

# Recommendations for the Supervision of Pathology Assistants

*Association of Directors of Anatomic and Surgical Pathology*

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As part of the change in healthcare in the United States, there have been decreases in federal support for graduate medical education programs and hospital reimbursement. This has resulted in a perceived decrease in the pathology workforce and an increased use of non-physician patient care providers in teaching hospitals to help cover positions and/or tasks normally performed by resident and attending physicians. Concomitant with this increased pressure, academic pathology practices are being asked to expand and improve resident education, as well as increase the workload per physician. A new group of physician extenders has emerged to assist in patient care variously labeled physician assistants, nurse practitioners, etc., with each of these extenders functioning to allow the physician to focus on other, often more complex tasks. In pathology, the outgrowth has resulted in the evolution of a pathologist's assistant (PA) whose role is to facilitate the practice of medicine by pathologists. PAs function to provide services, particularly in Anatomic Pathology, under the direction and supervision of a licensed, board certified (or appropriately qualified) anatomic pathologist. Recently, the American Society for Clinical Pathology has agreed to confer certification on pathologist assistants providing that these individuals fulfill certain eligibility requirements including either a baccalaureate degree from a regionally accredited college/university and successful completion of a NAACLS accredited pathologist assistant program within the last five years or a baccalaureate degree from a regionally accredited college/university with 20 semester hours of biology and three years full-time acceptable experience as a pathologist assistant within the last ten years, under the supervision of a board certified pathologist. This latter route of certification would be available only until 2007.

The Association of Directors of Anatomic and Surgical Pathology (ADASP), functioning in its role as leaders of academic anatomic pathology, offers these guidelines for the purpose of defining the function and scope of pathologist assistant practice. A core component to these guidelines is that the diagnosis or treatment of human disease is multi-faceted and can be practiced only by a qualified and licensed physician. One component of this process is the technical processing and diagnosis of biological materials. While pathologists' assistants are adequately trained to provide technical assistance, it is emphasized that it is the pathologist, and the pathologist alone, who possesses the necessary education, training and expertise to integrate and interpret the complete set of patient findings into a coherent and appropriate diagnosis and possible treatment plan. These findings may include and are not necessarily limited to clinical history, gross pathologic examination, histopathologic/microscopic examination, appropriate utilization and interpretation of ancillary studies such as histochemistry and immunohistochemistry, cytogenetics, and molecular diagnostics. Pathologist assistants can assist in achieving this goal but the medical judgments and decisions that relate to diagnosis and treatment are those of the pathologist alone. This is a significant differentiating feature between the functional capacity of pathology assistants and other physician extenders such as physician assistants or certified midwives.

Pathologist assistants are specially trained in the processing of pathologic material. Such training is required by lab accrediting agencies such as the College of American Pathologists and the JCAHO who require proven competency of laboratory staff, often without specific details, for the dependent practitioners of anatomic pathologists. In the setting of anatomic pathology, the College of American Pathologists, American Society of Clinical Pathology and the American Society of Pathologist Assistants have extensively defined the roles of pathologist assistants under the supervision of a pathologist and defined departmental rules and protocols, such roles involve five major areas (more detailed duties are summarized at <http://www.pathologistsassistants.org/>:

1. Gross description and dissection/examination of surgical tissues with submission of samples for histologic and other laboratory testing, including photographing gross specimens and microscopic slides as directed.

2. Obtaining elements of the patient's medical history including clinical history, radiographic data, and other laboratory information.
3. Assisting with postmortem examinations with the subsequent dissection of tissues and dictation of case information.
4. Obtaining biological specimens such as blood, tissue, and toxicological material for analysis.
5. Having a complete knowledge of laboratory informatics, billing codes, federal and state mandated laboratory requirements, laboratory administrative and quality assurance duties, and supervision of other personnel in the anatomic pathology laboratory.

Competency in the above areas has been shown to have a significant positive effect in the work environment when the pathologist assistant's abilities, training, and experience are defined and supervised by an attending pathologist within accepted standards of medical practice and departmental operating policies.

Assuring such competency requires that the pathologist assistant work under the direct supervision of the pathologist. Defining the key aspects of the gross specimen, identifying pertinent lesions and portions of lesions to sample histologically, evaluating staging elements of the resection specimen, harvesting lymph nodes, and making judgments with regard to special processing of material are activities that require intimate oversight. Oversight can be accomplished if protocols established by pathologists are followed and monitored by the attending pathologist of record and should not normally be left to the PA exclusively. This relationship would include regular performance evaluations of the PA by the pathologists to guarantee quality and fulfill state and national regulations. Supervision, leadership, and systematic quality review by the pathologist is essential to good patient care and enhanced performance by the PA.

What elements are vital to the pathologist's role as a supervisor? In addition to the PA fulfilling the requirements defined by the ASCP and AAPA, pathologists must be actively involved in creating and maintaining professional standards for the PA in the form of competency testing and

maintenance of certification. With error reduction in pathology as a national focus of the Institute of Medicine, pathologists must establish formal quality assurance in gross dissection performance for the PA, focusing not only on adequate gross descriptions but also on minimum levels of specimen misidentifications or mishandling, cassette mislabelings and protocol errors among others that may impact on patient care. Assuring quality performance by the PA is an ongoing continuous process of education, evaluation, and quality improvement for which only the pathologist is uniquely trained. While anatomic pathology managers/hospital personnel can judge administrative performance, only the board certified (or appropriately qualified) anatomic pathologist can grade performance in the technical aspects of surgical and autopsy pathology. Any personnel evaluation of a PA must involve a report from the medical supervisor of the PA in order to avoid regulatory and medicolegal complications surrounding competency issues.

Benefits of monitoring PAs in the laboratory environment include lower professional and hospital costs, decreased turnaround time for case processing, and increased productivity. In an academic setting, resident education is also enhanced. Pathologist assistants allow residents to prioritize activities and reduce their hours, provide teaching of gross dissection to pathology trainees and assist in preparing materials for teaching conferences. These activities allow the resident who has demonstrated proficiency in gross examination to focus more on teaching conferences, microscopic signout, and intraoperative consultations and other academic/learning endeavors. Most significant, however, is that pathologist assistants provide practical continuity and consistency in the gross room as resident turnover occurs.

In the current healthcare environment, physician extenders are becoming a ubiquitous and essential element of patient care. In pathology, we have witnessed and encouraged the evolution of the pathologist assistant and the Association for Directors of Anatomic and Surgical Pathology strongly supports the development of this new role in anatomic pathology. While these individuals will certainly have special expertise in gross pathology and laboratory management, the diagnostic and medical judgments of the practice of medicine is the province of the pathologist. The integration of all steps in the pathologic evaluation of a specimen is essential to the generation of a pathologic diagnosis and cannot be intellectually or functionally divided into isolated components for diagnostic or reimbursement purposes. By assuring this

separation of responsibility and the direct monitoring of PA performance by board certified (or appropriately qualified) pathologists, ADASP can feel comfortable that quality medical practice, without negative legal or patient care ramifications, will be maintained in the field of anatomic pathology.