Sometimes, cytotechnologists refrain from working for one reason or another. Many individuals may be forced to leave the workforce as a result of personal circumstances such as caring for family. Other individuals may lose their jobs from lab consolidations or outsourcing and are unable to remain employed within their town of residence. Graduates of programs in regions with a low demand for cytotechnologists may also experience a delay in finding a job if unable to relocate to areas where opportunities exist.

One thing is for certain, the longer a cytotechnologist is away from the day-to-day activities of cytology practice, the more difficult it is to return to the workforce. Employers sense uncertainty in hiring cytotechnologists who lack continuous screening experience. Additionally, cytotechnologists may wish to switch jobs from one lab environment to another where case mix and other job responsibilities are different as compared to their current job. A cytotechnologist with
several years of experience in gynecologic screening but little experience in non-gynecologic or FNA cytology may find it more challenging to convince potential employers that they are prepared and competent for the job.

Education Never Hurts...

There are no set rules by the accreditation agency of cytology training programs (Commission on Accreditation of Allied Health Education Programs – CAAHEP) or professional cytology organizations concerning re-entry into the cytology workforce. Many individuals seek retraining or a refresher course as an option to get them back in touch with their screening and interpretive skills. Some of the current accredited cytology training programs offer formal, structured retraining programs. The Cyto-technology Programs Review Committee (http://www.cytopathology.org/website/article.asp?id=157) of the American Society of Cytopathology compiles a list of those programs that offer formal retraining.

Other individuals seeking re-entry to the field have also found it helpful to attend cytology meetings and workshops, to put them back in touch with their diagnostic skills as well as other changes that may have occurred in the profession during their time away from everyday practice. National and regional organizations hold annual continuing education (CE) meetings on a wealth of topics. In addition to the typical lecture format, panel luncheons, glass slide workshops and video microscopy sessions allow for varied educational experiences. As technology continues to improve, on-line CE programs may become more available and accessible to cytotechnologists who otherwise are unable to travel or have limited access to local CE activities. The ASCT website provides links (http://www.asct.com/links.php?ct=21) to regional, national and international professional cytology organizations. Each organization provides specific information regarding their specific continuing education activities.

For those cytotechnologists who have not been employed screening GYN specimens for a prolonged period of time, there’s a good chance you’ll find that Pap test reporting has changed, for example, we now refer to Pap tests rather than Pap smears. Most laboratories utilize the Bethesda System terminology, (http://nih.techriver.net/index.php) recently revised in 2004. There could be terms you are not familiar with, such as ASC-H. Specimen adequacy reporting may have changed since you were active in the field. Although the criteria for unsatisfactory samples hasn’t changed, there are updates to help better estimate specimen adequacy for both conventional and liquid-based cytology. Additionally, management guidelines (http://www.asccp.org/consensus/cytological.shtml) for women with abnormal cervical cancer tests has also changed. It would be wise to be informed and familiar with these changes before approaching a possible employer.

Enhance Your Skill Sets

As more and more laboratories have incorporated liquid-based technologies (ie. Thin Prep® and SurePath™) within their practice, liquid-based gynecologic cytology may not seem as novel as it once was to the practicing cytotechnologist. But there may be some cytotechnologists who have been out of the field for some time and who are not certified in the morphologic examination of gynecologic samples processed with these new technologies, as is required. Without formal certification, cytotechnologists re-entering the workforce may experience difficulty in acquiring a job that expects cytotechnologists to screen liquid-based pap tests. For many years, laboratories utilizing Thin Prep® and SurePath™ technologies were responsible for providing the necessary training to new employees who lacked formal training and certification. Under the growing pressure of limited resources to provide such training, labs may require proof of training and certification as a pre-employment requirement. Presently, both Hologic and BD Diagnostics-TriPath provide morphologic training to cytotechnologists who have been out of the field and seek certification in these technologies. Interested individuals should contact the respective company of each technology for additional details. Evidence of training and certification in these technologies will make cytotechnologists more marketable and attractive to potential employers. Lab managers may feel such employees will require less training and transition more smoothly into a new job.

Another potential area of employment for
cytotechnologists is the molecular pathology laboratory from which emerging molecular techniques (i.e. FISH, PCR) continue to impact cytology practice. In a molecular panel at the 2008 ASCT Annual Meeting in Newport, Rhode Island, ASCT member Amy Wendel SCT, MP(ASCP), a certified cytotechnologist and molecular pathology technologist, shared her personal experience as a cytotechnologist who sought to expand her skill set and further her career in the growing area of molecular pathology. The diagnostic and analytical skill sets required for cytotechnology may be useful background for work in the molecular laboratory, and could potentially open up additional employment opportunities. Proper training is essential. Certification as a cytotechnologist through the American Society for Clinical Pathology (ASCP) Board of Registry and a baccalaureate degree from a regionally accredited college/university is one of the eligibility routes to sit for the ASCP molecular pathology certification examination. More details concerning the molecular pathology certification exam is available at the ASCP (http://www.ascp.org/FunctionalNavigation/certification/GetCertified.aspx) website. Information about certificate and degree educational training programs is available on-line at the Association of Molecular Pathology (http://www.amp.org/T&E/moletech.htm) website.

Stay in the Loop with Legislation and Regulation

Some out-of-practice cytotechnologists may be unaware of the implementation of cytology proficiency testing (PT) for gynecologic cytology. Effective 2005, all CLIA certified laboratories (accredited, non-accredited, and CLIA-exempt) that perform gynecologic cytology testing must ensure that each individual (cytotechnologists and pathologists) enrolls annually in a CMS-approved cytology PT program. Typically, cytotechnologists participate in a PT program through enrollment with the laboratory in which they are employed. There currently exist only 3 CMS-approved cytology PT programs: (1) American Society for Clinical Pathology (ASCP) GYN PT Program (http://www.chicago.ascp.org/proficiencyTesting/default.aspx), (2) College of American Pathologists (CAP) PT Program (http://www.cap.org/apps/cap.portal?_nfpb=true&cntvwrPtlAct onOverride=%2Fportlets%2FcontentViewer%2Fshow&_windowLabel=cntvwrPtl&cntvwrPtl%7BactionForm.contentReference%7D=proficiency_testing%2Fabut_pap_pt.html%26_state=maximized%26_pageLabel=cntv) and (3) State of Maryland Cytology Proficiency Testing Program (http://www.dhmh.state.md.us/ohcq/faq_help/faq_clinical_laboratories.htm), available only to those employed in Maryland. Cytotechnologists who are unemployed should directly contact one of the CMS-approved cytology PT program providers to inquire how non-employed cytotechnologists can participate in this annual requirement.

A license to practice as a cytotechnologist may also be required in certain states (CA, FL, GA, HI, LA, MT, NV, ND, PR, RI, TN, WV, NY). Cytotechnologists who are not licensed in these states need to apply for a licensure through state agencies. Some states, such as New York, have specific educational and licensing exam requirements that must be met in order to procure a license. In some cases, depending on how long a cytotechnologist has been out of practice, cytotechnologists may be required to take a licensing examination, despite evidence of ASCP certification. Depending on one’s educational background, individuals may also need to take additional coursework to meet specific licensure requirements. It is important for cytotechnologists to be familiar with the specific licensure requirements of those states that require licensure. Without a license, a cytotechnologist will be unable to secure employment in these states, despite demonstrated competency.

Re-entry into the profession of cytotechnology may seem promising as more and more senior cytotechnologists retire, opening up potential job openings. To remain competitive with other job seekers and graduates of cytology training programs, cytotechnologists re-entering the workforce need to demonstrate that they are competent, knowledgeable and educated with regards to the profession, despite being removed from practice for a significant period of time. The strategies described above are ways to keep oneself marketable in a competitive job market.
Legislative Update
By Janie Roberson, ASCT Legislative Consultant

NPRM for Cytology Proficiency Testing
Published January 17, 2009- Comments are Requested from the Cytology Community

After a long delay, CMS released the Notice of Proposed Rule Making in late January. ASCT provided membership with information as well as an on-line survey and a template for individual responses. Responses will be accepted until March 17, 2009 and it is important that individuals continue to provide input. The membership response will be published as soon as responses are compiled.

The primary areas of change in the proposed rule are summarized in the following table. Detailed information is available on the ASCT website.

It is notable that the US spends almost 2 trillion dollars/year on health care, but we are not even in the top 10 countries for any health measures. The Healthiest Nation Initiative http://www.healthiestnation.org is a program to change that statistic. It seeks to change the focus from heath “Care” to health “Maintenance”.

Agency Updates
The FDA update was given by Dr. Gutierrez, as Dr. Steve Gutman has retired and a new appointment to his position at the FDA is pending. The CDC Laboratory Services Division update was provided by Dr. Roberta Carey, PhD, as Dr. Joe Boone has retired as director of the Division of Laboratory Systems (DLS/CDC). CDC topics of interest included the Laboratory Medicine Best Practices (LMBP) project.

Judy Yost’s CMS report provided a summary of the just released (January 16) Notice of Proposed Rule Making for Cytology PT. This was a joint CDC/CMS publication and

<table>
<thead>
<tr>
<th>COMPARISON OF KEY PROVISIONS IN THE PROPOSED REGULATION AND CURRENT RULE</th>
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<tbody>
<tr>
<td><strong>Current Regulation</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>10 Slides/Test</td>
</tr>
<tr>
<td>2 Hours/Test</td>
</tr>
<tr>
<td>Annual Test</td>
</tr>
<tr>
<td>Test Composition:</td>
</tr>
<tr>
<td>1 Unsatisfactory Challenge</td>
</tr>
<tr>
<td>1 Normal Challenge</td>
</tr>
<tr>
<td>1 Low Grade (LSIL) Challenge</td>
</tr>
<tr>
<td>1 High Grade (HSIL) or Cancer (CA) Challenge</td>
</tr>
<tr>
<td>1 Missed HSIL/CA=Automatic Failure</td>
</tr>
<tr>
<td>Glass Slide Test</td>
</tr>
<tr>
<td>Field Validation of Slides Not Required</td>
</tr>
<tr>
<td>Appeals Process Not Required</td>
</tr>
<tr>
<td>Different Scoring Grids for Pathologists and Cytotechnologists</td>
</tr>
</tbody>
</table>

ASCT attends CLIA February 2009
Advisory Updates
The Clinical Laboratory Improvement Advisory Committee is just one of the 24 federal advisory committees who advise Health and Human Services. These committees provide a means for expert input and recommendations for the Federal government. A list of all committees can be seen at http://www.cdc.gov/maso/FACM/facmCommittees.htm. Some of the other committees cover occupational and environmental health, infection control, smoking, breast and cervical cancer, HIV, STDs and TB, and childhood and adult immunizations.
comments are due by March 17. She also presented final PT statistics for 2005-2007. 2008 data is not yet finalized. Pass rates improved, as is typical of other PT programs. This is considered evidence that the testing program is providing value to Cytology GYN testing.

<table>
<thead>
<tr>
<th>Cytology PT/</th>
<th>% passing</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>CT</td>
<td></td>
<td>93</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>Path w/o CT</td>
<td></td>
<td>67</td>
<td>83</td>
<td>89</td>
</tr>
<tr>
<td>Path w/ CT</td>
<td></td>
<td>90</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>91</td>
<td>95</td>
<td>96</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cytology PT/</th>
<th># participants</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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<tr>
<td>CT</td>
<td></td>
<td>6083</td>
<td>6085</td>
<td>6052</td>
</tr>
<tr>
<td>Path w/o CT</td>
<td></td>
<td>312</td>
<td>372</td>
<td>387</td>
</tr>
<tr>
<td>Path w/ CT</td>
<td></td>
<td>5242</td>
<td>5437</td>
<td>5544</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>11654</td>
<td>11894</td>
<td>11983</td>
</tr>
</tbody>
</table>

In addition to the Cytology PT data, Yost again emphasized other problems with PT, specifically the referral of PT from one lab to another. This is strictly prohibited by CMS and even if the referral is inadvertent, the penalties are severe. A new brochure is available on the CMS website: Proficiency Testing Dos and Don’ts. This document should help laboratories avoid problems. Additional information can be found at http://www.cms.hhs.gov/clia/. A CLIA workgroup will be convened to address global PT issues in the next year.

A large portion of the meeting focused on the Genetic Testing Workgroup Report. A workgroup (similar to the Cytology PT process) has made recommendations for this rapidly changing testing arena.

Next CLIAC Meeting

The next CLIAC meeting is scheduled for September 2009. All CLIAC presentations and public comments are or will be available on the CLIAC website, http://wwwn.cdc.gov/cliac/.

Top 10 Reasons to Attend an ASCT Conference

1. Networking with recognized professionals in the cytopathology community.
   Amy Wendel
   Rochester, Minnesota

2. To revitalize and inspire my aging brain.
   Karen Allen
   Omaha, Nebraska

3. Staying abreast of new info and technologies and legislation affecting the lab and cytotechnology.
   Michelle Cline
   North Richland Hills, Texas

4. Socialization!
   Gail Mueller
   Tallahassee, Florida

5. Basking in the sunshine to increase my level of Vitamin D and all the free cheese one can eat at the vendor reception! To support the only national organization that represents me, a cytotechnologist.
   Brent Brewerton
   Salt Lake City, Utah

6. You are guaranteed to return back to work with new ideas and you will be inspired by the talent of our students.
   Sandy Giroux
   Colchester, Vermont

7. Keeping abreast of new issues pertinent to the profession and education.
   Vivian Pijuan-Thompson
   Hoover, Alabama

8. I love meeting other CT’s from around the country, sharing stories and ideas, and learning how they deal with various problems and issues. I love asking attendees about specific technologies and preparatory procedures they have experience with.
   Connie Erdmann
   Springville, Utah
9. **Student case presentations**
**Unique and unusual case review**
**Networking with other professionals**
&
**Sharing ideas with a diverse society**
**Attending the ASCT conference for the 1st time!**
**Need to stay current**
**Dedication to learning**
*Michele Smith*
*Madison, Wisconsin*

10. The opportunity to participate in high-quality courses offered by the ASCT and ability to network with professional and friendly peers.
*Don Schnitzler*
*Madison, Wisconsin*

### 2009 Student Interesting Case Presentations: By the Numbers

- **Patients:** 5 females and 5 males, ages 19—67
- **Specimen types:**
  - 7 Fine Needle Aspirations, from neck to liver and spleen
  - 2 Non-Gynecologic cases involving effusion cytology
  - 1 Mystery
- **Why are they unusual?**
  - 1 is half the age of what you would expect
  - 2 needed IHC to confirm the diagnosis
  - 3 were found with unusual presentation
  - 4 involve recurrent tumors over many years
- **Students:** 30+ submissions
  - 10 selected for the case presentations
  - 4 schools from New York, Vermont, Texas, and Arkansas

If you can’t be there for the conference, wait a few months to see the presentations in the Student Forum section of www.asct.com. All submissions are eligible to participate in this portion of professional networking and education.

Check it out and find out if you are smarter than a cytotechnology student!
Instituted in 1990

The Marion and Nelson Holmquist Award for outstanding Cytotechnologist is named in honor of two longtime supporters of cytotechnologists and their work. Marion Danos Holmquist, a cytotechnologist, was the first president of the American Society for Cytotechnology. She and her husband, pathologist Nelson Holmquist, have encouraged ASCT’s mission of improving the profession of cytotechnology. Since the early nineties, the Holmquist Award has been presented to a cytotechnologist who has, in turn, made his or her own significant contribution to ASCT and to the field of cytotechnology.

Past winners are:
1990 Pat Ashton
1991 Elsie Carruthers
1992 Roberta Goodell
1993 Jean Hand Triol
1994 Shirley Greening
1995 Karen Allen
1996 Roberta Goodell
1997 Roger Wall
1998 Brent Brewerton
1999 Deanna Iverson
2000 No meeting/no winner
2001 Brent Brewerton
2002 Gary Gill
2003 Beverly Haigler
2004 Nancy Yockel
2005 Kalyani Naik
2006 Brenda Schultz
2007 Sue Zaleski
2008 Bob Gay

Nominations are now being accepted for the prestigious Marion and Nelson Holmquist Cytotechnologist Achievement Award. The objective of this award is to recognize a cytotechnologist for his/her contributions to the field of diagnostic cytology. Emphasis will be on the nominee’s more recent contributions. Any cytotechnologist who is a member in good standing of the ASCT is eligible to be nominated. The following criteria are used to evaluate nominees: Clinical skills (as documented by references); professional involvement, teaching/research activities; honors/awards in cytotechnology and commitment/dedication to cytotechnology. Nominators should submit the following materials to be reviewed: nominees current curriculum vitae; two letters of reference (one from nominator); other applicable supporting documentation the nominator feels are needed. The nominations will be reviewed by the awards committee and the Executive Council. The award winner will receive a plaque and a monetary award to be presented at the ASCT 2009 Annual Conference to be held April 17-19, in St. Petersburg, Florida.

NOMINATIONS MUST BE RECEIVED BY BETH DENNY AT ASCT BEFORE MARCH 23rd, 2009.

Nominee’s Name:

Nominee’s Affiliation:

Nominee’s address:

City:

State: Zip:

Nominee’s Phone:

Nominator’s Name:
QUESTION: Does the use of speculum lubricant adversely affect Pap results?

When discussed, most gynecology texts only recommend the use of water for speculum lubrication. Gel lubrication is discouraged over concerns that contamination may interfere with Pap test results (Amies et al, 2002; Hathaway et al, 2006). For those of us using the ThinPrep® Pap test this does appear to be a valid concern. During processing the filter seems to get clogged with the lubricant before an adequate amount of cells can be captured. After the slide is made and stained the lubricant often shows up as a grainy flocculent material, with few if any cells present.

CYTYC first warned customers of this problem in a letter dated August 2004. The letter noted that due to a shortage of Johnson and Johnson KY Jelly®, physicians were using a number of substitutes, some of which appeared to be causing an increase in unsatisfactory results. Of these substitutes, Aquagel® Lubricating Jelly was listed as the primary offender. In a follow-up letter dated April, 2005, Cytyc announced that it had evaluated a number of popular lubricants and found that those containing “carbomers” or “carbopol polymers” were “prone to interfere with popular liquid based Pap Tests.” NCCLS Document GP15-A and ACOG Practice Bulletin, no. 45, August 2003, were referenced as guidelines that discourage the use of lubricants during collection of cervical specimens for cytology. The letter goes on to list a few brands of lubricants that do not contain these ingredients (i.e. KY Jelly®, Surgilube®, Astroglide®, and Crystelle®). Both letters were signed by James Linder, MD, Chief Medical Officer.

This issue seems to be less of a problem with conventional Pap smears, and apparently poses no problem with SurePathTM preparations. Zardawi et al (2003) described a “grainy, basophilic contaminant” that was present on some ThinPrep and conventional slides over a period of several months. The contaminant was absent on AutoCyte® (now SurePathTM) preparations, obscured cellular detail on conventional Paps, and caused unsatisfactory ThinPrep® Paps. Five commercially available lubricants were smeared on slides, spray fixed, and stained in an attempt to correlate their appearance with the contaminant. Two of the lubricants matched the contaminant, with the three others producing a “pale, homogenous and lacy background.” After providers were supplied with one of the three alternative lubricants the problem was eliminated. Unfortunately the authors did not identify which specific lubricants were used in this study.

At least two studies have indicated that using lubricants properly does not interfere with conventional or ThinPrep® Paps. In a study done by Amies et al (2002), 5 public health family planning clinics over a period of 6 months were assigned either a water-soluble gel or water only for speculum lubrication. Cytological diagnoses were compared for the 6 months prior, 6 months during, and 6 months after this period. No significant differences were found in unsatisfactory rates, or other diagnostic categories between clinics that used lubricant versus those that did not. This study is limited in that it only tested one type of lubricant (HR Lubricating Jelly) and it was done using conventional smears.

Lubricant use with ThinPrep® Paps was investigated by Hathaway et al (2006). This study also concluded that lubricant use did not interfere with results, but again, only one type of lubricant was tested (Surgilube®). Two specimens were collected at the time of examination from two hundred women. One of the specimens was then contaminated with 0.5 mL of water-based lubricant. The method of contamination was to coat the lubricant on the spatula and brush after the sample was taken, but before it was placed in the ThinPrep® vial. A question that comes to mind is whether the lubricant would have interfered with the results if it had instead been placed on the cervix before collection. Another consideration, which is mentioned by the authors, is whether lubricants interfere with other tests done at the same time as the Pap, and/or with those using the same ThinPrep® vial (e.g. PCR, CT/NG, wet mounts, cultures, HPV, etc.).
Proponents of using lubricant cite the fact that of those women who choose not to have a Pap test or follow-up, the most common reason given is fear of pain (Amies et al. 2002, Hathaway et al. 2006). If lubricant use decreases discomfort, and results in more women being screened and receiving follow-up procedures, then its use would seem to be justified. I am unaware of any studies that examine this issue directly. If any of our readers know of such a study, please email me and I will place the information in the next issue of The Voice.

References:


Spotlight on Region 5

(Connecticut, Delaware, District of Columbia, Eastern Canada, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, Virginia)

Susan Warren, SCT (ASCP)
Region 5 Director
Senior Cytotechnologist
Fletcher Allen Health Care
Burlington, Vermont
Susan.Warren@vtmednet.org

I would like to say hello and let the people of my region know that I still have a lot to learn about being Regional Director since I took this post last April. It is a work in progress, and admittedly I have not been as successful as I would like to be in terms of communicating with you. So I will use my opening words as an appeal to ask you to also reach out to me. Please let me know about your state and regional meetings, your concerns about where our profession is heading, and how the ASCT, the only Cytotechnologist’s organization, can help all of us get there together.

Update on Cytotechnology Schools

Healthy enrollments are evident at the Berkshire Medical Center School of Cytotechnology, (Pittsfield, MA), Albany College of Pharmacy and Health Sciences (formerly Albany College of Pharmacy), Fletcher Allen Health Care School of Cytotechnology, University of Medicine and Dentistry of New Jersey, Memorial Sloan-Kettering, and the Rhode Island School of Cytotechnology. Additionally stronger applicants are evident based on their incoming GPAs. The program at SUNY Upstate Medical University in Syracuse, NY is inactive this year even though they had a full class of students last year. This is due to pending proposed curriculum changes, which need to be cleared by the New York State Department of Education. They would like to reinstate their new program after approval, and begin a search for a new Program Director as Susan Stowell retired last year. Please remember the Cytotechnology schools when discarding your GYN or non-GYN slides as they can always use the donation.
State and Regional Meetings
On November 22nd, 2008, the Greater New York Association of Cytotechnologists (GNYAC) (www.gnyac.org) held their 35th Symposium in Melville, NY. It was well attended with over 100 participants. The New Jersey Association of Cytology (NJAC) held a Holiday lecture series on December 3, 2008 which featured lecturer Sheela Vinod, MD, speaking about “FNA of CSF”. NJAC also has an upcoming meeting scheduled for April 15th, 2009, speaker and topic TBA. (www.njcytology.org)

The much-anticipated TriState Cytology meetings (Vermont/New Hampshire Cytotechnology Association in conjunction with the Maine Society of Cytology) will take place this October in Portland, Maine, and also in the spring of 2010, in Burlington, Vermont. Topics and speakers are TBA.

Retirement of Jackie Papillo
For those of us who have had the tremendous fortune of knowing and working with Jackie Papillo, February 2nd was an emotional day as it marked her transition into retirement after 35 years in the profession. Jackie began her career after graduating from the Medical Center Hospital of Vermont School of Cytotechnology in 1974. Her upward movement within the Cytopathology department culminated with her appointment in 2004 to Anatomic Pathology Supervisor at Fletcher Allen Health Care (formerly Medical Center Hospital of Vermont). During her tenure, her leadership was evident in every aspect of the Cytopathology laboratory. First, she was instrumental in bringing new technologies into the laboratory (e.g. ThinPrep® for non-gynecologic samples in 1992, for gynecologic samples in 1997, and the ThinPrep®Imaging System in 2005). Second, her numerous publications in major Cytopathology journals made Jackie a recognizable professional and reference person nationally. Last, for those of us that had the pleasure of working with her as our manager, she was a friend, a mentor, and a resource who always had the time to be helpful and understanding. Jackie received the President's Achievement Award (ASC) in 1992 and the Cytotechnologist Award for Outstanding Achievement (ASC) in 2000. We all wish Jackie well after her very productive years of serving our profession.

Meet the 2009-10 ASCT Incoming Board Members

ASCT 2009 elections have concluded and your voices were heard. Below are the incoming board members for President-Elect and Regional Directors of Regions 2 and 4. These individuals have been selected to continue leading the organization forward in its mission, as the collective voice for the profession, to define and promote Cytotechnology.

President-Elect
Sandra Ortiz Giroux SCT, CFIAC
School of Cytotechnology Program Director/Education Coordinator
Cytopathology Department, Fletcher Allen Health Care
Burlington, Vermont

THE ASCT AND “ME”
I accept the position of President-Elect with eager anticipation of serving the ASCT membership in this capacity. Kalyani Naik, ASCT President at the time, formally introduced me to the ASCT when she asked me to become the Annual Conference Planning Chair, I agreed, and have never looked back. After two years as Planning Chair and almost two years as Public Relations Chair my initial impression of the high degree of professionalism, knowledge and dedication demonstrated by the ASCT leadership and its members has been solidly confirmed. I encourage everyone to volunteer for your professional and community organizations. The “cliché” that one person can make a difference, is not a cliché at all but very true. Please continue to renew your memberships and recruit new members so that the ASCT can achieve its passion for being the collective voice for our profession. I look
forward to working with our new President, Donald Simpson as we focus on the mission of the ASCT and the needs of our membership together. You are welcomed to contact me directly at sngiroux@gmail.com.

JUST "ME"

I grew up on the upper side of Manhattan where my immediate family stills lives. After attending Hunter College, I applied to Cytotechnology and Medical Technology Certificate Programs. I was immediately attracted to the Vermont program, as I had close friends living in the area (I know, I was young, that was not the best selection criteria to use!). Fortunately it was a good choice after all. One year later I began my career at the same institution as an entry-level cytotechnologist. Thirty years later, I’m still here! I have been the Program Director of the same (but so different!) educational program for the last 23 years. The satisfaction of coming “full circle” in my work place is the same satisfaction I gain from my work with the ASCT moving from the person with all the questions to the person with some of the answers.

I live in Colchester, Vermont with my husband Ron and five cats. Yes, I said five, and no, I can’t explain it! Four are Maine Coon cats and one is a humane society “mutt”, which we believe is the alpha cat of the bunch. They are a great stress reliever and a source of entertainment. In addition to chasing our cats around, we enjoy cruises, beach vacations, and entertaining on our deck. We will be celebrating our 25th wedding anniversary in September, actually on the first day of the cytotechnology program (maybe we can start one day late this year!). As I interface with you, in my new position, I look forward to getting to know the Executive Council, Committee Chairs and General Members on a more personal level.

Region 2 Director
(Arizona, Colorado, Iowa, Kansas, Minnesota, Missouri, Nebraska, Nevada, New Mexico, North Dakota, South Dakota, Utah, Wisconsin, Wyoming)

Tim Feit, CT (ASCP)
Cytology Manager
Associates in Pathology, SC
Adjunct Professor
Northcentral Technical College
Wausau, Wisconsin

Since this would be my third introduction in the Voice (once as Q&A editor and once as a candidate for this election) I will try to keep this brief. First, I wish to thank everyone who voted for me. It is a great honor and privilege to serve in this capacity and I will try hard not to disappoint you. I also wish to thank Matt Riding for his desire to serve the ASCT membership in this position. I am sure he would have been an excellent regional director and I hope he will run again once my term is up..., or if I am impeached.

Region 2 rocks Baby! If you have any questions or concerns, or just want to chat, please do not hesitate to contact me. I would like to hear about your ideas on how the ASCT can serve you better. Cytology is rapidly changing. The ASCT needs to keep up and stay current with these changes. More than that, it needs
to provide leadership so that cytotechnologists can evolve to fill the positions these changes create.

Sincerely,
Tim Feit, CT (ASCP)
AiP Work: (715) 847-0075
timfeit@aipathology.com

Region 4 Director
(Alabama, Florida, Georgia, Kentucky, North Carolina, Pennsylvania, Puerto Rico, South Carolina, Tennessee, West Virginia)

Vivian Pijuan-Thompson, Ph.D.
Asst Professor & Program Director
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Hello to everyone! While my primary responsibility over the past 12 years has been teaching all aspects of cytology in the program at the University of Alabama at Birmingham, I have quite a diversified background to share with all of you. My life as a cytotechnologist began with training under Shirley Greening when she was director of the program at the University of Miami School of Medicine-Jackson Memorial Medical Center in Miami, FL. Upon graduating, I obtained a position as a cytotechnologist in a small private lab in Florida. From there, I went on to work at two large private laboratories as a cytotechnologist. During that time, I enjoyed traveling both in the US and abroad and I was pondering furthering my education. This led me to pursue graduate school in Pharmacology at the University of Miami in Florida. I chose this field of study because my dream at the time was to research pharmaceutical agents that could be used to treat/prevent cancer. During my graduate studies, I was fortunate enough to be able to work part-time as a cytotechnologist and continue to be a member of the Florida Society of Cytotechnologists.

Upon graduating, I moved to Birmingham, Alabama to pursue my postdoctoral work in pharmacology and pathology. That work allowed me to broaden my skills and provided training in traditional molecular methods used to study gene expression in tumor cell lines. During this time, my personal life took a different path. Although I planned to return to Florida, I met my husband who is a native of Alabama, and the rest as they say is history!

I had my first daughter in 1997, which totally changed my life! It led me to rethink my career goals. I was fortunate enough to obtain a position teaching cytology and continued to dabble in research. Since then, I have taken on an administrative role as well. For the past three years I have been director of the program at UAB. Oh, and did I mention that during this time I also had a second daughter? Needless to say, I stay very busy. Now the girls are 9 and 12 years old, so any “extra” time I have I enjoy with them and their activities (right now basketball & volleyball). I still like to travel, but now it’s usually short trips since it’s hard to get extended periods of time off.

Well, I hope this is enough information for those of you that haven’t met me to get to know me a little. Although, I stay very busy I am very committed to being active in professional societies such as ASCT. This is a really critical time for our profession, and this society is a major one in which all cytotechnologists have the opportunity to have a “voice”. I really encourage you to be active in the society, if you are not already doing so. I look forward to seeing you all at the meeting in St. Petersburg. I certainly am looking forward to enjoying the warm Florida sunshine!
Coordinating Council on the Clinical Laboratory Workforce (CCCLW)

The CCCLW is a coalition of a diverse group of organizations, government and regulatory agencies, as well as laboratory based companies that have come together since 2000 to address clinical laboratory workforce shortages. The mission of the coalition is “to represent a united voice of clinical laboratory organizations and stakeholders focusing their collective efforts to increase the number of qualified clinical laboratory professionals, increase public awareness of laboratory professionals’ value in achieving positive patient outcomes, and enhancing the image of clinical laboratory professionals.”

The ASCT has decided to pay the initial assessment to become a member organization of the CCCLW. Each member organization is allowed one voting member, but encourages participation by all members of that organization. In the event that the voting member cannot attend a CCCLW meeting, a designee can be assigned. The ASCT has decided that the president will be the voting member and will designate other members to attend instead of, or in addition to the president. The ASCT will keep members informed of the coalition’s strategies, and workgroup progress. If you are interested in participating in the ASCT or CCCLW, call Lynnette Savaloja at 651-254-2412.

MINUTES AND NOTES FROM THE LAST CCCLW MEETING

The CCCLW last met on Monday, December 8th, 2008 in Chicago where a new leadership steering committee was elected. The team consists of the following members:

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<th>NAME</th>
<th>TITLE</th>
<th>ORGANIZATION AFFILIATION</th>
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<tbody>
<tr>
<td>Susan Gross</td>
<td>Chair</td>
<td>American Association of Clinical Chemistry (AACC)</td>
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<tr>
<td>Rick Panning</td>
<td>Vice-Chair</td>
<td>American Society for Clinical Laboratory Science (ASCLS)</td>
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<tr>
<td>Cheryl Caskey</td>
<td>At-large Member</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)</td>
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Currently, there are 16 member organizations that have formally joined the CCCLW, with several other organizations still reviewing the coalition and others who have been identified to contact. There have been concerns by some professional organizations regarding differences in strategic planning.

This year the CCCLW approved a $2500 assessment fee that the ASCT and other 16 member organizations have paid. This assessment fee is not an annual fee, but rather an initial assessment fee for each new member organization to join the coalition. All future assessments will be brought to the voting membership for approval.

Four workgroups have been created in respect to fulfilling the CCCLW mission. Progress reports of the four workgroups were presented and discussed in December. The workgroups have been identified as follows.

**Group 1: Building the Business Case.** Lynnette Savaloja is a member of this group, representing the ASCT. In addition, Bill Crabtree and Gary Gill are members of this group, both representing the ASC. This group is looking at both associate and bachelor degree programs that are in jeopardy of closing, have difficulty maintaining, or are trying to start. The group will be assessing data, analyze outcomes of successful, struggling, and closed programs, and develop a toolkit for programs. Ten programs have agreed to be studied with half being in jeopardy and the other half being new. The work group will be contacting NAA-CLS, ASCLS, and ASCP to review and gleam more about their strategies for programs.
Group 2: Improving the Professional Profile. By looking into ways to expand practice, this group has created a survey related to who does what. The survey will be directed toward the manager level and is expected to be launched in early 2009. The group will be working with many professional organizations to identify the most appropriate people to survey.

Group 3: Aligning the Scope of Practice. This group has struggled a bit because of the many controversial factors that scope of practice entails, including education, certification, and licensure. The workgroup had considered disbanding because of the scope of the coalition, but after bringing it to the coalition, it was decided that the workgroup should instead refocus its efforts. Michele Smith, representing the ASCT, has volunteered to be a part of this group.

Group 4: Creating Effective Recruiting and Retention. This workgroup is looking into developing a traveling exhibit that could be used by the coalition as well as member organizations. The group will be submitting a proposal for funding in order to move forward with the development of the exhibit.

MEMBER UPDATES

A variety of member organizations submitted updates to the CCCLW in terms of shared mission and ideas for workforce shortages, recruitment, and education.

Abbott/LAV (Labs are Vital) continues with recruitment efforts in partnership with Channel One. This year there will be a contest for students to create a commercial. Scholarship prizes will be available. Using Channel One is a huge opportunity to reach students at all grade levels to focus interest in laboratory science. In addition, LAV has a variety of links on their website from merchandise, digital library, and other programs. AGT (Association of Genetic Technologists) is working on a membership survey regarding recruitment, retention, and retirement. Results will be made available in the AGT journal in first quarter of 2009.

AMT (American Medical Technologists) announced that a Laboratory Assistant (CMLA) certification will be available in spring 2009.

APHL (Association of Public Health Laboratories) is developing a tool kit at the high school level for recruitment. In addition, a storytelling session from an APHL conference last year may be helpful to the CCCLW.

ASC (American Society of Cytopathology) is working on developing a summit for 2009 to be held prior to the annual scientific meeting to discuss programs, workforce, and the future. Currently there are 37 schools open with seven in jeopardy of closing. Grant proposals are in the works to help school programs.

ASCP (American Society of Clinical Pathology) discussed the wide distribution of the Critical Values issue. The new ASCP president is planning on working with pathology chairs and state pathology societies to address the CLS shortages.

ASCT (American Society for Cytotechnology) is working with ASC on the summit and the future of cytology. It was noted that there are an increasing number of professionals considering leaving the field. ASCT is also developing strategies to offer assistance to students and new professionals.

CLMA (Clinical Laboratory Management Association) completed a members needs survey. Results indicate that those with 20 or more years of experience plan to leave their position in the next eight to ten years with 65% planning on retirement. Other reasons for leaving include: burnout, going into industry, returning to the bench, and leaving the field entirely.

NAACLS (National Accrediting Agency for Clinical Laboratory Sciences) is looking to develop a project to assess the quality of students from accredited programs versus non-accredited programs. The project proposal should be complete by first quarter of 2009 and will be submitted to the NIH for funding.

Siemens announced that it will continue the Dade scholarship program. In addition, Siemens is working on ways to generate new CLS students at the grade school and high school levels.

The next meeting is scheduled on March 9, 2009 in Chicago.
Editorial Response to...

"Schools of Cytotechnology, The Glass May be Half Empty and Half Full"

E. Blair Holladay, PhD., SCT(ASCP)CM
Vice President for Scientific Activities, ASCP
Executive Director; Board of Registry
American Society for Clinical Pathology

I applaud Michele Smith’s attempt to “size up” the scenario of the current crisis of school closures in the US published in The Voice, entitled, “Schools of Cytotechnology, The Glass may be half empty and half full”. She is correct when she makes the case that the profession should be more innovative and proactive in controlling its destiny. However, the notion that the decreased number of available seats in US cytotechnology programs today is relatively minimal (n=49) is related to the days when there were a plethora of schools does not equate to the slippery slope cytology education is currently facing. It’s not the number of available seats that one can compare to the number of schools closing that will determine the impact on the profession—and more importantly, the patient—it’s the continuing decline in the geographical diversity of these schools in areas that have little to no access cytotechnologists even now and with high risk patient populations. This scenario will be exacerbated if the current trends in school closures continue. At the current time, the inability to train a CT in the southeastern US and western states (if you split the US in half there are only 3 programs west of Kansas) is now virtually absent and further access is being sealed off. Moreover, students that train in areas of the country where schools still exist rarely leave their geographic area of training, i.e., do not work in those areas of the US where the need is great. This paradigm simply forces more outsourcing to megalabs due to lack of active or available practitioners. And to cap this off, we are on the cusp of seeing this implode due to the average age of the working CT—50 years of age. It will be felt especially hard on the academic labs that have “seasoned” Cytotechnologists that are beginning to plan their retirement—individuals that will have to be replaced from a declining pool of qualified individuals. The average time to replace a CT is greater than 6 months.

An Excerpt from the Past

To celebrate ASCT’s 30th Anniversary in 2009, we will be publishing excerpts from past ASCT newsletters. Enjoy a look into the past and relive ASCT history each month.

Excerpt from ASCT News, Volume 1, Number 4, 1980

President’s Message
By Marion D. Holmquist

“This is a historic moment in the life of the American Society for Cytotechnology. Less than one year ago, nine individuals strongly believed that cytotechnologists should have a hand and voice in the direction of their profession. This cannot occur without active voting membership in a society to nominate and vote for officers who will represent them to the government and other regulating agencies as well as to our sister societies in the Allied Health field. Since the American Society of Cytology has not allowed this to happen, for whatever reason, the ASCT was founded.

In just nine months, we have incorporated, sent out the first membership mailing, published three newsletters, responded to the proposed Personnel Standards of the Department of HEW, sent officers to two meetings of the American Society of Allied Health Professions, compiled information on professional liability insurance, received membership from 800 interested individuals, nominated and voted on the first slate of Regional Directors and we are now meeting as the first Executive Council. We have made significant accomplishments in our beginning year and the enthusiasm and interest of the membership is exciting. An organization of cytotechnologists for cytotechnologists is an idea whose time has come.”