The Pathologist as a Teacher

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The Department of Pathology in an academic center plays a critical role in the life of the institution. In addition to playing an essential role in patient care, we pathologists teach our nonpathology colleagues and serve in a consultative role, thus earning the appellation of “the doctor’s doctor.” Traditionally, pathologists have taught medical students in the preclinical years and in pathology electives; in the current climate of curriculum reform, their role is recognized as crucial to the design of the curriculum.1

Far less structured and often underrecognized is the teaching role that pathologists play in the education of residents and fellows in specialties other than pathology. In this issue of AJCP, Bean et al2 have documented the dependence that other departments in academic centers have on the teaching efforts of pathologists. Specifically, the requirements for accreditation by the Accreditation Council for Graduate Medical Education (ACGME) for non-pathology programs include various contributions by pathologists. This important work by Bean et al enumerates the contribution that pathologists make to other departments’ accreditation and success in resident and fellow education. In addition to the categories that Bean et al list, pathologists are involved in non-ACGME activities, such as medical student teaching (in pathology courses as well as in nonpathology courses), graduate student teaching, and allied health teaching.

It is not uncommon for residents and fellows who choose a career in academic pathology to espouse a love of teaching. Opportunities for teaching our colleagues on a daily basis also abound in community practice and other settings. The American Society for Investigative Pathology describes the teaching contributions of pathologists in a discussion entitled, “Pathology: a career in medicine—the pathologist as a teacher.” “Pathologists teach at the bedside, in the laboratory, over the microscope, in the lecture hall, in the classroom, in workshops and in seminars. They instruct medical students, residents in pathology and other clinical training programs” (emphasis added), graduate students in basic science departments, and students in related medical disciplines. They are also important in the continuing medical education of practicing physicians in both academic and community settings. The community-based pathologist has a unique perspective on patients from the viewpoint of each individual’s cumulative laboratory data. This perspective is necessary for consultation on individual patients as well as for guidance on the applicability, interpretation, and usefulness of both standard and specialized, often newly available tests. In the academic setting, the pathologist may be the developer of new testing approaches, responding to perceived patient diagnostic or therapeutic problems. In all these environments, pathologists contribute substantially to teaching on the clinical services.

“To teach well, one must continue to learn. Pathologists are committed to their own educational growth and regularly attend and contribute to programs at local, regional, national, and international meetings, where new basic science findings, diagnostic applications, and technology are presented.

“One of the great appeals of a career in pathology is that it offers the opportunity to teach at many levels. No other medical specialty offers as many different opportunities in education.”3 The requirements of the various ACGME programs that Bean et al2 describe are wide-ranging and include didactic teaching, microscopy review, and involvement in multidisciplinary tumor conferences. It is this latter contribution by pathologists that is doubly important to the health of academic centers. Cancer care programs that are accredited by the American College of Surgeons Commission on Cancer require participation by pathologists in the discussion of patient management. Case preparation and presentation can be time-consuming but are crucial to the multidisciplinary approach to patient care. Some cancer centers provide monetary support to pathology faculty for their active participation in both clinical and research activities that are related to multidisciplinary oncology group functions (Barry DeYoung, MD, personal communication, 2012). This discussion has focused on pathologists’ contribution to learning within the institution and does not address our direct efforts in patient care through diagnostic work. With increasing demands placed on pathologists’ time, the objective data provided by Bean et al can be used in negotiations by pathology department chairs to secure support for the uncompensated efforts of their faculty members.

The consummate teachers in academic centers deserve to be recognized and rewarded for their educational activities. It may be argued that a danger associated with this approach is that teaching, previously a mostly unfunded effort, may be viewed as a commodity. However, the article by Bean and colleagues2 should serve as a call for open discussions and increased recognition of our teaching contributions.

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References