



# Medical Technology Today™

ASCP's Newsmagazine for Laboratory Professionals

## International Certification Opens Doors

by Ellen Sullivan

Neil Anthony N. Gako, RMT, MT(AMT), MT(ASCP<sup>1</sup>), works as a medical technologist in a 660-bed tertiary hospital in the Philippines' Cebu City, but being employed as a medical technologist in the United States is his ultimate goal. Gako is one of the first applicants to earn the American Society for Clinical Pathology Board of Registry's (ASCP BOR) new international certification, the MT(ASCP<sup>1</sup>).

"Even if the international certification is not needed to practice our profession here in the Philippines, having one will surely give us an edge if we want to work in the United States, which I believe that the majority of us would do," he said. "That is why I am already encouraging my colleagues to be certified by ASCP<sup>1</sup>."

ASCP BOR offers international certification for individuals who have received their training and education in South Korea and the Philippines in the following categories: International Medical Laboratory Technician, MLT(ASCP<sup>1</sup>), International Medical Technologist, MT(ASCP<sup>1</sup>), and International Technologist in Molecular Pathology, MP(ASCP<sup>1</sup>). Plans are in the works to expand international certification

opportunities to Hong Kong and Singapore. Preliminary discussions have begun in Guyana. International versions of the Chemistry, C(ASCP<sup>1</sup>), and Phlebotomy, PBT(ASCP<sup>1</sup>), examinations are under development.



PAMET (Philippine Association for Medical Technologists) immediate past president, Agnes B. Medenilla, front left, with laboratory practitioners and students in the Philippines.

About one-third of medical technologists in the Philippines apply for jobs abroad, seeking further experience and training, according to Agnes B. Medenilla, BSMT, MS, MT(ASCP), Chair of the Globalization Committee's Philippine Chapter of the International Consortium for ASCP<sup>1</sup>. The Society's new international certification,

*continued on page 337*

June 2007

Volume 4, Number 6

### Contents

International Certification	326
President's Message	327
2007 Assessment Programs	328
Chair's Message	329
Global Certification	330
Washington Report	331
Recruiting	333
Medscape Videotutorial	334
Reality Lab Stories	334
CM Programs	335
ASCP Fighting AIDS	335
GYN PT	336
Workshops	336

© 2007 American Society for Clinical Pathology



## ASCP President's Message

### You Can Be the Message!

It almost never fails. When I'm at a party or other social event, I can count on someone saying "Oh! You're a pathologist? I never want to have to see you!" I've come to expect that reaction every time I meet members of the general public. I'm convinced that the lay community equates "pathologist" with "weird folks who deal with dead bodies." I'm sure laboratory professionals experience the same thing when they say their work involves "pathology."

I don't diminish the critical role autopsies play in our health system. However, as we all know, virtually everything we do is for living patients, and, if pathology and laboratory medicine are ever to be recognized and rewarded for their significant contributions to the totality of health care, then we—me, you, and the Society—must work diligently to dispel myths and to tell the whole story of this great profession.

If we don't, then we have no one but ourselves to blame if the very real threats now being leveled at our profession come to pass. In the past, laboratories continued to survive and thrive regardless of what was happening in health care; Medicare, managed care, and the constant chipping away at payment schedules were bothersome and tedious but we survived.

### Formidable Opposition

Today, the threats against the profession as we know it are very real and, at least as far as outpatient procedures are concerned, threaten our very existence.

The government is seriously considering and promoting the concept of outsourcing all outpatient tests (whether laboratory medicine or anatomic pathology) to a single referral entity or entities. It's a draconian concept known by the less onerous and less forthright phrase, "competitive bidding."

Should the Centers for Medicare and Medicaid Services (CMS) proposals come to pass, ours will be a very different world indeed. Imagine being reduced to performing inpatient tests only. Imagine trying to save lives without the ability to compare biopsies or cytology material with surgical resection specimens. Such fragmentation of laboratory services is clearly not in the patient's best interests.

That's the story we need to spread—that the crucial relationships forged among members of the laboratory team, patients, and their physicians, would be destroyed.

Believe it or not, we have some natural allies in this battle against marginalization. Two of the most important

are hospital and health care leaders and the public. If both groups truly understood us, truly "got" the fact that we provide services (not just numbers), truly grasped the value of our relationship to them (despite our being "unseen"), then proposals such as competitive bidding would have no chance of success.

What can we do? All of us in the ASCP and in the profession at large meet "just plain folks" every day. College graduates seeking work are counseled to have an "elevator speech" prepared to sell themselves in a minute or less. We ought to learn from that and have our own "elevator speech" ready.

I have mine. When somebody at a meeting or a party shies away from me when they learn I'm a pathologist, I'm prepared: "Actually, in my work, I deal—every day—with living patients (and so does everyone in the laboratory!). And, if you or a member of your family gets sick or needs testing of any kind, you actually do want me to be caring for you—even if I'm in the background!"

It's me and my colleagues who sit unseen, often behind a microscope, and make decisions that guide surgeons and clinicians in preparing their life-saving treatment plans. We detect cancer, infectious disease, blood-borne disease, genetic disease."

### What You Can Do

You can—should—be prepared with just such a message. Anything and everything you say affects our image, even if your message is delivered to audiences of 1 person at a time. It's a well-known axiom in the communications and public relations business that "image is a reflection of reality. If you want to change the image, start by changing the reality."

So, you too can be a messenger of reality. It's not hard work. Just tell everyone you can—from community and civic groups to school career days—what you do for patients. Those of us in laboratory science are filled with passion and that alone will go a long way to making people see that you care.

American laboratories have served the public well over the last half century. Let us make sure we continue to exist in a similar manner in this century. All it takes is the ability to condense your passion for the profession into a short but persuasive message and deliver it far and wide and as often as possible.

**John S.J. Brooks, MD, FASCP**

Send comments to [President@ascp.org](mailto:President@ascp.org).

## Enhancements to Your 2007 ASCP Cytology Assessment Programs

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

The goal for both the ASCP GYN PT & Assessment Committee and the ASCP Non-GYN Committee was to revitalize the old ASCPStar GYN and Non-GYN programs with the acquisition of thousands of new cases and create new, improved versions of both programs for 2007. One of the first changes that took place was the renaming of the programs to ASCP GYN Assessment and ASCP Non-GYN Assessment to better reflect the objective of these programs, which is to enhance patient care through education and assessing the accuracy of diagnostic skills. Additional modifications or enhancements in program structure and logistics took place in response to input from both the participants and the committees.

#### What has Changed for 2007?

- Floating 12-month enrollment schedule that allows you to begin your ASCP glass slide assessment enrollment any time of the year.
- Guaranteed timely delivery of the program—you will know within a 2-day window when to expect every shipment for your entire enrollment.
- ASCP GYN Assessment increased quality, glass slide cases from 12 slides to 15; the ASCP Non-GYN Assessment program

remained at 20 slides total; 1 CME/CE credit awarded for each case completed.

- Each program contains cases from 3 levels of difficulty (routine, moderate, and very difficult) with each program consisting of at least 12 routine cases performing at 90% or better to the exact diagnostic category.
- Simplified diagnostic coding, with 5 diagnostic categories to choose from rather than 7, no tissue type selection, and fewer specific interpretations from which to select.
- Three free optional online virtual microscopy cases for an additional 2 CME/CE credits awarded for each case reviewed.
- Target answers sent directly to the site coordinator via e-mail.
- A year-end statistical package for both assessment programs.

### 2007 ASCP Non-GYN Digital Image Program

Previously, this program was distributed as ASCPStar Non-GYN Static Image. The name has been changed to reflect its objective as an assessment program that offers digital images, whether printed, online, or virtual. The ASCP Non-GYN Assessment Committee and ASCP staff have enhanced the ASCP Non-GYN Digital Image program this year with changes that address our participants' needs and use of the

program. The goal of this program also is to enhance patient care through education and assessing the accuracy of diagnostic skills.

#### What has Changed?

- The program's name.
- High-quality images are now provided on CD-ROM.
  - Included on the CD-ROM are the case study images and history for all 4 events.
- A Microsoft PowerPoint file for projection and group review or computer monitor review.
- An Adobe PDF-formatted file for projection or computer monitor review.
- An Adobe PDF abbreviated handout with condensed versions of the case study images and histories for individuals to print if desired.
- Images will also be available on ASCP's new eLearning portal.
- Participant user name and password will be provided to your site coordinator by e-mail.

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

Medical Technology Today™

Medical Technology Today™ is published 12 times a year for members of the American Society for Clinical Pathology (ASCP).

©2007, American Society for Clinical Pathology

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

Phone 800.267.ASCP  
(In Illinois, 312.541.4999)

Fax 312.541.4998

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



## Chair's Message, ASCP Member Council

### More Strategies for Addressing Personnel Shortages

In last month's column, I commented on the importance of preparing younger laboratory professionals to assume the leadership roles left vacant by the retirement of key personnel. But, many laboratory managers are focused on a more immediate problem—the current shortage of laboratory personnel involved in preanalytical, analytical, and postanalytical phases of testing.

Each year 12,000 new laboratory positions open up while fewer than 5,000 laboratory professionals join the workforce. A major factor is the decline in laboratory training programs and graduates. According to the National Accrediting Agency for Clinical Laboratory Sciences, the number of MT/CLS programs dropped from 791 to 230 between 1970 and 2005, while the number of graduates decreased from 4,408 to 2,141. The number of MLT/CLT programs likewise declined, from 281 in 1985 to 226 in 2005, while MLT/CLT graduates fell from 3,278 to 2,500. The number of HT/HTL programs reached a high of 49 in 1983 and dropped to 31 in 2005.

The situation will probably get worse. Laboratory testing is expected to increase by about 17% over the next 10 years. In response, most laboratory organizations have made personnel issues a top priority. An ASCP goal and area of special focus involves development of a strategic plan to improve the image of pathologists and laboratory professionals. An important part of this effort is to build stronger ties with the media so the important work of laboratory professionals and the ASCP will generate interest and subsequently be better publicized.

The formation of the Coordinating Council for the Clinical Laboratory Workforce (CCCLW) is an attempt by professional organizations, vendors, and government agencies to work together on this problem. Increasing the visibility of laboratory professionals and the work they perform is crucial to addressing personnel shortages, but there are no easy solutions. The CCCLW members have developed several recruitment videos and a tool kit,

which can be found on the ASCP and ASCLS Web sites. Abbott Laboratories has launched a “Labs Are Vital” campaign aimed at increasing public awareness. Check out their Web site. I think you will like what you see. The CCCLW is also studying how other professions, like nursing and physical therapy, have successfully addressed workforce shortages.

I believe much of the turnaround will depend on individual laboratory professionals—how they present themselves and their profession. Do you behave professionally on and off the job? When asked about your occupation, do you speak negatively about your work or endeavor to find a concise way to explain what you do? Do you make jokes about working with body fluids and tissue samples or do you talk enthusiastically about your career and its rewards?

A colleague recently suggested that laboratory professionals need a one-sentence description that quickly explains what we do—something like, “We perform the medical and laboratory tests that help physicians diagnose and monitor disease and treatment therapies.” If we get the chance to say more, we should emphasize our unique skills and the consultative services we provide on selection and use of laboratory procedures. We must make clear the critical value of our work and its role in quality patient care.

We should actively seek ways to demonstrate our professionalism and become more visible in the workplace and the community by serving on hospital committees, working health fairs, and interacting with physicians, nurses, administrators, and the public. We must demonstrate competence and professionalism in the way we speak, the concentration with which we approach our work, and, yes, even in our appearance.

A quote from Margaret Mead expresses this concept well. “Never doubt that a small group of thoughtful, committed people can change the world. Indeed it is the only thing that ever has.”

**Patricia K. Knebel, MT(ASCP)**

Send comments to [memberchair@ascp.org](mailto:memberchair@ascp.org).

## Global Certification

### The Difference Between ASCP and ASCP<sup>i</sup> Certifications and why United States Laboratory Professionals Should Familiarize Themselves With the International Credential

by Jennifer Williams, CT(ASCP)

The international ASCP<sup>i</sup> certification was designed in recognition of today's global demand for a reliable health care system that will preserve patient safety and will standardize and ensure excellence in laboratory practice throughout the world. International certification is intended to provide medical technologists (MTs, CLTs, BMSs)<sup>1</sup> in foreign countries with the opportunity to distinguish themselves among their peers when competing for laboratory positions in a saturated foreign market. However, due to the biomedical laboratory science workforce shortage in the United States, some ASCP<sup>i</sup> certificants have decided to investigate how this certification could assist with their immigration efforts. Foreign-trained medical technologists already residing in the United States have also chosen to take the ASCP<sup>i</sup> examination as opposed to completing the necessary experience requirements or additional training needed to meet eligibility requirements for the United States version of the ASCP BOR examination. As ASCP meets and surpasses goals set for globalization that began in 2006 with the new international designation of ASCP<sup>i</sup>, United States laboratory directors should educate themselves on this new certification option for internationally-trained applicants.

Before international certification is approved for a particular country, the ASCP Globalization Committee carefully reviews the content and structure of all MT/CLS/BMS programs and determines their equivalence to United States programs. ASCP<sup>i</sup> certification is only extended

to countries whose educational structures and clinical laboratory programs are comparable with those of the United States. As of April 2007, South Korea and the Philippines are the first 2 countries approved for international certification. Hong Kong, Singapore, and others will follow in the near future. Preliminary discussions have begun in Guyana.

#### International Categories

- MT(ASCP<sup>i</sup>)
- MLT(ASCP<sup>i</sup>)
- MP(ASCP<sup>i</sup>)
- PBT(ASCP<sup>i</sup>)

#### *Similarities and Differences: What Laboratory Directors Should be Aware of When Considering an ASCP<sup>i</sup>-Certified Individual*

International eligibility routes are designed to mirror national ASCP eligibility routes as closely as possible; therefore, applicants found eligible for international examination categories are still required to meet a similar high standard. For example, foreign individuals certified as MT(ASCP<sup>i</sup>) are required to have completed a 4-year degree or the equivalent of a United States bachelor's degree as compared with United States MT(ASCP) applicants. All international examinations, like their United States national counterpart examination, contain 100 questions, are scored by computer adaptive testing (CAT), and have the same time limit restrictions for examination. The integrity of ASCP<sup>i</sup> examinations is dependent on the security of our international testing centers; for this reason, all

international examinations are administered at ASCP-contracted secure Pearson VUE sites around the world. Comparable with our national United States examinees, international applicants are required to provide two forms of valid identification and an admission letter. They are photographed and fingerprinted at the testing site. ASCP<sup>i</sup> exams are administered only in English. English is the international language of medicine; moreover, should the individual choose to emigrate to the United States, it is imperative that the candidate demonstrate competence in interpreting English.

The only significant difference between the United States versions of ASCP and ASCP<sup>i</sup> certification examinations is that international (ASCP<sup>i</sup>) examinations do not include United States governmental policy and procedure questions (eg, OSHA, CLIA, HIPPA); rather, questions specific to the United States are replaced with international safety questions (from ISO 15189, an internationally-recognized document of medical laboratory standards). Otherwise, all other international examination questions are drawn by the CAT process from the same pool (eg, 1,200 to 1,400 questions used for the United States version of the ASCP BOR examinations). ASCP<sup>i</sup> certification demonstrates competence that is equivalent to the ASCP-certified individual testing in the United States in each of the other specified areas mandated for competency within the medical laboratory. For a content outline for MT(ASCP<sup>i</sup>), MLT(ASCP<sup>i</sup>), and PBT(ASCP<sup>i</sup>) examinations, go to: [www.ascp.org/certification/CertifyingExaminations/international/content](http://www.ascp.org/certification/CertifyingExaminations/international/content).

<sup>1</sup> MT's, Medical Technologists; CLT's, Clinical Laboratory Technologists; and BMS's, Biomedical Laboratory Scientists, are all used to describe the same medical laboratory profession dependent upon location.

*continued on page 337*



## Washington Report

### FEDERAL

#### *ASCP Statement Initiates Dialogue With CAP on HR 1237, Cytology PT, and More*

A recent ASCP statement concerning HR 1237 (the Cytology Proficiency Improvement Act of 2007) (<http://www.ascp.org/AboutUs/NewsRoom/NewsArticle.aspx?PrimaryCode=PT-STATEMENT>) not only outlined the Society's concerns about the legislation itself, but the College of American Pathologists' (CAP) calls for regulations that parallel the Mammography Quality Standards Act (MQSA). The MQSA regulations can be found at the following URL: <http://www.fda.gov/cdrh/mammography/frmamcom2.html>.

The posting generated a number of responses, including one from CAP, thus opening up a welcome dialogue about the two issues. ASCP Secretary Mark Stoler, MD, FASCP, said, "there is nothing more important than dialogue and consensus building on an approach to replace the seriously flawed cytopathology proficiency-testing regulations. ASCP and CAP agree in principle that the current regulations are seriously flawed and need to be replaced as soon as possible; however, we differ on the strategy needed to provide regulatory relief to the community. ASCP believes both legislative and regulatory approaches are important."

ASCP supports the intent of CAP's latest bill, HR 1237, but has serious concerns about the unintended consequences of modeling cytology proficiency testing after the MQSA because, unfortunately, there has never been a real dialogue within the cytopathology community about the MQSA model.

If HR 1237 becomes law, it will set in motion a process similar to the process HHS is currently engaged in regarding revisions to the Cytology PT regulations. In other words, it might result in a new draft regulation 3 pages long (like the current regulation) or 75 or more pages long like the MQSA. It could be more bureaucratic than the current regulation or it could provide the regulatory relief the entire community is seeking.

That's why ASCP is seeking the development of a true consensus within the community while moving forward with other organizations to achieve needed changes while simultaneously protecting women's health.

#### *ASCP Calls for MUE Advisory Oversight Body, Urges Changes to Proposed Edits*

ASCP, CAP, and other pathology and laboratory medicine organizations have called on CMS to establish an advisory committee to assist with the development of

coding edits under the medically unlikely edits (MUE) program. ASCP is concerned about the MUE program—especially the manner in which technical information is being solicited to develop proposed limitations on the number of pathology and laboratory medicine services that can be billed per patient per day.

ASCP supports the intent of CMS's proposal to prevent billing abuse; we oppose CMS's efforts to establish numerical limits on pathology services that would inappropriately deny reimbursement for medically reasonable pathology and laboratory medicine services. ASCP's efforts (and others') forced CMS to revise its original MUE Program and roll out its proposed edits in a quarterly series of proposed updates.

### CONGRESS

#### *ASCP "Stop Pod Labs" Campaign Continues*

ASCP recently led a coalition of organizations in a meeting with staff for House of Representatives Ways & Means Subcommittee Chairman Pete Stark (D-CA). The focus? ASCP's campaign against potential Medicare billing abuses by pod labs. It was one of a series of meetings the Society has held with interested Congressional offices on the issue of self-referral and pod labs.

ASCP urges all laboratory practitioners, not just ASCP members, to use the ASCP e-Advocacy Center to ask Congress to put pressure on CMS to implement strong reforms to prevent overutilization and the markup of laboratory test charges. Thousands of letters to members of Congress have highlighted constituents' concerns about potential abusive billing practices because of ASCP's campaign to **Stop Pod Labs Now**.

Not all the action is on Capitol Hill, either. ASCP recently met with officials from CMS who indicated the agency plans to outline a series of proposals aimed at the pod lab issue when it publishes its 2008 proposed Physician Fee Schedule in August.

At the recent United States and Canadian Academy of Pathology conference, ASCP President John S.J. Brooks, MD, FASCP, briefed a standing-room-only crowd on the campaign.

The Alabama Association of Pathologists and Georgia Association of Pathologists have linked their Web pages to ASCP's Stop Pod Labs Now campaign. Any other pathology or laboratory medicine organizations interested in doing the same should contact ASCP's Washington Office for instructions at (202) 347-4450.

### *New Legislation Could Bring Major Changes for "Home Brews"*

Senator Ted Kennedy (D-MA), chair of the Senate Committee on Health, Education, Labor, and Pensions has introduced the "Laboratory Test Improvement Act (S 736)," which, if passed, would almost immediately subject laboratory-developed tests (LDTs, also known as "home brews") to rigorous oversight from the United States Food and Drug Administration (FDA).

The bill would require laboratories using LDTs to submit an application for review. Beginning 60 days after enactment of the Kennedy bill, LDTs would have to be labeled with a statement detailing the intended use of the test as well as a statement indicating whether or not the test is FDA approved.

Within 270 days of the bill's enactment, laboratories would be required to submit peer-reviewed data on the analytical and clinical validity of the tests. Laboratories filing submissions deemed insufficient by the FDA would have 90 days to submit additional information. Failure to provide appropriate data during this window would mean the laboratory would then have to seek 510(k) or premarket approval prior to commercialization. Laboratories will be permitted to continue offering LDTs while seeking FDA approval.

The "Genomics and Personalized Medicine Act (S 976)" introduced by Senator Barack Obama (D-IL) aims to improve access to, and utilization of, valid molecular genetic tests. The bill calls for a study to make recommendations to improve federal oversight and regulation of genetic tests, including genetic LDTs.

The ramifications of these two bills are causing much concern within the laboratory community, not the least of which is how the affected laboratories will balance requirements to meet both FDA and CLIA regulations—a task that may turn out to be costly and time-consuming.

ASCP continues to monitor the situation and will report to members on a regular basis.

### *Senate Makes Progress on AFIP, but Work Still Needed*

Although there's still no assurance that the Armed Forces Institute of Pathology (AFIP) will be preserved, a significant Senate action in late March would require the Secretary of Defense to submit "a detailed plan and timetable for the proposed reorganization and relocation" of the AFIP. The Secretary has until December to submit the report.

### *Laboratory Professionals Educate Capitol Hill*

Members from the American Society for Clinical Laboratory Science (ASCLS), the American Society for Clinical Pathology (ASCP), and the Clinical Laboratory Management Association (CLMA) joined forces in March for a two-day legislative symposium. Members from the three organizations—some 150 in all—fanned out over Capitol Hill, speaking in a collective voice to

legislators about competitive bidding, laboratory personnel shortages, and the initiative to **Stop Pod Labs Now**.

## STATES

### *States Tackle Tough Issues:*

#### *ASCP Joins in Actions Taken in TX, MD, NE, FL, KS, and MT*

A recent flurry of legislative activity in several state legislatures brought ASCP and state pathology societies together to voice their concerns to state House and Senate members.

In Texas and Maryland, ASCP urged members to support legislation that protects patients from inappropriate billing practices that can occur when clinicians bill for laboratory services at rates exceeding those charged by clinical laboratories. The same legislation has the potential for overutilization of services and inflated health care costs. A similar bill has been introduced in Nebraska prompting ASCP to send a letter to the Chair of the State Legislature's Health and Human Services Committee voicing support for the bill, arguing that it serves the public interest by protecting patients from potentially unnecessary medical services and unethical billing practices.

The Florida Senate has been inundated with letters from ASCP members voicing opposition to Senate Bill 1300, which exempts psychologists from the state's laboratory and laboratory personnel laws, enabling psychologists not only to *order, perform, and interpret* laboratory tests but also to serve as laboratory directors and *to do so without any training*.

The prospect of permitting medical personnel who are not trained in pathology and laboratory medicine to run laboratories motivated Florida pathologists and laboratory personnel to generate several hundred letters from ASCP's Action Alert. The Florida Society of Pathologists has been battling this issue for 2 years and has managed to squash the legislation. ASCP is hopeful that the added pressure will result in the bill being defeated. ASCP is also following this issue in five other states (California, Georgia, Illinois, Missouri, and Tennessee) where similar bills are pending before the legislature.

ASCP also weighed in on pending legislation in Montana, issuing a letter in opposition to a bill requiring clinical laboratories to offer laboratory tests directly to patients without a physician's order. ASCP believes that patient safety and quality medical care can be compromised when the patient's physician is not involved in screening or diagnoses. The letter was sent to the chair of the committee of jurisdiction as well as the lead sponsor of the legislation. ASCP worked in concert with the Montana State Pathology Society to oppose this measure.

ASCP also congratulates the Kansas Society of Pathologists and the College of American Pathologists for work in Kansas where legislation passed unanimously requiring direct billing of anatomic pathology services. ■

## Spreading the Word About the Laboratory

by Michael Scott

When Mark Dieterich, MD, FASCP, walked into Bonnie Brenner's classroom on March 21st, he wasn't quite sure just what his audience would be like. He had been asked to appear at the Niles West High School's seventh annual "Ask the Expert Day," subtitled "A Career and Academic Content Exploration Program." He also knew that his audience comprised juniors and seniors in Ms. Brenner's Anatomy and Physiology class and that many were already interested in medical careers.

And he guessed that he'd be getting a lot of questions based on the plethora of pathology and laboratory-themed TV shows. So his first slide made it clear just who he was and what the talk was going to be about: *Sorry, no CSI.*



Dr. Dieterich, who practices mostly surgical pathology and cytopathology at Evanston Northwestern Healthcare's (Evanston, IL) Department of Pathology (he's also an Assistant Professor at Northwestern University's Feinberg School of Medicine), had prepared a 20-minute PowerPoint presentation that covered, as one slide said, "what actually goes on in the lab."

He talked to the students about the number of years of schooling involved in becoming a pathologist, but made it a point to remind the

students there were other jobs in the laboratory that required fewer years of schooling—such careers as Medical Technologists, Histo- and Cytotechnologists, Pathologists' Assistants, clerical positions, and research positions. He also stressed the fact that there were shortages in some of the laboratory professional fields.

For their part, the students were well prepared. Their teacher has a background in laboratory science including working for a pathologist doing electron microscopy at the Veterans Hospital in Loma Linda, CA. Ms. Brenner has also taken her class to a cadaver laboratory in suburban Chicago and to the Body World exhibition at the Museum of Science and Industry in Chicago.

She described the class as being very interested in Dr. Dieterich's presentation and they demonstrated it by asking lots of questions. "Several of the students want to be doctors or nurses and this was a great experience. He held their attention, for sure," she said.

Dr. Dieterich brought a couple of paraffin blocks and jars containing "small specimens I'd rinsed off and put in alcohol—they weren't active diagnostic specimens." With the blocks in hand, he used a series of photographs in his presentation to demonstrate just how the process of dissecting tissues proceeds to sampling them, followed by dehydrating and processing samples, embedding them in paraffin, sectioning the samples on a microtome, transferring them to glass slides, staining them, and ultimately "reading" the slides with the microscope.

His presentation walked the students through the kinds of decisions a pathologist makes in his or her daily work: Is it a tumor? Is the tumor benign or malignant? If it's malignant what type is it and what



stage has the malignancy reached?

He concluded with some skills and traits he considers essential to be a part of the profession: knowledge of medical sciences, good pattern recognition and spatial reasoning, like looking through a microscope, self-motivation (yet not minding being "behind the scenes"), and like having the final word (as pathologists do in the diagnosis of many cases).

After the presentation, Dr. Dieterich answered questions for another half hour. "The students wanted to know some specific answers to questions about diseases that they knew about from first-hand, in-the-family, experience. But they also had questions about

*continued on page 336*

### You Can Do This Too!

While this appearance before a high school classroom did not take place during National Medical Laboratory Professionals Week, it's a perfect example of just the kind of presentation about the laboratory professions that can be presented—in the lab or at a school (as in this case) or even at civic organizations.

ASCP has recently prepared a completely new series of recruitment materials that make perfect handouts at such presentations and can be ordered from the ASCP Store or downloaded by following the links at [www.ascp.org/CareerLinks/](http://www.ascp.org/CareerLinks/).

## Medscape Videotorial Highlights ASCP's Activities in Fight Against HIV/AIDS in Africa

ASCP President John S.J. Brooks, MD, FASCP, appears in a Medscape "videotorial" to alert the medical community to the Society's role in training laboratory professionals in countries afflicted by the HIV/AIDS crisis. Medscape videotorials are regular online video commentaries by leaders in the American medical community. To see Dr. Brooks' commentary, follow this link: [www.medscape.com/viewarticle/553708](http://www.medscape.com/viewarticle/553708).

Medscape, the largest online and peer-reviewed source of medical news regularly asks health care leaders to comment on issues of



importance to the broad community of medicine as seen from the perspective of the "videotorialist."

Dr. LoAnn Peterson was the first ASCP President to appear in a Medscape "videotorial" speaking about the impact of the laboratory shortage. This year, ASCP's HIV/AIDS initiatives will be conducted in 10 countries in Africa and South America. For photos, see page 335.

The co-branded Pathology and Lab Medicine section of Medscape can be accessed by going to [www.medscape.com/pathology](http://www.medscape.com/pathology). ■

## Reality Lab Stories—Share Yours!

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

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

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

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

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

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

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

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

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



Christina Nickel,  
MT(ASCP)

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

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

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

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

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

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

## Are You a CM?

Is your certification time-limited? Did you successfully complete the Certification Maintenance Program (CMP)? If you answered yes to either one of these questions, you are entitled to use the credentials "CM" after your certification initials [eg, MT(ASCP)<sup>CM</sup>] as long as your certificate is valid and has not expired. This revision in the use of the "CM" credentials was recently approved by the Board of Governors of the Board of Registry.

In order to distinguish those individuals who achieved time-limited certification from individuals certified prior to mandatory certification, newly certified individuals with time-limited certificates will use the initials "CM" immediately upon receipt of certification. The

"CM" credential will be included on the Certificate of Qualification effective for all individuals certified beginning February 1, 2007.

All individuals with time-limited certificates that have not expired are authorized to use the designation "CM" as part of their credentials, effective immediately. This distinction between individuals participating in CMP and those certified prior to mandatory CMP who do not participate was established to comply with ISO/IEC standards regarding recertification. The ASCP Board of Registry is accredited by the American National Standards Institute (ANSI) and complies with these ISO/IEC standards (International Organization for Standardization and International

Electrotechnical Commission).

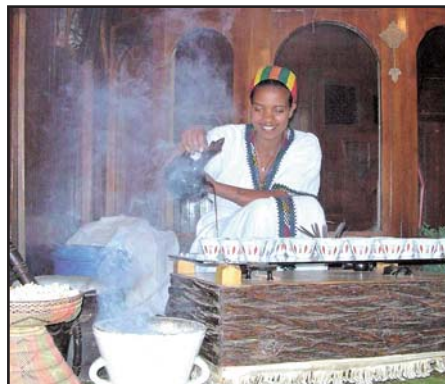
Individuals with time-limited certificates are required to participate in CMP in order to maintain their credentials and receive a new certificate. Individuals with expired certificates will no longer be able to use "CM" or the ASCP credential after their names.

All certified laboratory personnel have the opportunity to obtain a "CM" by participating in the Certification Maintenance Program (CMP) and demonstrating their commitment to maintaining their competence in the laboratory. Further information is available at [www.ascp.org/certification/cmp](http://www.ascp.org/certification/cmp). Join your colleagues today in their dedication to excellence in the laboratory. ■

## ASCP Fighting AIDS in Africa



ASCP volunteers have made several trips to Africa to train laboratory professionals there to improve their AIDS testing procedures. Photos from these trips can now be viewed on the ASCP Web site. Visit [www.ascp.org/outreach/pepfar/](http://www.ascp.org/outreach/pepfar/) and click on "photos."



## Enroll Now for ASCP's GYN Cytology Proficiency Testing

ASCP's GYN Cytology PT product line includes:

- ASCP GYN PT, a stand-alone GYN proficiency testing program; and
- ASCP GYN PT and Lab Comparison, which fulfills both GYN PT testing and laboratory accreditation requirements.

"Among the things that make our cytology PT program unique," said Thomas Bonfiglio, MD, FASCP

(ASCP past president and current medical director for PT), "is that we can guarantee 100% of the kind of prep that a lab needs—conventional, ThinPrep, or SurePath. We also guarantee no defective slides. They're all new, obtained solely for testing, field validated, and continuously monitored as to performance to ensure quality."

Another advantage to the ASCP GYN PT program is how we make it easy for laboratories to schedule their test dates. At the time of

enrollment, the laboratory determines what best meets their needs and then selects any 3 calendar year dates of its own choosing, in order of priority, for its PT test date.

If you have not enrolled for your 2007 ASCP GYN PT it is not too late. Enroll today at [www.ascp.org/ProficiencyTesting](http://www.ascp.org/ProficiencyTesting), or call 800-267-2727 option 2 to ensure that you receive your PT test date of choice. ■

## ASCP Workshops for Laboratory Professionals at ASCLS/AACC Meeting

ASCP will offer 3 1-day companion workshops on July 17 in San Diego, in conjunction with the 2007 Annual Meeting of the American Society for Clinical Laboratory Science (ASCLS), July 17–21. Attendees also can take advantage of the fact that the American Association for Clinical Chemistry is conducting its Annual Meeting & Clinical Lab Expo July 15–19, also in San Diego.

ASCLS members can attend ASCP workshops at ASCP member rates, and ASCP members can attend the ASCLS Annual Meeting at ASCLS member rates. ASCP

workshop registrants are also invited to attend the ASCLS Opening Awards Ceremony, Keynote Presentation, and Reception on Wednesday morning, July 18.

The price of the ASCP workshops is \$159 for members and \$199 for nonmembers before June 12. After that date, the price is \$183 for members and \$229 for nonmembers.

The three workshops are:

- "Morphology and Automation in the Hematology Laboratory," presented by Kathleen Finnegan, MS, MT(ASCP)SH;

- "Body Fluid Analysis: Improving Your Skills," by Charlotte Janita, MT(ASCP); and

- "Molecular Diagnostics: Overview of Methods and Clinical Applications," by Timothy Uphoff, PhD, MT(ASCP).

All 3 programs run from 8:30 AM to 4:30 PM and offer 6.5 continuing medical laboratory education credits.

To register, go to [ascp.org/ascls07](http://ascp.org/ascls07). ■

### Spreading the Word

*continued from page 333*

the kind of hours we keep and the lifestyle of a pathologist; whether we see patients. One student asked whether we are "afraid" of getting whatever disease is in the tissue we're handling. That gave me an opportunity to talk about universal precautions, safety procedures, and proper protective gear.

"After I was finished, some of the students came up and wanted to take a closer look at the specimens I had brought along and asked more questions."

He said that even though it's sometimes hard to "market" pathology to high school students because of the number of years of education

required, the students in this particular class didn't seem to be fazed too much by the idea.

Would he do it again? "Yes! If they invite me back, I'd do it again."

And from the response of at least one student—"I loved it!"—Dr. Dieterich just may get his chance next year. ■

## International Certification

*continued from page 326*

ASCP<sup>1</sup>, offers these job seekers an additional credential to set them apart in the competitive global job market.

“For me, international certification means getting some additional credential,” said Medenilla, who is also executive director of the Medical Specialists and Diagnostic Center of the Philippine Women’s University and president of the Philippine Association of Medical Technologists (PAMET). “An additional credential would help facilitate placement. International certification is one step ahead.”

For Beatrix Hannah Tanbonliong, MT(ASCP<sup>1</sup>), of Pasig

City, having ASCP’s international certification is about opening doors to new opportunities. “I really want to go to a different country, earn some money so that I could study wildlife zoology or forensic science,” she said. “There are only limited choices for courses here in the Philippines.”

It is also about job security. “It’s always a big help to be one step ahead of the rest,” she said. “If I had a job or a title that only I could do, then I wouldn’t have to be worried about taking a vacation and going back to work realizing that they don’t need me anymore. I wouldn’t want to be disposable.”

Carlo Emmanuel V. Garduque, MT(AMT), MT(ASCP<sup>1</sup>), MD, is a physician licensed by the Professional Regulation Commission of the Philippines. He is now living in Hackensack, NJ, and is looking for a job as a medical technologist. He hopes to one day practice pathology in the United States. “The international certification will help me boost my career and also gain entrance into the international market, particularly in the United States,” he said.

For more information on ASCP BOR International Certification, please visit [www.ascp.org/international](http://www.ascp.org/international). ■

## Global Certification

*continued from page 330*

Although the ASCP<sup>1</sup> examination proves the individual competent in each of the sections of the medical laboratory, it does not require a test of English as a foreign language (TOEFL) score. TOEFL scores are required for immigration purposes through VisaScreen; however, because not all emigrating applicants are required to go through the process of VisaScreen, laboratory directors considering employment of ASCP<sup>1</sup>-certified applicants are responsible for evaluating the applicant’s ability to verbally communicate.

### *Converting ASCP<sup>1</sup> Credentials to ASCP Credentials*

In recognition of the multitude of similarities between the ASCP<sup>1</sup> examinations and their United States counterparts, ASCP is preparing a “bridge” examination for ASCP<sup>1</sup>-certified individuals who

are interested in immigrating to licensure-mandated states. The bridge examination will test solely on the United States-specific governmental policies and procedures not tested on the ASCP<sup>1</sup> examination—in short, an examination that allows certificants to convert ASCP<sup>1</sup> to ASCP (after meeting any additional eligibility requirements for the United States). ASCP<sup>1</sup> applicants who successfully pass this bridge examination will become ASCP certified. A tentative release date of Fall 2007 has been set for the bridge examination.

The practice of individuals certified with the credentials ASCP<sup>1</sup> abroad as well as the immigration of these internationally-certified individuals to the United States has created a need for a better understanding of this new international designation by educators, practitioners,

and employers within the United States. As the need for health care to be globally competitive evolves and to ensure that only the highest-quality individuals are employed to safeguard patients, ASCP is now providing certification for international laboratory professionals using the time-tested proven gold standard examination questions in an international format with international credentials. The ASCP BOR continues to promote the health and safety of the public by certifying competent laboratory professionals and maintaining a roster of certificants across all borders within the world.

More information on international certification can be found at the international section of the ASCP BOR Web site, [www.ascp.org/international](http://www.ascp.org/international). ■