



COLLEGE of AMERICAN
PATHOLOGISTS

Navigating Professional Roadblocks

Finding Your Voice as A New Pathologist

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- **Chair, New in Practice Committee**
- **Board Certified in AP/CP and Hematopathology**
- **Pathology residency program director**
- **Works primarily in medical education
Clinical roles are at a regional children's hospital**



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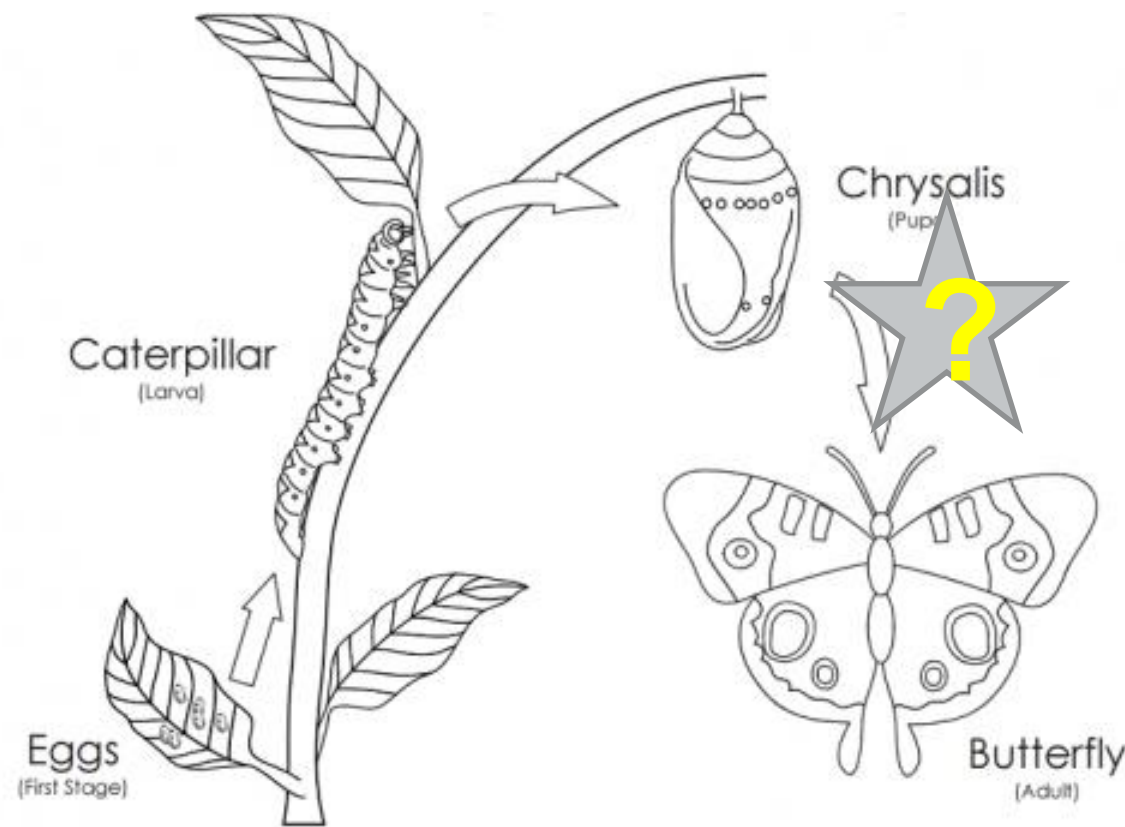
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Navigating professional roadblocks:

Finding your voice as a new pathologist

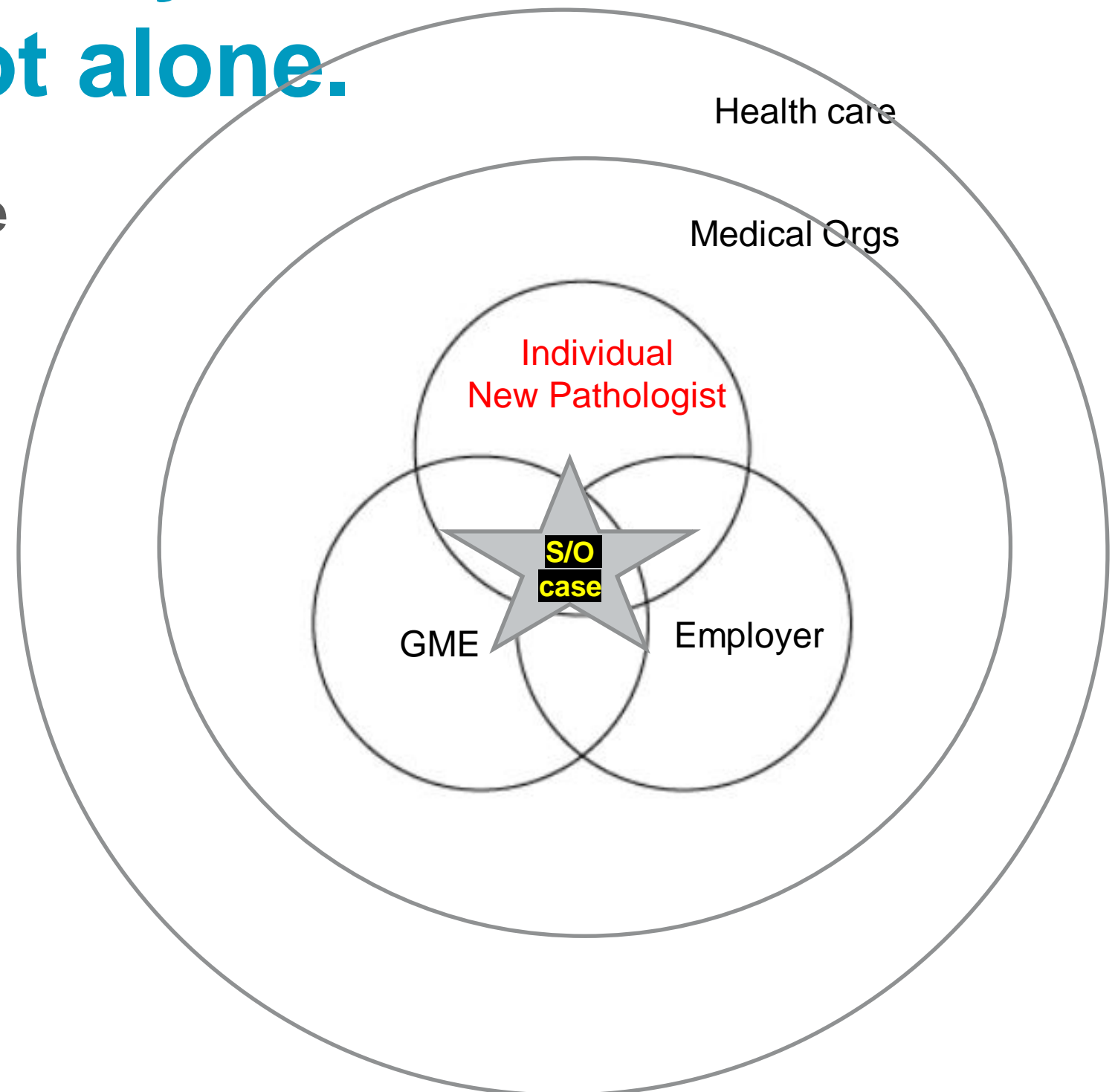
Paradox for daily practice as new pathologists: Becoming an attending who has never flown solo



- Even in a very supportive first-job environment, pressing the sign-out button is new skill for new pathologists.
- How do you get up to speed and fast?

Who owns responsibility for new in practice? You are not alone.

- Of course, you are pressing the sign-out button
- Others in the conversation
 - GME, changes around 10 years ago. Downstream effects.
 - Environment of healthcare, geography, politics.
- We are in it together



Outline:

- **Find your voice in DAILY SIGNOUT**
 - Tool: Script for showing consults
 - Example cases (question #1 interpretation, question #2 wording, and question #3 work-up)
- **Find your voice - as you GROW PROFESSIONALLY**
 - Tool: Pause for clarity and decide how best to become more effective
 - Example scenarios

Three types of consults

- #1 Interpretation of a completed work-up
- #2 Wording in the report: grey-zone topline diagnosis, Comments
- #3 Work-up help, to round out a differential
- The basic script in each case is the same
- How you present or frame or ask these 3 different types questions differs
 - Mindset move, Consult is sort of an “Ask” or a negotiation
 - Line up what you are bringing to the table

Script #1: Interpretation consult

“I have a small GI polyp from the transverse colon. An area has cytology worrisome for HG dysplasia. After levels I do not see the correct architecture. May I please get your opinion? Endoscopically it was 5 mm.”

- **What is it?**
 - **Summarize key findings**
 - Commit to your interpretation
 - **Present the question**
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- **Tip: Include clinical information**
 - This is expected. You are the patient's doctor.
 - Does not introduce bias, does inform pre-test probability.

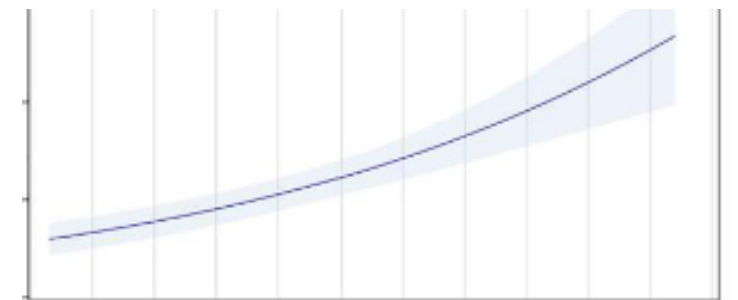
Script #2 - Wording Consult

“I have a breast core biopsy from an older lady. There is at least DCIS. I am worried about micro invasion. I did myoepithelial markers and levels, the area of interest goes away. Would you use Suspicious in the diagnosis? Could you share ideas about the wording for the comment?”

- What is it?
- Summarize key findings
 - Demonstrate your level of competence in working the case up
 - Commit to your interpretation
- Present your question
 - You can say “*This is a mostly wording question.*”
 - Note the overlap with a basic interpretation-type consult: Every consult has an implied request for confirmation of your interpretation.

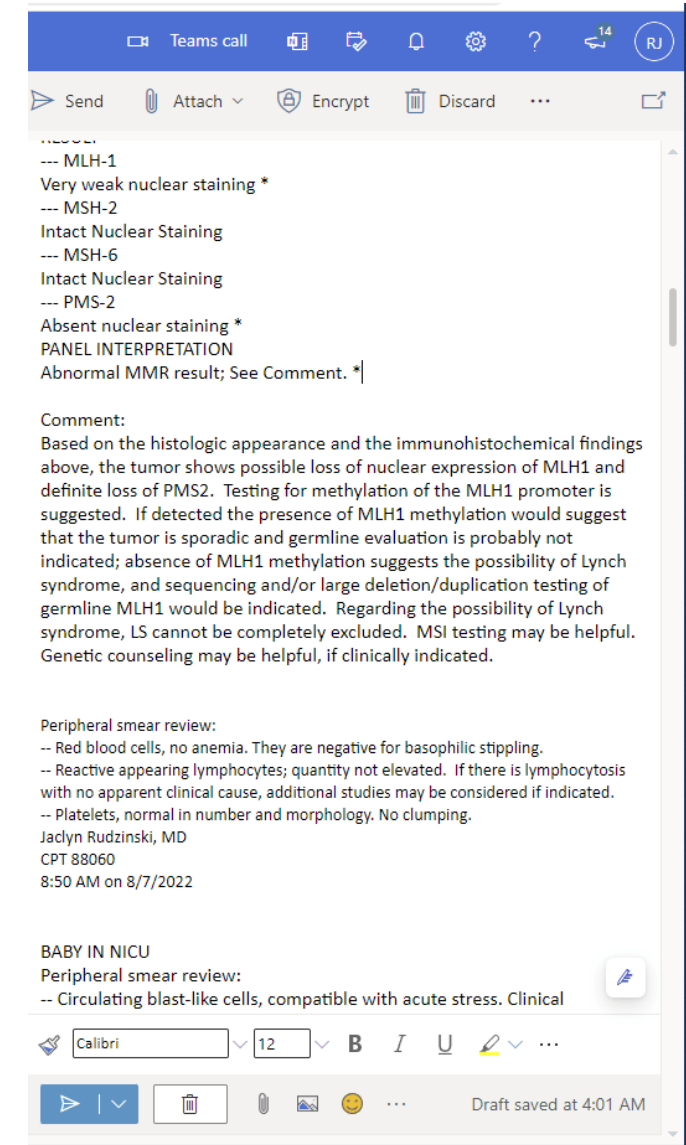
Reassurance on “Wording”: It gets better!

- New attendings are anxious about wording itself and dislike how much time is spent editing
- It is **NORMAL** to spend time on editing wording in reports
 - Grey-zone diagnosis, answer the most important clinical question.
 - What’s the *next best step* for the patient?
- **Normal progression:**
 - During years 1-3:
 - I will spend time on the report now, avoid time spent later (phone call).
 - Year 5:
 - I can handle any phone call. I aim for functional wording, not perfection.



Tips for saving example dx & comments

- Lots of ways to handle
 - Do something rather than nothing.
- Create a system that works
 - Time upfront, saves time later.
- Design a process that is FAST for you
 - E.g. PDFs. How: Use a file name nomenclature that is searchable. Why: You can cut and paste text from PDF.
 - E.g. Outlook Draft. Does not have to be fancy
 - Keys to utility: Searchable, accessible
- It is not cheating. It ensures a consistent level of diagnostic service.
 - Save your reports and colleagues' reports.



Script #3 - Work-up consult

“This biopsy is from a large retroperitoneal mass. I have ruled out carcinoma and lymphoma. It is pleomorphic and the tissue-type markers I have done are negative (smooth muscle, vascular, and neural). The clinical history and imaging are negative for other cancers. Could you please help me with next steps? I am not sure if molecular testing would help. MDM2 FISH crossed my mind and I have a few unstained slides left.”

- **What is it?**
- **Summarize the findings**
 - Demonstrate competence in working up the case
 - Commit to your interpretation
- **Present the work-up question**
 - Subtly point the consultant in a testing direction
 - FISH
 - NGS

General caveats on consultations

- **Outside your control:**
 - Different consultants will handle your cases differently
- **Within your control:**
 - Getting your thoughts together ahead of time
- **Scripting what to say can help you feel more confident in the moment as you ask colleagues for help. Prepare for performance.**
- **You will soon graduate to the person being consulted.**



Tips for using consultation scripts: Commit and Practice

- **Write it out**
 - Sticky note or type it. Quickly, outline form.
 - If bad at typing, dictate into an Outlook email using MModal or the Notes app on your phone.
 - Utilize your department's QA form, if applicable
- **Email, depending on consultant/culture**
 - Keep it short!
- **Record yourself**
 - Video or Audio recording apps.
 - Do you sound like you know what you are talking about?
 - Expect to be uncomfortable.
- **Rehearse for consensus conference with a resident!**



Pitfalls with consultations

- **Do not wait until a clinician is calling for the result**
 - If you need to read on a topic and don't have time, lots of tech hacks: Read-aloud, YouTube, podcasts.
- **Avoid showing to more than 2 colleagues**
 - Reasonable practice for a little bit, about the first 6 months.
 - After this period, it can be viewed as annoying.
 - Consensus conference may be best venue when multiple opinions are desired.



Part 2: GROW PROFESSIONALLY

- Find your voice as you grow professionally early in your career
 - Tool: Pause to get clarity
 - 3 examples:
 - Communication vs. Information exchange
 - Operations vs. Time
 - Opportunities vs. Growth

Reality for new attendings, No more checkboxes.

- Until an attending job, literal training objectives
 - Rotations, Board exams
 - “Muscle through” / tough-it-out when needed
 - Strategy is not sustainable
- Now, up to you to create your own strategy for career (roadmap)
 - *Where do you go? Who do you model after? How do you get there? What is the next step?*



Getting clarity on what you want.



“Where do you want your career to go?”
Complicated question!

Answer may change with time, experience



Tool / Skill to learn: Pause for clarity

Scenario #1. Interactions where there was communication and a missed opportunity

- Examples from COVID:
 - Social lunch and department meetings.
- Lesson learned:
 - I could have asked to restart. Don't be afraid of rejection.
- Clarity on what I wanted:
 - Space that was lower-stakes for **information exchange**.
 - E.g. Handle clinician phone call, differential dx on a case, scheduling and other personal requests.



Scenario #2: Idea for operations change vs. personal efficiency

- Common example from daily practice:
 - Workload distribution.
 - Challenging everywhere, staffing shortages are real (COVID, retirement).
- Lesson learned:
 - Start with personal efficiency. Hacks are fine, lead to habits.
 - Time tracking tools, lean-out office, ongoing personal workflow modification.
- Clarity on what I wanted:
 - Time.
 - There are lots of ways to create time.



Scenario #3: Seeking opportunities vs. creating your own

- **Example:**
 - Limited projects (rarely true); leadership development within a smaller department.
 - Ideas are hiding! Again just ask.
 - E.g. Hospital system physician leadership courses + CAP involvement = First lab section medical director experience
- **Lesson learned:**
 - If not in your immediate circle, growing those circles, move into new circles. Incubate and wait.
- **Clarity on what I wanted:**
 - **Growth.**
 - There are many ways to grow, infinite directions.

When What You Want is “New” (or Different)

- **MINDSET: Don't be afraid of rejection**
 - But also don't “pester” leadership with the same request over and over
 - If you need to reapproach the idea, give some time then mention why you'd like to reconsider
- **TIMING:**
 - Every interaction with leadership can be a “casual meeting” to lay groundwork for your ideas
 - May be easiest when done individually with leadership or key stakeholders
 - Consider ongoing events: suggesting major changes right before CAP inspection may not go well
- **There is GREAT nuance in how you approach these conversations:**
 - Above all: It's a two-way street
 - Resources for working with different personalities from Harvard Business Review: IdeaCast podcast episode <https://hbr.org/podcast/2022/08/strategies-for-dealing-with-difficult-coworkers>

Summary

- **Part 1 – Functional roadblocks, finding your voice during sign-out**

- **Tool:**

- Scripts can help you become more technically proficient at signing-out via streamlined consults.
- Save reports. Practice.

- **Three types of consult ?s:**

- Interpretation
- Wording
- Work-Up of Differential

- **Part 2 – Interpersonal & career roadblocks, find your inner voice**

- **Tool:**

- Before jumping to a solution, pause for clarity on what you really want.
- Mindset shift needed rather than tactical.

- **Three example scenarios:**

- Communication vs. Information exchange
- Operations vs. Time
- Opportunities vs. Growth



Lastly, try squeezing as much juice out of your own orange first.

You'll be amazed at what you can learn and accomplish.

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