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Clinical and Public Health Microbiology Retreat
ASM Headquarters, Washington, DC
May 25-26, 2017
Attendees: Susan Sharp (ASM President), Peggy Cotter (ASM President-Elect), Timothy
Donohue (ASM Secretary), Marylynn Yates (ASM Treasurer), Stefano Bertuzzi (ASM CEO),

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“…reorganize our efforts within ASM to effectively meet our needs. Members need to
know who to contact to get information and make requests.”
“…reorganize our efforts within ASM so we can respond more quickly and members
know all that we are doing.”
“…communicate what we have done, where we are going and how long it will take.”
“…advocate more.”
“…engage the next generation in the profession.”
“…meet the needs of the bench technologists.”
“…are keeping up with the science.”
“…address the issue that clinical microbiologists are not first class citizens.”
“…effectively communicate what ASM is doing.”
“…promote clinical microbiology publically and politically.”
Dr. Sharp gave a presentation about ASM’s new governance structure, membership, finances
and the Microbe meeting. Discussion ensued about the planning of the 2017 Microbe meeting
and how leaders were selected for the planning of future Microbe meetings. Since the Microbe
meeting was raised throughout the retreat, Ms. McNult offered to arrange a meeting during
the 2017 Microbe meeting with Meetings and CPHM Leadership to dlan189.98 3,(s.)3( )-3(D)-4(r.)-2(Sh)-5(i)9rpt reed
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reaction to the survey. The Hopkins team shared that the following survey data points
resonated with them:
o Majority of respondents were near retirement which is relatable to their lab
o Workforce shortage and lack of skills were worrisome
o Advocacy is needed, need recognition of field and higher salaries
o Decreased reimbursement is a real issue
o Outreach to students is imperative
o Need competent staff. 70% of the diagnoses come from the lab
The Hopkins team shared that the following survey data point surprised them:
o Antimicrobial resistance was noted as the number one laboratory threat in the
survey whereas for Johns Hopkins it is the workforce shortage and the loss of the
classically trained microbiologist.

The Hopkins team did not think anything was missing from the survey but stated the following
salient points:

o Need to increase advocacy and get younger people into the profession
o Should promote the profession to high school STEM programs
o A public awareness campaign is needed about the profession; the laboratory is
vital to patient care.

Dr. Sharp remarked that the Johns Hopkins’ team had similar responses to the survey data as
ASM Leadership.

Dr. Cotter shared that she did not know about the clinical microbiology profession until she got
a job as a bench tech. She stated that there is a lack of information and mentoring available to
students. She suggested working with ASMCUE to ensure educators share information about
the profession with their students, as well as having ASM members who are recent college
graduates give presentations at high schools about the profession.

Dr. Campos asked the Johns Hopkins team how many of their colleagues were ASM members?
They responded that very few were members, many do not know what ASM has to offer, and
they associate ASM with the Microbe meeting. They shared that most are ASCP members since
they hold ASCP certification and ASCLS members since it is promoted in college because it
encompasses the entire clinical laboratory.

The retreat participants were then broken into working groups to identify and prioritize
strategic initiatives. A summary of each group’s discussion follows:

Group 1 (Peggy Cotter, David Craft, Beth Marlowe and Linoj Samuel): Advocacy was the
priority for this group followed by workforce/mentoring. Advocacy fell into two

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advocate for the profession. Specifically, for policy “We need to be at the table when the
discussion is occurring and not after the decision has been made. We need to have increased
involvement in reimbursement; we need to be going to FDA and Capitol Hill. We must be
proactive rather than reactive.” For the profession, “We must advocate for the role of the
clinical microbiologist. We need to commit resources to show our value and work to ensure
clinical microbiologists are overseeing the clinical laboratory. We must also encourage
increased involvement of bench technologists through mentoring and advocate for increased
pay.” Specific suggestions to accomplish the priorities were:

 Need dedicated professional staff for this level of advocacy. Hire one or two
appropriately qualified individuals to support PPC within one year.
 Clarify the role of various committees: PPC, PAC and Lab Practices.

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The participants then summarized the four groups’ priorities: advocacy,
communication/outreach and workforce, training/retraining and mentoring. The participants
then broke into working groups to define the success metrics for each priority and a four-year
timeline.

Advocacy Working Group
Two advocacy needs were identified―advocacy for the

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writing letters, it is also being on Capitol Hill. IDSA goes to Congress much more often than we
do. To get there, we need a strong volunteer/staff base first. ” Dr. Bertuzzi agreed and said “if
we think about how policy works now, we will not get there. We need to activate the
stakeholders who are the ones to carry the message to the policy makers.”

Communications/Outreach Working Group
Communication was defined as inward, with members, and outward, to non-clinical members
and other organizations. Year 1 focuses on inward and years 2-4 focuses on outward.

Year 1. Improve communication to Divisional Group I. Success is members will understand new
governance structure and how to be involved/influence.

Communication suggestions included a weekly, color newsletter that is visually appealing and
not all text. It should be posted to the website and it could include interviews, hot topics and
updates from Capitol Hill. Dr. Sharp recommended it be modeled after GenomeWeb.com and
Dr. Campos stated the AACC newsletter is also a good model. Success would be defined by
website traffic.

Year 2. Broaden communication with other ASM tracks and outside of ASM (e.g., chemistry,

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Workforce, Training/Retraining and Mentoring Working Group
The goal of this initiative is to develop alternative training pathways for medical technologists
to infuse the workforce.

Year 1. Identify and advertise the programs that have existing alternative training
pathways for medical technologists. Post ASM-developed videos to their sites to show
the excitement of the profession, as well as the ASM website. Collect data from training
sites that have these programs in place on what has been successful to help develop a
'road map' for other sites. Identify a master's student in health administration for a year
2 project.

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The planning meeting for the 2018 Microbe meeting will be held in August 2017 in Atlanta.
Submission of suggestions for proposals (as well-developed as possible, being mindful of
diversity, and trying to avoid speakers who spoke in 2017) are strongly encouraged. A call for
abstract reviewers will be issued by Kirsten Olean’s staff via the listservs; volunteerism is
encouraged.
The goal of the Program Committee is to plan the scientific content of the meeting. The
Program Committee Chairs select the track leaders. Romney Humphries is the 2018 and 2019
CPHM Track leader. The following will work with her on the CPHM track to plan the CPHM
scientific content for the 2018 and 2019 Microbe meetings: Carmen Charlton, Robert Tibbetts,
Karissa Culbreath, Colleen Kraft and Lixia Liu.
Discussion ensued about the morning plenary sessions and that some of the 2017 topics were
not of interest to the clinical microbiology community. ASM Microbe Program Committee
leadership indicated that they were aware of this and that i