



PRC#6 Relationships between Pathology Departments and ME/Coroner Offices: Report of Survey Results with Recommendations

Public Comment Report

Created by SWGMDI's Systems Infrastructure Committee

Open for Public Review and Comment December 3, 2012 to March 3, 2013

Total responses received= 14 (Counts NAME/CAP/ASCP/APC comments as 1 response)

71% endorsed the draft as is.

Comments Received from the National Association of Medical Examiners (NAME), Association of Pathology Chairs (APC), College of American Pathologists (CAP), and American Society of Clinical Pathology (ASCP):

Commenter #1

“Forensic Pathology Fellowship Training Programs which do not have an affiliation with a medical school pathology department should consider pursuing a formal relationship.”

We agree strongly with this recommendation, although it does not appear to follow from the survey data presented. What seems to follow from the survey data is a converse recommendation that academic pathology departments should develop affiliations with medical examiner offices in order to secure adequate autopsy training for pathology residents. Regardless, both forensic pathology training programs and academic departments of pathology will benefit from such affiliation.

Response: The survey was conducted to document the nature and perceived quality of relationships between ME/C offices and affiliated medical institutions and/or academic centers. Not all PRC6 recommendations were based solely on survey data, which do show that relationships could be improved. The SWGMDI also considered the collective experience and thoughts of its members, some of whom are involved in academic settings and student/resident/fellow education and training. The SWGMDI agrees that affiliations with medical school pathology departments provide potential benefits to both the ME/C office and the pathology department. No change appears to be needed in this recommendation.

“ME/C offices which have medical students and pathology residents rotating through their office should receive financial support from the affiliated institution, and forensic pathologists teaching medical students, residents, and/or fellows should be paid, at least in part, by the institutions from which these trainees come.”

We support this recommendation. Training medical students, residents and fellows takes time that is not offset by the assistance provided in handling case work. Forensic pathologists who work for municipal offices might be prohibited from providing this training by governmental anti-donation clauses. Providing financial support to government employees involved in

significant medical school teaching justifies the relationship. In section 2e line 173 we suspect that the authors intended to use the word “residents” rather than “students.”

Response: Yes. The word “students” on line 173 will be changed to “Residents.” A clause will be added to reflect the concern about anti-donation clauses.

“Relationships between ME/Coroner offices and pathology departments should be formal with signed letters of agreement outlining expectations, deliverables, and financial support of the ME/C Office.”

While this recommendation appears reasonable, it does not seem to follow from the survey data provided. The statement on lines 209-210 seems unnecessarily detailed and superfluous. Nevertheless, one model that was not discussed by the SWGMDI and that has worked with great success at the University of New Mexico is full integration of a medical examiner office into the Department of Pathology such that all of the forensic pathologists are full time academic faculty and constitute a division of the department. Such a model benefits the clinical function of the state medical examiner office and also enhances the education and research missions of the university. One benefit of university affiliation that the SWGMDI does not describe is that it helps to protect forensic pathologists from political retaliation if the pathologist must make a proper but politically embarrassing determination of cause and manner of death in a case. Please note that the link to reference #4 in this section is no longer active.

Response: The recommendation for formal relationships is partly based on ACGME requirements for letters of agreement. If agreements are not formal, it is difficult to deal with alleged infractions. Although not reported in the PRC6 document, survey data showed that 29% of responders reported informal relationships, and a comment stating that will be added to the report. We will rephrase lines 209-210 to add a provision to amend the arrangement as an option to withdrawal. SWGMDI feels this statement is not superfluous, as it gets to the point that agreements should be formal, enforceable, and subject to termination if needed. We will add a comment about the additional benefits mentioned. The link to reference #4 will be updated.

“Forensic pathologists who regularly and consistently teach medical students, residents, or fellows should receive faculty appointment status and related benefits by the institution from which the trainees come.”

We endorse this recommendation which is an extension of recommendation #3. Faculty appointments (likely at the “adjunct”, “clinical” or “visiting” level) provide the teacher with another form of recognition for their efforts. From the academic pathology side, it provides the department with the credibility of having faculty members capable of teaching forensic pathology as they seek to attract students, residents and fellows.

Response: No change needed.

“Department chairs need to train their faculty to encourage forensic pathology as a career regarding medical students and pathology residents interested in forensic pathology.”

Academic faculty continually undergo a barrage of institutional “training” sessions including HIPAA, bloodborne pathogens and biosafety, sexual harassment, conflict of interest, human subjects and animal subjects protections, grants management, etc. Requiring department chairs to “train” their faculty to encourage forensic pathology as a career seems like an overreach. However, many academic health centers do have a code of conduct that prohibits disparaging and unprofessional comments. A more reasonable request of the chairs (and directors of

anatomic pathology) might be that they act as models for their faculty and promote a positive image of forensic pathology as a career. As the NRC report outlined, the quality of medicolegal death investigative systems varies widely around the US. It might be difficult for chairs who have been exposed to the suboptimal practice of forensic pathology to endorse the field as a credible career option. Outreach by professional societies such as NAME and the College of American Pathologists, perhaps through the Association of Pathology Chairs, could potentially broaden the exposure of these chairs.

Response: We will modify this recommendation as suggested... to promote a positive image of forensic pathology.

“Pathology departments should consider hiring a forensic pathologist to run the autopsy service.”

While forensic pathologists run academic hospital autopsy services at several large pathology training programs in the United States, including but not limited to the University of New Mexico, University of Washington, University of Michigan, Wake Forest University, and the University of Iowa, this recommendation does not follow from the survey data presented. The report also does not explain the SWGMDI’s rationale for this recommendation. Given that forensic pathology is the last stronghold of the autopsy, it is not surprising that a forensic pathologist might be highly qualified to run a hospital autopsy service. However, other anatomic pathologists with autopsy experience and interest may also be appropriate to run these services. Without supportive data or a cogent rationale, we cannot endorse this recommendation.

Response: True, SWGMDI did not study the question of who directs the autopsy service at various hospitals. As stated, however, a forensic pathologist autopsy director has been implemented in numerous locations, and the SWGMDI is aware of others. This recommendation does not exclude a non-forensic pathologist as an autopsy service director. It simply states that consideration should be given to the idea. We will modify the recommendation to put the recommendation in the context of “where autopsy service direction is in need of improvement.” The idea, of course, is that forensic pathologists, in general, are probably more interested in the autopsy than many hospital pathologists, although that is not always the case.

“Pathology Departments should encourage their affiliated forensic pathologists to provide periodic lectures for residents (especially since the ACGME requires training in forensic pathology), and provide faculty appointments and compensation for doing so.”

This recommendation is a repetition of recommendations #2 (compensation) and #4 (appointments) with an extended suggestion that forensic pathologists provide lectures. Since research has shown that lectures are of limited educational value and models of adult learning involve other educational processes we believe that this recommendation would be best focused on having affiliated forensic pathologists provide “educational sessions” for residents. Such an opportunity would also potentially allow the forensic pathologist to model the practice of forensic pathology as a career.

Response: There is certain information about forensic pathology that residents should know both for practice and to answer questions that appear in resident in-service examinations (RISE) and board certification examinations. A planned lecture format is one way to ensure that basic material is covered. The concept of “educational sessions” could include lectures, if needed, and we will broaden the recommendation to include that suggestion.

“Pathology departments should encourage, foster, and support collaborative research projects between surgical/clinical pathologists, autopsy pathologists, and forensic pathologists.”

This recommendation also does not follow from the survey data provided, and the SWGMDI does not provide the rationale for this conclusion. That said, a team approach is the standard research platform. Some of the most valuable research occurs at the intersection of different disciplines. We suggest that this conclusion should focus on clinical and translational research projects that bring forensic pathologists into collaboration with other academic physicians and scientists. Such an approach can give a deeper and broader research base for the discipline of forensic pathology and provide other academic peers with access to forensic pathologist collaborators.

Response: As stated above, PRC6 is a report of survey results with recommendations, only some of which are based on survey results. The SWGMDI did not feel bound to making recommendations only based upon survey data, which targeted only a few key questions. We will add a statement that justifies this recommendation and will address the suggestion about clinical and translational research.

“Forensic pathology representation and visibility within the national pathology organizations should be improved.”

This recommendation also does not follow from the survey data provided. Nevertheless, professional society meetings are an excellent opportunity to expose residents to the discipline of forensic pathology as well as to allow them to network with forensic pathologists. We agree that it would be a useful strategy for NAME to have a booth at such meetings and to sponsor resident social events, and for forensic pathologists to host workshops or present scientific papers at general pathology society meetings such as CAP, USCAP, and ASCP. (Note that the CAP, USCAP, and ASCP have all offered workshops related to forensic pathology at some time in the past decade.) In addition, we believe that it would benefit the discipline of forensic pathology to have forensic pathologists join and be active within these other pathology societies.

Response: Supportive comment. No changes needed.

“Increase awareness of, and opportunities to experience forensic pathology by medical students.”

We agree that a positive exposure to forensic pathology during a formal medical student elective might facilitate the choice of pathology or forensic pathology as a career. Such electives require both medical school support and the willingness of forensic pathologists to provide thorough supervision and teaching. In order for the above goals to be accomplished, additional funding will be necessary for most academic Pathology departments to assume financial responsibility for collaborative projects and interactive teaching with faculty from medical examiner’s offices. We urge the newly created Forensic Science Commission to further consider mechanisms by which Federal resources could be allocated to support research, education and training in forensic pathology. The undersigned organizations have the will to engage their constituencies in accomplishing these goals. However, Federal funding should be allocated to support the efforts of our members to enact change. Specifically, agencies in the realms of public health (i.e. Centers for Disease Control and Prevention) and public safety and criminal justice (i.e. National Institute of Justice, U.S. Department of Justice) should find significant value in the development of the competencies that will result from the collaborations outlined above. We look to them for long-lasting investments to launch and sustain these efforts. We ask that changes not be

prescribed until more is known about the availability and commitment of funding to support it

Response: Supportive comment. No changes needed.

Other Public Comments (Note: Not all 14 responders provided specific comment)

Commenter #2

I disagree with points #1 and #2. Many ME offices value their independence from the academic setting and do not desire the compensation nor restrictions placed on them by an academic setting. ME offices should be free to set up their teaching and compensation as they see fit best for their office. We should encourage teaching and relationships but should not recommend formality of these arrangements nor compensation. This may lead to all ME offices gradually becoming academic institutions which is not desirable by many in the field as the independent nature of what we do should be paramount. I cannot support this document as written.

Response: These are valid concerns. Recommendation #1 simply suggests that consideration be given to formal relationships. It is important that independence be maintained and that perceived or real conflicts are addressed if relationships are established. The SWGMDI feels that the recommendations #1 and #2 are appropriate as written, recognizing that one size does not fit all. Including these comments as an addendum to the PRC document will make these thoughts known.

Commenter #3

Page 2, line 55: NAME listserv has 500 subscribers from how many different offices or affiliations?

Response: The exact number is not known but it is estimated from NAME-L subscriber information that approximately 200 different offices/work settings are represented.

Commenter #4

The points made throughout the document are reasonable and appropriate. I work in an office directly affiliated with an academic medical center, hence my two titles. Much of what this document suggests occurs at my institution, and our system works well.

Response: Supportive comment. No change needed.

Commenter #5

Excellent draft containing many terrific ideas - of course, most pathology department chairmen will disagree, including my own. But still a very nice job. A guy can dream.

Response: Supportive comment. No change needed.

Commenter #6

Comprehensive analysis...

"Page 1, line 27: change ""run"" to ""direct"".

Page 8, line 230: same

Response: These changes will be made.

Commenter #7

Recommendation #5 addresses a dichotomy which I have experienced. I believe the ME/C response is far closer to the true state of affairs (and I have my feet in both camps). A Path Chair, while enthusiastic, may have little impact due to his/her remote placement from residents in his/her department. More impact could come from directors of Anatomic and Surgical Pathology via ADASP. These individuals have much more influence, for better or for worse, on residents. Many of these individuals have little interest in hospital autopsies or forensic pathology. I suggest including ADASP in recommendation #5."

Response: We will add this suggestion to recommendation #5.

Commenter #8

I endorse this draft in principle, but there remains a large point of confusion for me is in regards to the results. Line 60 indicates that 38 ME/C offices responded to the survey. Two paragraphs later (line 71), the text indicates that 28 offices responded. No mention is made as to why 10 responding offices were possibly excluded from the results; therefore, unless I am missing something, one of these numbers must be incorrect. Depending on which number is erroneous, the statement in line 72 that indicates the input was weighted toward institutions with forensic training programs, or opposingly, the N values (and percentages? - raw data is not given) provided in the various question specific tables will also need correcting.

Response: We reviewed these data. 38 ME/C offices is the correct number of ME/C offices that responded, and 18 (47%) had a forensic pathology fellowship program. Thus, we have rephrased this section to state that the data is NOT weighted toward offices with an FP fellowship program.

Commenter #9

My interactions with both national / international ME/C both from work with VIFSM and at Kenyon, is completely in concert with the recommendations. I have seen a larger number of progressive, thought leadership from ME / C who have gone through such programs and continue to support such programs.

Response: Supportive comment. No change needed.

Commenter #10

"You can't mandate respect, you earn it. No office training fellows should be without med school affiliation and NAME Accreditation. This needs to be enforced at the highest level. As a part of the academic environment, forensic pathologists must publish and perform research."

Response: Supportive comments. No change needed.

Commenter #11

Well written document. I find it sad that so few responded to the survey and fewer who are not interested in promoting forensic pathology. Aren't we all supposed to be "teachers" to our patients, peers, and students in some way? If not, how then are we to gain interest of newbies into this career path?

"Line 60 = 38 respondents

Line 71 = 28 respondents

Line 79 = 38 respondents

After line 79, the remainder remains at 38. Need to correct as appropriate (28 vs 38)"

Response: See above. Data have been corrected. Otherwise, supportive comment and no changes needed.