** Accounts of pathology-specific programs for high school students are uncommon. Here, we present a model for engaging high students in pathology, with immediate positive impact and demonstration of student involvement in pathology beyond the completion of the program. The course design allows for students to become acquainted with multiple different areas and professions within the realm of pathology and laboratory medicine. Consideration for the development of pathology-specific experiential programs to engage students during the formative high school years should be further explored.

APC-19-0030PU. A Single-Institution Experience of Increasing Pathology Visibility to Medical Students With Resident as Teacher

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Objectives: A recent prospective, national longitudinal study concluded that role model exposure is a strong predictor in specialty selection by fourth year medical students. Although limited, increasing number of studies show that medical students often regard residents as role models and teachers, indicating that students' career trajectory can be shaped by formative experiences with the residents. Unfortunately, the opportunities for students to interact with pathology residents are frequently limited. The lack of pathology resident visibility to the medical students can perpetuate the misconception and stereotypes of the field and the absence of role model can make it harder for students to envision pathology as their choice of residency. The aim of this study is to share a single-institution experience of increasing pathology visibility and exposure to medical students by incorporating several specific pathology-resident driven teaching opportunities predominantly in the early years of medical school. **Methods:** The department of pathology at MedStar Georgetown University Hospital has incorporated resident teaching of medical students at Georgetown University School of Medicine into its foundational and clinical curriculum. These activities are focused on expanding pathology exposure beyond the typical classroom setting to enhance the learning of pathology concepts and to intentionally increase interaction with residents. **Results:** *Gross conference*: Complex specimens are presented by the residents to a small group of students in the first (M1) and second (M2) years. *Medical Student Grand Rounds*: Pathology residents present relevant pathologic findings and laboratory diagnostic modalities to M1 and M2 students. *Small group sessions:* Residents facilitate 5, 1-hour sessions for M1 and M2 students using the *Robbins and Cotran* case studies. *Summer fellowship program*: M1 students with a strong interest in pathology are selected to spend 1-month in the department and are paired with pathology residents for direct mentorship. *Cancer center summer research internship program:* Undergraduate and M1 students spend 2 full days in the department and complete a curriculum developed and directed by residents, including clinical activities, a mock-grossing session, and microscopic reviews. *Pathology student interest group*: A resident medical education director leads various annual pathology-related activities. **Conclusions:** Narrative feedback from the school of medicine indicates an overall positive impact. Resident-driven teaching may serve as a mechanism to enhance visibility of the field and

provide an opportunity for specialty advising. Pathology residents can collectively promote early interest during the preclinical years by serving as a role model, a teacher, and a mentor to medical students.

APC-19-0031PU. The "Race" toward Diversity, Inclusion, and Equity in Pathology: The Johns Hopkins Experience

A. D. Ware[1], *T. Murdock*[1], *L. Voltaggio*[1], *A. Windon*[1], *J. C. Troncoso*[1], *R. H. Hruban*[1], *and M. J. White*[1]

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Objectives: Medical student interest in pathology is declining, with 28.8% fewer US applicants in 2017 versus 2008. Many pathology residency programs have improved gender diversity with females representing 50% of pathology trainees in 2017. With only 3.8% black trainees in 2012 (at a time when 13.6% of the US population was black), pathology still has significantly fewer underrepresented individuals (URI) compared to other specialties. Johns Hopkins' core values include diversity and inclusion; accordingly the Johns Hopkins Department of Pathology established an active outreach program and a funded rotation for URI and other disadvantaged groups. The goal of these efforts was to expose students to the field and to improve diversity, inclusion, and equity in our department. **Methods:** A 1-month rotation in pathology for URI was established in 2013. Rotation schedules tailored to specific interests included rotations on AP/CP services, attendance at resident conferences, and one-on-one meetings with selected faculty. In 2016, we initiated a proactive outreach program, in which diverse faculty from our department visited historically black universities and programs for URI student groups at other schools. The faculty gave presentations on "Careers in Pathology" targeted to second and third year medical students. The format of the sessions varied from large group presentations to smaller group meetings. Our faculty also attended URI medical student conferences, and participated in high school student programs such as the National Native American Youth Initiative to increase the pipeline of URI students into medicine, and hopefully pathology. **Results:** Following 10 outreach presentations, the number of rotators in pathology at Hopkins increased from 1 in 2013 to 15 as of November 2018. Rotators self-identified as African, African American, Hispanic, and Native American. Most were second and fourth year medical students, and 1 was a pathology resident. Three rotators are now AP/CP residents, 3 are applying to pathology residencies, and 1 intends to apply next year. Feedback from the outreach and rotation has been positive. One shared "my participation in the program represents a crucial and seminal moment during medical school which solidified my decision to not only become a pathologist, but to strive to cultivate and emulate the positive traits of the pathologists at Johns Hopkins . . . " **Conclusions:** The impact of active outreach can be profound, and in our experience directly accounts for the success of our program. We recognize the barriers to URI retention, and in the future intend to enhance professional development activities to address the long-term challenge of equity.

APC-19-0032PU. A University of Michigan Experience: Increasing Exposure to Pathology During Surgery Clerkship

M. Lew[1], *D. Baber*[1], *K. Konopka*[1], *S. Li*[1], *and A. M. Wilson*[1]

[1]*University of Michigan, Ann Arbor, MI, USA*

Objectives: The University of Michigan Medical School has undergone a curriculum change in which the didactic curriculum has been reduced from 19 to 13 months, drastically reducing students' exposure to pathology. To remedy this decrease and enhance understanding of the clinical practice of pathology, our curriculum now includes a 1-week rotation through Pathology as part of the Surgery & Applied Sciences (SAS) clerkship. This project illustrates the design of this week-long curriculum. **Methods**: The 3-month SAS clerkship consists of 2 months of clinical surgery rotations and 1 month of an applied sciences rotation, which is composed of 1-week rotations through 4 specialties—anesthesiology, anatomy, radiology, and pathology. The week-long pathology rotation provides an opportunity for students to explore facets in anatomic and clinical pathology (CP) in clinical and small group settings, respectively. Pathology faculty created key learning objectives for students in order to create a consistent, sustainable 1-week curriculum. **Results**: Four to 5 medical students now rotate through Pathology on a weekly basis (Figure 1). Students observe autopsies on Monday morning. If there are none available, students take part in a faculty-led gross pathology session with formalin-fixed and/or plastinated organs with classic disease entities. From Tuesday to Thursday mornings, each student observes sign-out in an assigned surgical pathology subspecialty. Tuesday to Thursday afternoons are dedicated to small group sessions (SGS) using case-based presentations and laboratory tours to highlight key topics in Clinical Chemistry, Microbiology, and Blood Bank. Small group sessions highlight the utility of various CP laboratories and promote lab stewardship in students' subsequent rotations and careers. To further enhance student understanding of how pathology plays a role in health-care delivery, interactive web-based modules were developed on www.MDCases.net. These modules are case-based scenarios that provide information through text, videos, hyperlinked references, and have multiple choice questions with immediate feedback to enhance learning. There are 9 mandatory modules that cover key principles established by faculty with clinical expertise in frozen section, clinicopathologic correlation, microbiology, immunology, hematopathology, and transfusion medicine. **Conclusions**: Curriculum changes have reduced the overall number of contact hours pathologists have with medical students. However,

implementing an interactive curriculum within the clerkship-year of medical student education can increase exposure to pathology while also giving a more accurate impression of the daily workflow and impact pathology has in health-care delivery.

APC-19-0033PU. Engaging Ideas for Pathology Student Interest Group Meetings

K. W. Sanford[1], L. E. Sterling[1], A. D. Hadjis[1], and L. Colon-Cartagena[1]

[1]*Virginia Commonwealth University School of Medicine, Richmond, VA, USA*

Objectives: Our medical student Pathology Interest Group named "N2Path" wanted to increase the engagement of medical students by using digital technology in an off-campus venue. **Methods:** The Pathology Club faculty advisor spent 1 week at the Harvard Macy's Institute enrolled in the course "Health Care Education 2.0 Transforming Your Teaching for the Digital Age." The course focused on implementing innovative digital technologies to engage medical students in activities that enhance their learning. One application taught during the course was the online game-based platform, "Kahoot!" This application has a social learning design that allows students to gather around a digital screen and answer questions while using their own devices. "Kahoot!" seemed applicable for an off-campus venue to increase student participation while promoting overall student, resident, and faculty engagement. The student copresidents, faculty advisor, and pathology residents helped to plan a "Zombie Doctor" themed Halloween party at a local restaurant. The faculty advisor created 3 "Kahoot!" digital quizzes as well as other contests including a costume contest and a Mummy wrapping finale contest. **Results:** The copresidents advertised the party to their classmates and 40 medical students attended the event, doubling our normal interest group attendance on campus. The students were separated into 6 teams and answered the questions in the 3 quizzes titled, "Name that Pathology," "Name that Cause of Death," and "Name that Poison." Residents and faculty were present to help the students without providing them the answers. This created a highly interactive, academic, and engaging environment between students, residents, and faculty. **Conclusions:** The feedback from the students was overwhelmingly positive. The student comments from the event were favorable regarding an off-campus social venue and a competitive and fun digital gaming tool. We will continue to use digital media techniques

and off campus venues to enhance our medical student experiences with the Pathology Interest Group.

APC-19-0034PU. Tips to Increase Recruitment of Medical Students to Pathology Specialty: A Faculty's Experience

C. J. Prasad[1]

[1]*Western University of Health Sciences-College of Osteopathic Medicine of the Pacific, Pomona, CA, USA*

Objectives: An average 1 to 2 students per medical school enter into pathology residencies. Students do not understand pathology during the preclinical years and are eager to put it behind them. They rarely undertake pathology rotations and have no exposure to laboratory medicine, an area that is critical to all specialties. My hypotheses was that an increasing awareness of pathology, early in medical school curriculum, would help recruit medical students into the pathology specialty. **Methods**: In an attempt to change these deficiencies, I attempted the following: (1) Gave presentations to osteopathic medical students (OMS) 1 and 2 students about the pros and cons of pathology as a career option. (2) Offered shadowing opportunity in preclinical years. (3) Started a pathology interest group that offered leadership positions. (4) Offered research projects to OMS 1 and 2 students. (5) Offered the opportunity to write up case reports. (6) Offered clinical laboratory rotation to OMS 3 and 4 students. (7) Mandatory, graded, laboratory research proposal needed to be completed. **Results:** At our school, 0 students matched into pathology in 2016, 3 in 2017, and 7 in 2018 and a potential 10 students in 2019. All students have matched into top notch ACGME residencies. From 2016 to the present time, I have used several measures to engage students early on in the game. My goal was to (1) Engage students early. (2) Educate them about pathology and laboratory medicine. (3) Increase awareness of pathology as a viable career option. (4) Help students, regardless of their specialty interests, strengthen their resumes. (5) Provide leadership opportunities by starting a Pathology Interest Group. I have over 40 students enrolled in the PIG group, over 16 students are involved in my research projects. Over 11 students have given presentations and conducted workshops with me at national conferences. **Conclusions:** This strategy has been successful and is also easily applicable to all specialties. It does involve active faculty participation, but the outcome outweighs the efforts.

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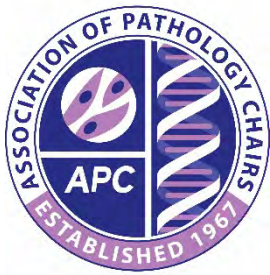
APC 2019 ANNUAL MEETING EXHIBITORS & POSTERS

HARBORVIEW BALLROOM SCHEDULE

	EXHIBITS		POSTERS		FOOD/BEVERAGE	
SUNDAY July 21	1:00 PM - 4:00 PM: 4:00 PM - 4:30 PM: 4:30 PM - 5:00 PM: **5:00 PM - 7:00 PM:**	Exhibits Set- Up Mandatory Exhibitor Staff Meeting (Patio) APC Council Preview **Exhibits Open**	3:00 PM - 4:00 PM: 5:00 PM - 7:00 PM: **5:30 PM - 6:30 PM:**	Posters Set-Up For Viewing **Posters Presented**	**5:00 PM - 7:00 PM:**	**Welcome Reception**
MONDAY July 22	7:00 AM - 6:30 PM:	**Exhibits Open**	7:00 AM - 6:30 PM: **12:15 PM - 1:15 PM:** **5:30 PM - 6:30 PM:**	For Viewing **Posters Presented Posters Presented**	7:00 AM - 8:00 AM: 9:45 AM - 10:30 AM: 12:00 PM - 1:30 PM: 5:00 PM - 6:30 PM:	**Continental Breakfast** *Coffee and Tea Break* **Celebrate Exhibitors Lunch** *Beverages available throughout afternoon* **Networking Reception** *Drink tickets sponsored by PDM*
TUESDAY July 23	**7:00 AM - 12:00 PM:** 12:00 PM - 2:30 PM:	**Exhibits Open** Exhibits Move Out	7:00 AM - 11:30 AM: 11:30 AM - 12:00 PM:	For Viewing Poster Removal	7:00 AM - 8:00 AM: 9:30 AM - 10:45 AM:	**Continental Breakfast** *Coffee and Tea Break*

American Association of Pathologists' Assistants (AAPA)	S11
American Board of Pathology (ABPath)	S15
American Pathology Foundation (APF)	S6
American Registry of Pathology/ARP Press	S7
*American Society for Clinical Pathology (ASCP)***	*P1*
AstraZeneca (AZ)	S10
Bristol-Myers Squibb (BMS)	P9
*College of American Pathologists (CAP)***	*P4*
Delong Instruments	S4
Gestalt Diagnostics	S8
Ibex Medical Analytics	S14
Inspirata	S3
Merck & Co., Inc	P3
Milestone Medical	P8
Motic Instruments, Inc.	S1
Nucleai	S2
*Physician Data Management (PDM), LLC**	*P10*
Pathcore	P7
Proscia	P2
QGenda	S9
Seal'N Freeze	P6
University of Washington Laboratory Medicine	**P5**

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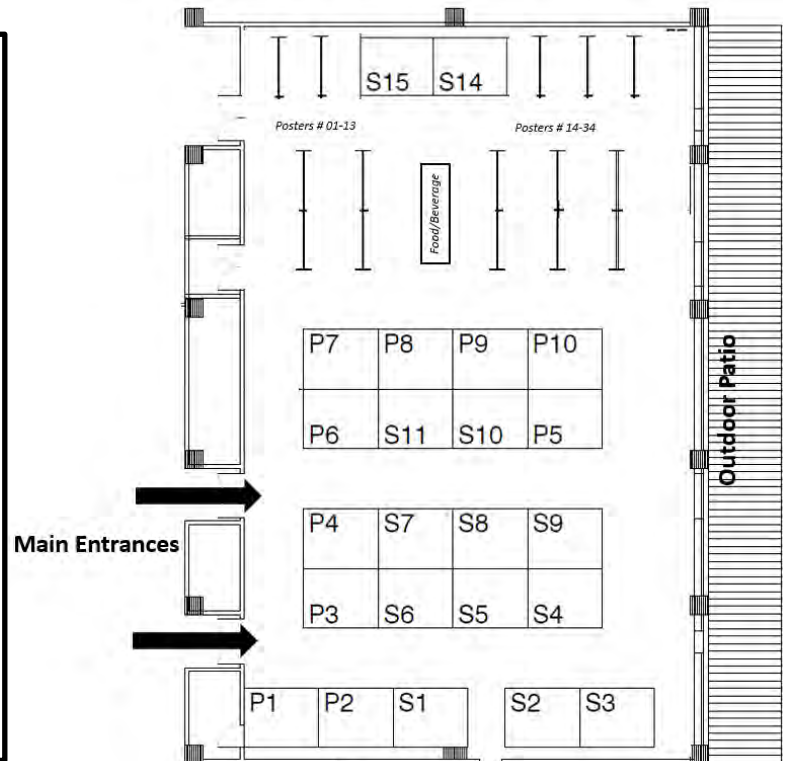
APC Meeting Registration Desk [Harborview Foyer]

Sun: 3:00 PM - 7:00 PM
Mon: 6:45 AM - 6:30 PM
Tue: 6:45 AM - 5:00 PM
Wed: 6:45 AM - 5:00 PM

ASSOCIATION OF PATHOLOGY CHAIRS
2019 ANNUAL MEETING EXHIBITS PROGRAM

JULY 21-23, 2019 | BOSTON SEAPORT WORLD TRADE CENTER | BOSTON, MA

Exhibit Hours in the Harborview Ballroom

Sunday, July 21:	5:00pm – 7:00pm
Monday, July 22:	7:00am – 6:30pm
Tuesday, July 23:	7:00am – 12:00pm

DIAMOND SPONSOR

Physican Data Management (PDM): *www.coronishealth.com/divisions/pdm* **Booth #P10**

Physician Data Management (PDM), a Coronis Health company, is the largest Revenue Cycle Management company focused solely on Pathology & Lab in the United States. Our expertise and results in AP and CPC billing are renowned. From coding-only services to complete practice management/billing services, PDM is the pathologist's answer to increased revenue through better practice and revenue cycle management.

PLATINUM SPONSORS

American Society for Clinical Pathology (ASCP): *www.ascp.org* **Booth #P1**

ASCP unites over 100,000 pathologists and laboratory professionals to accelerate the advancement of laboratory medicine to improve patient care through knowledge, collaboration and global community. Our mission is to improve excellent in education, certification and advocacy on behalf of patients, pathologists and laboratory professionals across the globe.

College of American Pathologists (CAP): *www.cap.org* **Booth #P4**

As the world's largest organization of board-certified pathologists and leading provider of laboratory accreditation and proficiency testing programs, the College of American Pathologists (CAP) serves patients, pathologists, and the public by fostering and advocating excellence in the practice of pathology and laboratory medicine worldwide. For more information, read the 2018 CAP Annual Report at CAP.ORG.

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University of Washington: *depts.washington.edu/labweb* **Booth #P5**

Academic Reference Lab specializing in Molecular Microbiology and Virology, Genetics, Clininical Trials.

EXHIBITORS

American Association of Pathologists' Assistants (AAPA): *www.pathassist.org* **Booth #S11**

The American Association of Pathologists' Assistants is dedicated to furthering the PA profession by providing members with targeted CE, professional support, and advocacy. Over 1700 certified and exam eligible members have met the highest standards for education and training in surgical and autopsy pathology, ensuring your pathology laboratory is meeting the standards of accreditation, licensing, and expectations of medical staff.

American Board of Pathology (ABPath): *www.abpath.org* **Booth #S15**

American Board of Pathology (ABPath) The ABPath is the premier organization for certification and Continuing Certification (CC), of physicians in the specialty of pathology. Our mission is to promote the field of Pathology and the continuing competency of practicing Pathologists. The ABPath offers certification Anatomic and/or Clinical Pathology and in 11 subspecialties. Visit our booth to learn more about certification and CC.

EXHIBITORS

American Pathology Foundation (APF): *www.apfconnect.org*   **Booth #S6**

The American Pathology Foundation (APF) is a professional society devoted to the business of pathology. Founded in 1959, the Foundation focuses on providing quality educational programs and management resources for members to help them stay current with scientific, regulatory, and marketplace developments affecting the practice of pathology. APF membership is inclusive of pathologists, practice managers, pathology residents and academic programs. The Foundation is a proud partner of ASCP in the development of Lab Management University, a certificate program for pathologists, residents and laboratory professionals.

American Registry of Pathology/ARP Press: *www.arppress.org*   **Booth #S7**

The American Registry of Pathology/ARP Press is a not-for-profit organization founded in 1921 and chartered by Congress to serve civilian and military medical scientific communities. ARP Press has been publishing the AFIP Atlases of Tumor and Non-Tumor Pathology since 1990.

AstraZeneca (AZ): *www.astrazeneca.com*   **Booth #S10**

AstraZeneca diagnostic group focuses on furthering Personalized Medicine through education.

Bristol-Myers Squibb (BMS): *www.bms.com*   **Booth #P9**

Bristol-Myers Squibb is a global biopharmaceutical company focused on discovering, developing and delivering innovative medicines for patients with serious diseases. We are focused on helping patients in disease areas including oncology, cardiovascular, immunoscience and fibrosis. Each day, our employees work together for patients – it drives everything we do.

Delong Instruments: *www.lv-em.com*   **Booth #S4**

The LVEM25 Benchtop TEM is designed for Pathologists. A fast, compact and powerful microscope with no special facility requirements for installation, combined with affordable pricing. The low accelerating voltage provides high image contrast on biologic thin sections without the need to adjust sample preparation protocols. The LVEM25 is an ideal lab partner due in part to its compact and easy to install nature as well as its high-contrast, high-throughput imaging.

Gestalt Diagnostics (Gestalt): *www.gestaltdiagnostics.com*   **Booth #S8**

Gestalt Diagnostics provides technology solutions, technical and integration services and support to pathology laboratories. Gestalt has developed PathFlow, an enterprise software platform specifically designed to bring the benefits of digital workflow to pathologists and pathology laboratories. This product was originally developed, by what is now Gestalt's team, to support a fully digital reading platform for radiology. The radiology platform is used in leading hospitals across the United States and supports more than 15 million studies annually. Gestalt has expanded and redesigned this proven, robust solution to work in the laboratory space – engineered for the unique needs and workflow of pathologists.

Ibex Medical Analytics: *www.ibex-ai.com*   **Booth #S14**

Ibex Medical Analytics is pioneering AI-based cancer diagnostics in pathology, helping pathologists deliver more efficient, metric-driven, objective and accurate diagnoses. The Ibex solution combines AI, data science, image analysis and machine learning technologies and applies them to cancer diagnostics in digital pathology, striving to improve patient outcomes and quality of life. For more information go to: www.ibex-ai.com.

Inspirata: *www.inspirata.com*   **Booth #S3**

Inspirata has assembled the most advanced and proven technologies to address the complex challenges of delivering cancer care and conducting ground-breaking research. We combine leading digital pathology solutions with automated cancer registry solutions, comprehensive cancer informatics and advanced patient engagement tools to bring users the broadest oncology informatics platform available globally.

EXHIBITORS

Merck & Co., Inc. (Merck): *www.merck.com*   **Booth #P3**
For more than a century, Merck has been inventing for life, bringing forward medicines and vaccines for many of the world's most challenging diseases. Today, Merck continues to be at the forefront of research to deliver innovative health solutions and advance the prevention and treatment of diseases that threaten people and animals around the world.

Milestone Medical: *www.milestonemedsrl.com*   **Booth #P8**
Milestone, www.milestonemed.com, is solving longstanding challenges in anatomic pathology by applying new technologies. Products encompassing tissue collection and management, frozen specimen preparation, macro imaging, and rapid tissue processing, create a "chain of evidence," allow for greater control over individual work steps, and accelerate the delivery of histological work to the pathologist.   Our efforts have one goal in mind: Helping Patients.

Motic Instruments, Inc. (Motic Instruments): *www.motic.com*   **Booth #S1**
Motic Digital Pathology addresses the growing global pathology care gap by making digital medicine approachable for hospitals, labs, and doctors everywhere. We promote adoption of telepathology through our innovative, cost-effective solutions developed directly in conjunction with partner pathologists. Visit www.MoticEasyScan.com and Booth S1 to see how our WSI scanners and remote frozen section solutions work for your lab!

Nucleai: *www.nucleaimd.com*   **Booth #S2**
Nucleai is a leading AI company in the field of pathology, with the most comprehensive product suite that covers biopsies from prostate, breast, colon and stomach. With these products, Nucleai is helping the pathologists to work more efficiently, accurately and with better quality. Nucleai is supported by leading pathologists, investors and commercial partners.

Pathcore: *www.pathcore.com*   **Booth #P7**
PathcoreTM is committed to providing user-friendly, responsive and easy-to-use solutions for large and complex workflows. Our unique platform is an enterprise-grade solution for whole slide imaging, which supports digital workflow, proprietary formats, live microscopy and DICOM. PathcoreTM is packed with features that reduce the workload of system administrators and empower users.

Proscia: *www.proscia.com*   **Booth #P2**
Proscia is a digital pathology software company transforming the way pathology is practiced and perfecting the way cancer is diagnosed. With Concentriq, the company's AI-enabled digital pathology platform, laboratories are unlocking hidden data and turning it into valuable insights for improving patient outcomes and accelerating breakthroughs in the fight against cancer. For more information, visit proscia.com.

QGenda: *www.qgenda.com*   **Booth #S9**
QGenda is the #1 cloud-based, automated provider scheduling software. Build your schedule with the highest quality, transparency, flexibility, and fairness possible. Increase access to the most up-to-date and accurate schedule for all your clinical team members anytime, anywhere, on any device. Leading physician groups, academic medical centers, hospitals, and health systems use QGenda to optimize their workforce and provide the best possible patient care.

Scimedico: *www.scimedico.com*   **Booth #S5**
Scimedico is a full service laboratory services and solutions firm, providing Planning and Design, Equipment and Installation, and Service and Preventive Maintenance solutions in the Healthcare, Education, and Government Sectors. Scimedico, LLC's preventive maintenance solutions set and related lab maintenance and support offerings are now offered on a national basis within the United States.

Seal'N Freeze: *www.sealnfreeze.com*   **Booth #P6**
Seal'N Freeze is a four-mold cryotray, used with a compact cryopreservation box, that will streamline the tissue-freezing process for cryostat users by allowing for convenient batch-processing of samples.

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APC 2019 ANNUAL MEETING
CME APPLICATION TRACKER

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PATHOLOGY LEADERSHIP ACADEMY

SATURDAY, JULY 20, 2019		CME	Educational Objectives	Notes/Comments
6:30 PM - 7:30 PM *Maximum CME: 1.00*	**Identifying and Preparing High Potential Faculty for Leadership Positions:** Zander, Golden	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
SUNDAY, JULY 21, 2019		**CME**	**Educational Objectives**	**Notes/Comments**
8:30 AM – 10:00 AM *Maximum CME: 1.50*	**Preparing Yourself and Finding the Leadership Position You Seek:** Freund, Johnson, Leonard, Messias	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
10:20 AM – 11:00 AM *Maximum CME: 0.75*	**Emotional Intelligence: Gauging and Working with All Levels:** Hunt	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
11:00 AM – 11:40 AM *Maximum CME: 0.75*	**Performance Evaluations – A Two-Way Street:** Rojiani	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
11:40 AM – 12:30 PM *Maximum CME: 0.75*	**Understanding Funds Flow in Pathology Departments:** Zander	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
12:30 PM – 2:00 PM *Maximum CME: 1.50*	**Lunch with Senior Fellows Panel:** Gotlieb, Powell, Sanfilippo	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
2:00 PM – 5:00 PM *Maximum CME: 3.00*	**Fighting Is Bad for Your Health: Best Practices in Conflict Management:** Stein	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	

APC 2019 ANNUAL MEETING

SUNDAY, JULY 21, 2019		CME	Educational Objectives	Notes/Comments
5:30 PM – 7:30 PM *Maximum CME: 2.00*	**UME COMMITTEE MEETING:** Prystowsky *Track(s): APC/Chairs*	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	

MONDAY, JULY 22, 2019		CME	Educational Objectives	Notes/Comments
7:00 AM – 8:15 AM *Maximum CME: 1.25*	**LD&D COMMITTEE MEETING:** Zander *Track(s): APC/Chairs*	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
8:15 AM – 8:30 AM *Maximum CME: 0.25*	**OFFICIAL OPENING & WELCOME:** Ducatman, Howell *Track(s): APC/Chairs*	_____ Hours Attended	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	

MONDAY, JULY 22, 2019		CME	Educational Objectives	Notes/Comments
8:30 AM – 12:00 PM *Maximum CME: 3.50*	**CHAIRS BOOT CAMP:** Sanfilippo, Buja,Bailey,Ducatman, Smith, Miers, Powell, Wilkinson,Howell, Gotlieb, Baci *Track(s): APC/Chairs, PDAS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
8:00 AM – 12:15 PM *Maximum CME: 4.25*	**PRODS BOOT CAMP:** Furlong, Co, Marion-Murray, Hatlak, Johnson, Black-Schaffer, Haspel, Heher, Anderson, Booth, Mooney, Song, Gross. *Track(s): PRODS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
8:00 AM – 12:00 PM *Maximum CME: 4.00*	**COURSE DIRECTORS WORKSHOP** Knollmann-Ritschel, Rampy, Vanguri, LeGallo, Fitzhugh *Track(s): UMEDS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
1:30 PM – 3:30 PM *Maximum CME: 2.00*	**LEADERSHIP DEVELOPMENT & DIVERSITY SESSION:** Zander, Stein, Messias *Track(s): APC/Chairs, UMEDS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
1:30 PM – 2:00 PM *Maximum CME: 0.50*	**OPEN DISCUSSION:** Hoffman *Track(s): PRODS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
2:00 PM – 3:15 PM *Maximum CME: 1.25*	**C. BRUCE ALEXANDER LECTURE:** Powell *Track(s): PRODS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
3:15 PM – 5:00 PM *Maximum CME: 1.75*	**ENTRUSTABLE PROFESSIONAL ACTIVITES:** McCloskey *Track(s): PRODS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
3:30 PM – 5:00 PM *Maximum CME: 1.50*	**EDUCATIONAL CASE WRITING WORKSHOP:** Knollmann-Ritschel *Track(s): UMEDS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
3:30 PM – 5:00 PM *Maximum CME: 1.50*	**COMMITTEE MEETINGS (Concurrent)** ◯ **RESEARCH:** Golden ◯ **GME:** Kaul ◯ **P&M**: Liu *Track(s): APC/Chairs*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	

TUESDAY, JULY 23, 2019		CME	Educational Objectives	Notes/Comments
6:45 AM – 7:45 AM *Maximum CME: 1.00*	**ADVOCACY COMMITTEE MEETING:** Leonard *Track(s): APC/Chairs*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
8:00 AM – 10:00 AM *Maximum CME: 2.00*	**PRACTICE SESSION:** Golden, Kaul, Carter, Seltzer *Track(s): APC/Chairs*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
10:15 AM – 12:00 PM *Maximum CME: 1.75*	**RESEARCH SESSION:** Golden, Higgins, Gerber, Kaul *Track(s): APC/Chairs*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	
1:30 PM – 4:00 PM *Maximum CME: 2.50*	**ADVOCACY SESSION:** Tomaszewski, Kaufman, Wilson, Crawford *Track(s): APC/Chairs, PDAS*	_____ **Hours Attended**	◯ Exceeded Expectations ◯ Fully Met Expectations ◯ Partially Met Expectations ◯ Poorly Met Expectations ◯ Did not attend	

TUESDAY, JULY 23, 2019		CME	Educational Objectives	Notes/Comments
8:00 AM – 9:00 AM *Maximum CME: 1.00*	**FACULTY DEVELOPMENT:** Furlong, Hafler *Track(s): PRODS, UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
9:00 AM – 10:00 AM *Maximum CME: 1.00*	**PROGRAM DIRECTOR EXPERIENCES:** Laudadio, Jeffus, Black *Track(s): PRODS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
9:10 AM – 12:00 PM *Maximum CME: 2.75*	**PROVIDING FACULTY/CAREER DEVELOPMENT:** Olson, Knollmann-Ritschel, Furlong, Lovitch *Track(s): UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
10:15 AM – 12:00 PM *Maximum CME: 1.75*	**PROGRAM REQUIREMENTS:** Hatlak, Chute, White, Ananthanarayanan *Track(s): PRODS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
2:00 PM – 3:45 PM *Maximum CME: 1.75*	**CAREER DEVELOPMENT**: Powell, Nelson *Track(s): PRODS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
4:00 PM - 5:00 PM *Maximum CME: 1.00*	**SPECIAL TOPIC IN PATHOLOGY** Reder *Track(s): PRODS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
1:30 PM – 3:15 PM *Maximum CME: 1.75*	**ONLINE LEARNING:** Pusic, Margeta, Anderson *Track(s): UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
3:30 PM – 5:00 PM *Maximum CME: 1.50*	**UNDERGRADUATE TRAINING IN GENOMICS (UTRIG): TRAINING THE TRAINER WORKSHOP:** Wilcox *Track(s): UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	

WEDNESDAY, JULY 24, 2019		CME	Educational Objectives	Notes/Comments
7:00 AM – 8:00 AM *Maximum CME: 1.00*	**CHALLENGES IN INFORMATICS TRAINING:** Levy, Anderson, DeFrances, Esposito *Track(s): APC/Chairs, PRODS, UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
8:00 AM – 9:30 AM *Maximum CME: 1.50*	**UNDERGRADUATE MEDICAL EDUCATION SESSION:** Prystowsky, Hemmer, Olson, Conran *Track(s): APC/Chairs, PRODS, UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
9:30 AM – 11:00 AM *Maximum CME: 1.50*	**GRADUATE MEDICAL EDUCATION SESSION:** Kaul, Brandt, Powell, Hanau, Furlong *Track(s): APC/Chairs, PRODS, UMEDS*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
11:00 AM - 12:30 PM *Maximum CME: 1.50*	**DISCUSSION GROUP #_____** **Title: _____** *See next page for selecting 1 of 13 topics.*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	

WEDNESDAY, JULY 24, 2019		CME	Educational Objectives	Notes/Comments
1:45 PM – 3:05 PM *Maximum CME: 1.25*	**INNOVATIONS IN TEACHING/ CURRICULAR INTEGRATION:** Boyer, Roth, Pandey *Track(s): UMEDS, APC/Chairs*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
2:00 PM – 3:00 PM *Maximum CME: 1.00*	**ACGME PATHOLOGY MILESTONES 2.0:** Edgar *Track(s): PRODS, APC/Chairs*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
3:05 PM – 4:50 PM *Maximum CME: 1.75*	**PATHOLOGY PIPELINE PROGRAMS:** Findeis-Hosey, Kwon, Ware, Lew, Sanford *Track(s): UMEDS, APC/Chairs*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	
3:00 PM – 4:30 PM *Maximum CME: 1.50*	**ANNUAL UPDATES:** Johnson, Genzen, Fitzpatrick, Hatlak *Track(s): PRODS, APC/Chairs*	_____ **Hours Attended**	○ Exceeded Expectations ○ Fully Met Expectations ○ Partially Met Expectations ○ Poorly Met Expectations ○ Did not attend	

| WEDNESDAY, JULY 24, 2019: DISCUSSION GROUPS (Concurrent). *Track(s): APC/Chairs, PRODS, UMEDS*	
11:00 AM – 12:30 PM	○ DG 1: **Serving as a Temporary Pathology Chair: Boon or Boondoggle**: Bailey, Sanfilippo, George, Howell, Karcher, Libien, Powell
	○ DG 2: **The Big Squeeze: Curriculum Compression in Medical Education:** Rapkiewicz, Alan Rampy
	○ DG 3: **Managing the Transition from Academic Health Center to Academic Health System:** Ducatman, Kaul
	○ DG 4: **Getting the Best Fit: Recruitment and Ranking of Residency Applicants:** Moore, Anderson
	○ DG 5: **Training Residents in Patient Safety (TRIPS): Practical Approaches to Curriculum Implementation:** Heher, Haspel
	○ DG 6: **Best Practices in Pathology UME Teaching:** Margeta, Ramachandran, Deyrup, Husain
	○ DG 7: **Professionalism in Medical Education: Assessment and Remediation:** Flanagan, Vos, Powell
	○ DG 8: **Implementing Artificial Intelligence/Machine Learning in Academic Pathology Departments:** Dugger, Graff
	○ DG 9: **Collective Excellence through Social Media: Twitter for Pathologists:** Riddle, Ziemba, Razzano, Schubert, Mirza, Fitzhugh
	○ DG10: **International Medical Graduates: Challenges and Opportunities:** Rojiani, Kahn, Masood, Shah, Fitzpatrick
	○ DG11: **Interviewing 101: Foundations for Successful Development of Interviewing Skills in Faculty and Trainees:** White, Calkins, McNeill
	○ DG12: **IMGs in Training: The Responsibilities, Challenges and Strategies for the Residency Programs:** Fitzpatrick, Hammerschmidt, Rao
	○ DG13: **Administration Woes - What Hasn't Been Checked Lately?** Gudowski

Fill out your online CME evaluation at: www.apcprods.org/meetings-2019-cme-eval. **Submit responses online no later than September 30, 2019**. All other CME information and disclosures are posted at: www.apcprods.org/m-2019-cme. Please note that you must register ($100) to claim CME, if you did not include in your annual meeting registration. Questions? Contact the APC Office at: *meetings@apcprods.org* or 302.660.4940.

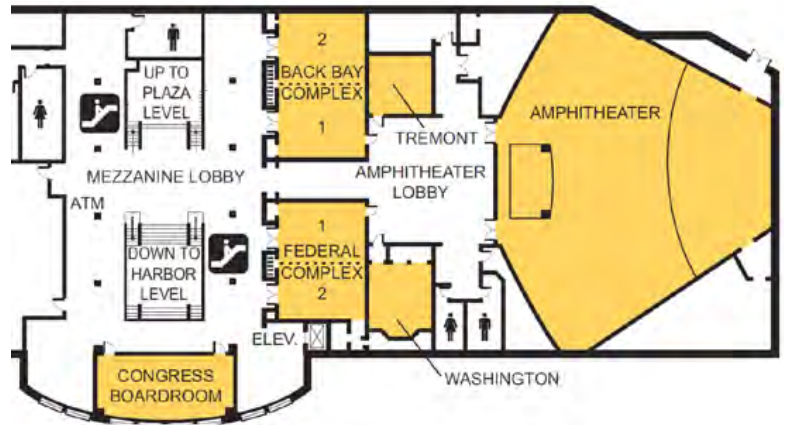**SEAPORT HOTEL APC MEETING SPACES:**

- Plaza Ballroom: Awards Lunch *(Tuesday, July 23rd)*
- Admiral Suite: Hotel Room #1836 *(SPICE and Networking)*
- Hospitality Suite: Hotel Room #536 *(Networking)*
- Aura Restaurant, Magnum A/B: SFG Meeting and Dinner *(Monday, July 22nd)*

SEAPORT WORLD TRADE CENTER LEVELS

PLAZA LEVEL *(top)*
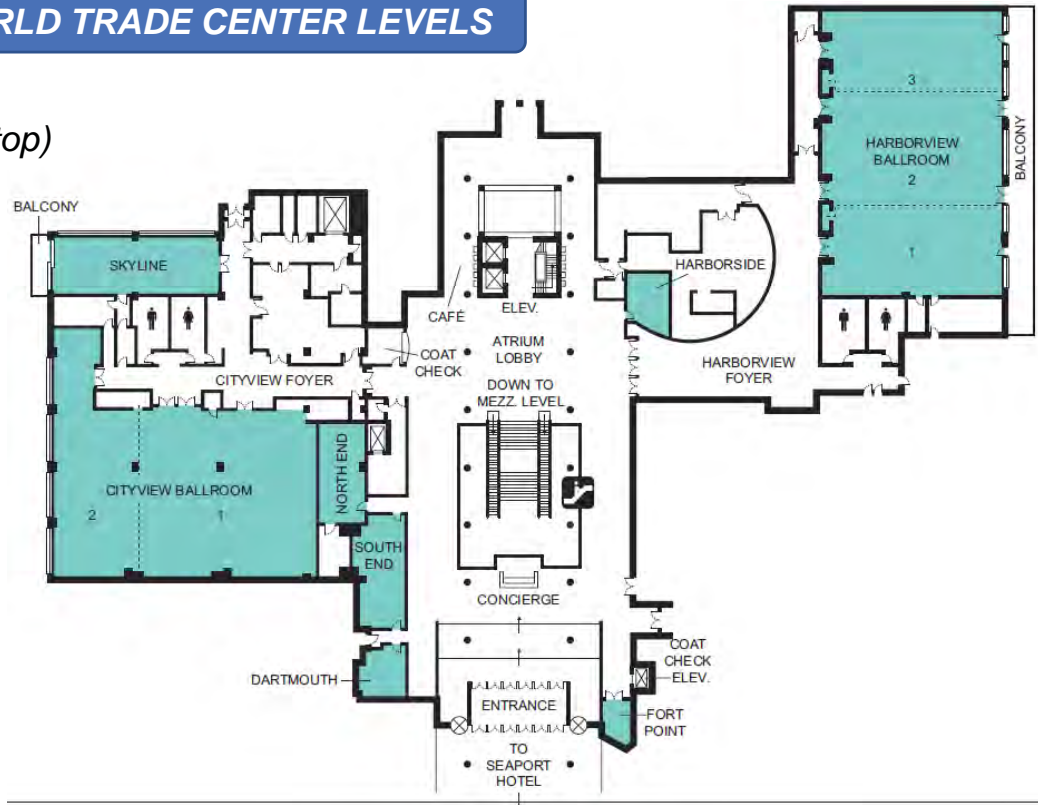
MEZZANINE LEVEL *(middle)*

HARBOR LEVEL *(bottom)*