Career Panel for Pathology Residents

Going Beyond the Core Curriculum

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ABSTRACT

Objectives: To increase awareness in pathology residents of different career choices and familiarize them with the job market.

Methods: For 3 years, community pathologists and faculty members participated in half-day panels that residents attended voluntarily. Panelists presented their professional life experiences and shared advice. We showcase the implementation and resident evaluation of these panels.

Results: Panelists were rated as outstanding or excellent for relevance. Residents chose the following themes as most useful: visualizing the array of practices (community, part-time, public health, and others), careers that follow unexpected courses and people taking advantage of opportunities as they happen, knowing that not having a definitive direction is frequent, and finding out what different practices look for when they are hiring.

Conclusions: Career planning is a neglected aspect of pathology residency training, and panels in which pathologists present their experiences are helpful to prepare residents for what lies ahead.

Residency training is focused on education in the particular specialty that the medical student has chosen; however, preparation for their careers beyond training is usually not at the forefront of the residency training curricula. Garcia et al1 surveyed 163 recent internal medicine graduates and identified several themes that the residents thought should be incorporated in their training regarding career planning. These themes included (1) information about career options; (2) the process of finding a job, including negotiating contracts and the interview process; (3) time for planning the process of finding the job; (4) the importance of guidance through the process, including mentorship; and (5) self-knowledge regarding priorities, including lifestyle and career satisfaction. In this survey, the residents felt that these themes should be presented in a structured curriculum throughout residency training. In an earlier study, Greenberg et al2 identified similar themes when they evaluated career counseling practices in pediatric residency training programs. The five themes identified included knowledge of career choices, familiarity with the job market, matching a trainee to a career, self-knowledge, and lifestyle/family concerns.

No studies have targeted long-term career planning for pathology residents. The emphasis in our specialty has been in resident selection of fellowships as pathology programs have transitioned from training pathologists in 4 years to 5 years back to 4 years and the debate over establishing a matching program for fellowships.3 Although focus on career planning for pathology residents and fellows has not been studied specifically, studies have tangentially explored certain facets. For example, Lagwinski and Hunt4 examined resident fellowship choices, motivations, expectations, and postresidency concerns. They found that pathology residents...
pursue fellowships to become expert in a particular area and to increase job connections and networking opportunities independent of whether they later look for positions in academia or private practice. Because surgical pathology fellowships are the most popular, there is a sense that residents feel the need to have independent sign-out experience and see a high volume of cases to supplement what they have learned during residency training.

To address some of the career planning themes, the Department of Pathology and Laboratory Medicine at Emory University (Atlanta, GA) engaged faculty and pathologists in the community to present their experiences to the residents. We describe herein the format used and the evaluations the program has received.

**Materials and Methods**

**Curriculum Design**

For 3 years we organized a Saturday half-day career pathologists’ panel that residents could attend voluntarily. Eight to ten pathologists who have practiced at least 7 years participated in the panel, and each year different pathologists were invited. [Table 1](#) presents the composition of each of the three panels. In short, pathologists invited lived in the Atlanta metro area, had been practicing for at least 10 years, and spanned different jobs and vocations. Several had had more than one type of job during their life. The panelists were divided into two groups of four to five persons each, and most stayed for the entire session. To start the discussion, four questions/topics were given to the pathologists: (1) Tell your life story; (2) Why have you been successful? (3) What have you enjoyed the most in your jobs and what have you enjoyed the least? (4) Did you do anything specific during your training to reach the place you are today, and would you have done something different during your training?

They were asked to talk about one or all of the topics for about 15 minutes each. We asked panelists not to use slide presentations. Resident interaction time with the panelists was encouraged by allowing time for questions after each panel and during recess and lunch. At the end of both panelist groups, a summation of themes was presented by the faculty members who organized the activity.

**Program Evaluation**

An evaluation sheet was given to the residents at the end of each half-day. It included Likert scale responses to the relevance and delivery of each panelist’s presentation. Residents were also asked to choose their top three qualifiers from a list

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**Table 1**

<table>
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<tr>
<th>Panel</th>
<th>Academic Pathologists</th>
<th>Community Pathologists</th>
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| A     | 1. Anatomic pathology and cytology, worked in private group previously  
2. Residency training director, anatomic pathology responsibilities  
3. Specialty anatomic pathologist (soft tissue), administrative responsibilities with the school of medicine  
4. Director of clinical laboratory in one of the system’s hospitals, administrative and clinical pathology responsibilities  
5. Experimental pathologist with specialty (gastrointestinal) surgical pathology responsibilities | 1. Specialty (dermatopathology), director of private clinic-based group  
2. Director of community hospital-based group, with responsibilities in anatomic and clinical pathology  
3. Director of large referral laboratory that covers the southeastern United States, mostly administrative responsibilities  
4. Staff pathologist in community hospital-based practice with anatomic and clinical pathology responsibilities |
| B     | 1. Anatomic pathology, worked in private group previously  
2. Clinical pathologist, director of specialty laboratory (hematopathology)  
3. Clinical pathologist (blood bank)  
4. Residency training director, clinical pathology responsibilities  
5. Associate residency training director, anatomic pathology responsibilities | 1. Specialty (hematopathology and cytology) anatomic pathology, director of private hospital-based group  
2. Staff pathologist in community hospital-based practice  
3. Anatomic pathologist, director of private, hospital-based group  
4. Director of private referral group for immunohistochemistry and molecular testing, anatomic pathology and administrative responsibilities |
| C     | 1. Clinical pathology, director of specialty laboratory (molecular and hematopathology)  
2. Director of laboratory in one of the system’s hospitals, administrative and anatomic pathology responsibilities  
3. Chair of biomedical informatics, clinical pathology responsibilities  
4. Director of cytology services for the system | 1. Director of branch at the CDC, worked in private practice previously  
2. Retired from public health; worked in the state health laboratory, CDC and academia; had administrative responsibilities  
3. Staff pathologist in specialty (genitourinary) clinic-based practice  
4. Part-time staff pathologist in community hospital-based practice  
5. Staff anatomic pathologist in large referral laboratory for the southeastern United States |

CDC, Centers for Disease Control and Prevention.
of qualifiers for the entire panel. These qualifiers included stimulating, boring, not useful, interesting, informative, useful, puzzling, exciting, tedious, and repetitive. They were also asked to name two things that were useful, suggestions on other topics to include, and how to improve the panel. The evaluation survey did not include questions about resident career choices or change of these because they attended the panel. Panelists sent comments voluntarily after an email was sent thanking them for their participation in the event.

Results

Between 10 and 18 residents attended the event annually, although only a total of 25 evaluations of the three panels were returned. The number of residents who performed evaluations varied between two and seven per year of training, with most being in postgraduate years 3 and 4 (seven each). Seventeen residents rated panelists as outstanding for relevance and delivery, six rated them as excellent, and two residents did not rate the panelists. The most frequently used qualifier was informative (n = 20), followed by interesting (n = 18), stimulating (n = 16), and useful (n = 12). The only negative qualifier chosen was repetitive by one resident. Themes that residents found useful from the panel included (1) seeing different types of practices (part-time, public health), (2) careers that follow unexpected courses and people taking advantage of opportunities as they present along the way, (3) knowing that not having a definitive direction at the beginning of careers happens frequently, (4) gaining insight into the professional life of each panelist, and (5) finding out what different practices look for when they are hiring new people.

The first time the activity took place, we allotted time for questions after each panelist group had finished their presentations; however, several questions came from other panelists with very few questions posed by residents. Thus, for the following panels it was decided to make the breaks longer so that residents could go to the panelist of their choice and ask questions or interact with them directly. Suggestions given by the residents to improve the activity included asking the panelists to describe more fully what happened during their residency training and bring pathologists who are in a spectrum of practices and to involve faculty members who have only practiced in academic settings have also been appreciated by the residents. The stories of faculty members who have been in private practice before.

The pathologists’ panels have been very well received by the residents as they provide information that is useful for their careers that is not provided in the regular curriculum. The information is presented in a nonlecture format and is very personal as the panelists tell their stories. Every year, some topics are repeated, but because they are presented in light of someone’s experience, they appear as new. The repeated topics, which happen to be concordant with what other specialties have highlighted as important,1,2 include the variety of career options pathologists can have, how lifestyle and choices (or lack of these) have affected the panelists’ lives, and different pieces of advice given to the residents regarding what to do during their training. Another advantage of bringing pathologists from the community is to expose our residents to different groups and the potential job market in our area.

A survey in 1996 of residents in their last year of training regarding their upcoming plans showed that 59.6% of pathology trainees were taking private practice positions.5 In our institution, the percentage of residents going into private practice is 80%, therefore our priority was to bring community pathologists who are in a spectrum of practices and to involve faculty members who have been in private practice before. The stories of faculty members who have only practiced in academic settings have also been appreciated by the residents. Of particular interest were well-known faculty members with personal experiences that they rarely talk about or those who explain their involvement in certain activities or areas that are not frequently visible to residents, such as experimental pathology and bioinformatics.

Discussion

The voluntary comments by the panelists were very positive and used words such as recharging, enjoyed hearing what other panelists had to say, and learned of opportunities they did not know existed. Panelists who had trained at Emory University were thankful to have an opportunity to reconnect with faculty and see the new generation, while those who trained elsewhere were thankful to connect with the only academic institution in the city that trains pathologists. Several panelists commented that they wished a similar panel would have existed when they were residents because it helps residents envision what “lies ahead after training.”
In addition to this activity, four lectures were given every year to the residents regarding career planning. These 1-hour lectures included various topics such as what to do and not to do in interviews, finding a job, negotiating contracts, revenue stream in the private and academic settings, mentorship, and conflict management. The format of these lectures varied. For example, in the interview session we had mock interviews; in the session on finding a job we had two recent graduates describe how they found their jobs: one at our academic center and one at a community practice; and in the conflict management session, we did an abbreviated personality test so that residents would have some self-knowledge of their personality type and learn how each type reacts to the others. Although gaps in training could be anticipated for administration and public health because of the composition of the panels, these were not identified by residents, most likely because our program already offers a 1-month rotation in administration. In addition, personnel from the Centers for Disease Control and Prevention come to microbiology rounds offering a public health component.

Cronan\textsuperscript{6} describes the difficulties in making a transition from residency or fellowship training to a first job in radiology. He comments that the Accreditation Council of Graduate Medical Education has focused on training as an educational experience in which noneducational experiences are anathema. Thus, residents are not exposed to the intricacies of everyday practice. In pathology, because a great majority of our residents choose to pursue a fellowship, they become accustomed to daily workloads and sign out on their own. Nonetheless, the younger panelists expressed some difficulties in adjusting to the level of responsibility both at work (or workload) and with their family and discussed how they, together with their practices, were able to overcome these difficulties. They advised our residents on what to do to adjust to the workload during training: accept challenges, look for opportunities to sign out cases, call frozen sections on your own, and moonlight, as well as look into part-time opportunities when family and lifestyle are the primary concern.

In conclusion, the pathologists’ panel has been well received by our residents even though it is a nonacademic voluntary activity. We believe that panels in which pathologists present their experiences are helpful to decrease anxiety and prepare residents for what lies ahead. These panels have also been helpful in creating a sense of community with other pathologists around the area. We realize that metropolitan areas such as Atlanta provide a wealth of practices from which we can draw such panels, which may not be possible to do in programs in smaller cities; however, these kinds of panels could be organized during meetings of different pathology societies where resident-specific activities take place.

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References