# Dr. Volk and Dr. Durham on Navigating a Career in Pathology Today

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**Becca Battisfore:**

Welcome to the latest edition of the College of American Pathologist' CAPcast. I'm Becca Battisfore, Content Specialist with the CAP. On this episode, Dr. Lacey Durham will be talking with Dr. Emily Volk, president of the CAP, about her experience as a woman in pathology and leadership. Before we get into the questions, Dr. Durham, do you want to introduce yourself?

**Dr. Lacey Durham:**

Hey y’all. I'm Lacey Durham. I'm a third-year pathology resident here in Chicago, and I am so, so super pumped to have been invited to host today's podcast. A little bit about me, I'm a Texan, I'm doing a fellowship in general surgical pathology, and I have a really fun social media account under the alias of pathdoctormd.

**Becca Battisfore:**

Great. Thank you, Dr. Durham, and thank you both for joining the podcast today. I'm looking forward to the conversation. So with that, Dr. Durham, I'll let you take it from here.

**Dr. Lacey Durham:**

Dr. Volk, let me just tell you right now that when I found out that you would be the next president of the CAP, I thought that that was seriously so dang cool. I was truly so inspired to see a woman front and center in the highest leadership position in the CAP. Can you tell us about your experiences as the second female president of the CAP?

**Dr. Emily Volk:**

Sure. I'd be happy to. It's great to be here with you. And I do follow you on social media, so I am also really tickled to get to work with you today and to get to meet you today, Dr. Durham.

**Dr. Lacey Durham:**

So fun.

**Dr. Emily Volk:**

I really appreciate the positive spin you've put on pathology in the social media world-

**Dr. Lacey Durham:**

Thank you.

**Dr. Emily Volk:**

... especially in TikTok and on Instagram and so forth, so thank you for that.

**Dr. Lacey Durham:**

Thanks.

**Dr. Emily Volk:**

I am the second woman president of the CAP, and to me that's a little bit surprising given what year it is and so forth. Dr. Mary Kass was the first woman president, and she was president a little over 20 years ago.

**Dr. Lacey Durham:**

Oh wow, that's so long ago.

**Dr. Emily Volk:**

It is a while back, right?

**Dr. Lacey Durham:**

Yeah.

**Dr. Emily Volk:**

And I remember when she became president, I was still relatively young in my career. I was an attending pathologist, but I was pretty young still, and I really looked up to Dr. Kass. She presented herself with a lot of gravitas.

**Dr. Lacey Durham:**

Gravitas is such a fun word. What is gravitas? I don't know if I know that word.

**Dr. Emily Volk:**

Gravitas is sort of a weightiness, a seriousness that when she came in the room, she projected a sense of being presidential.

**Dr. Lacey Durham:**

Oh, I love that.

**Dr. Emily Volk:**

All right. She was getting the business done. You really felt confident that someone was in charge and taking the work seriously. So she brought gravitas to her job. And to do that as a woman, I think that's one of the areas where maybe traditionally some folks have felt like women could fall short, and Dr. Kass certainly was an example of how that wasn't the case. So being the second woman president certainly comes with some sense of responsibility, I don't want to let anybody down. And that might be different than some of the men who are presidents of the CAP. I know they don't want to let the members down, but they may not feel a particular obligation to represent their gender.

**Dr. Lacey Durham:**

Right. And like the pressure, I feel like that would be so much pressure to take on, especially with the 20-year hiatus between the last woman.

**Dr. Emily Volk:**

I mean, I can tell you I felt very supported and the community of pathologists, all of my colleagues at the CAP, were incredibly supportive as I stepped into the role. The CAP staff also provides tremendous support for the CAP president. So the organization is designed to set the president up for success regardless of their gender identity. So I definitely have benefited from that sense of support. I think it's been interesting too that my husband is a member of the CAP, Dr. Dan Mais, and as an incredibly productive academic pathologist who has his own ambitions and own accomplishments, and he has been incredibly supportive of me pursuing this role, and also doing the work of the first spouse, if you will, of the president of the CAP, which to my knowledge has not been another member before. He's done that with great grace, and I've really appreciated his willingness to partner with me in this pursuit.

**Dr. Lacey Durham:**

That is so fun and exciting, and I'm sure you've heard this a thousand times, but the ultimate power couple in pathology.

**Dr. Emily Volk:**

We really don't regard ourselves like that, but it is kind of a hoot, right?

**Dr. Lacey Durham:**

It is. Yep, it is a hoot. That's right. All right, let me ask you this next one. When I talk to pre-med and medical students about pathology as a career in medicine, I love to brag, I love to brag at baseline, but I especially love to brag about how our field has just as many women as we do men, and I recently learned that women have now surpassed men making up 60% of all pathologists. Have you noticed this change throughout your career?

**Dr. Emily Volk:**

I have to say, I have, throughout my career, worked with about an equal number of men and women in the field. So I don't know that I have experienced a shift directly. I have noticed at the CAP, more and more women being interested in taking on leadership roles, committee chairmans or chairperson's roles, I've noticed more of an interest in participating in the Board of Governors, running for the board and so forth. So we've definitely seen from a leadership perspective, a larger number of women participating, certainly at the CAP and in some of our other professional organizations in medicine and pathology.

**Dr. Lacey Durham:**

Yeah, that's really cool because I feel like in medicine in general, women are still fighting to be in those top leadership positions, and it's really cool to see our field kind of being like, "Well, yeah, we have the problem, but maybe not as much as other fields." It's really inspiring to see that.

**Dr. Emily Volk:**

Absolutely. I think at the board, I think we are near the 50% mark for gender diversity.

**Dr. Lacey Durham:**

That's incredible. That is incredible.

**Dr. Emily Volk:**

It would be great to get to a point where we're not thinking about it as much as we are now because we feel more secure in it.

**Dr. Lacey Durham:**

Absolutely. I totally agree. It would be so nice to just be a pathologist. It would be nice to not even have a conversation about what it's like to be a woman pathologist because we could just talk about what it's like to be a pathologist. I totally agree. Well, with that being said, let me ask you a follow-up question to that. With gender diversity and pathology now being skewed towards women, I'm a young and in some regards still a somewhat optimistic doctor, and I would love to believe that women in medicine are provided the same benefits and opportunities as our male counterparts. And I know that we have briefly already discussed this, but do you think that it's a bit naive for me to believe that my salary right out of training will be similar to the men standing right next to me at graduation, and will I have the same opportunities to advance my career as they will?

**Dr. Emily Volk:**

That's a great question. I'd hope it's not naive for you to expect that. I think you should expect that you would be paid appropriately for the work that you do regardless of your gender. It is important for any person going out into the workforce, whether or not they're in medicine or any other profession. To do their homework to the best of their ability before they sign a contract, make sure they know what the market rate is for the skills that they offer, and to really be ready to ask for what they know they deserve.

**Dr. Lacey Durham:**

Yes. Yes. That is so good. One of my former co-residents, now fellow, she came and talked to me in the residence room the other day, and she was excited to tell me that she had successfully negotiated her contract for her future job. And I thought that that was such a big thing for her to do. And we don't really get that much training, if any, I feel like maybe I have certainly read books or that's like one of the weird things that I do in my free time. But I don't know how I can tell women to just ask for it, and also, I don't know how to ask for it. How would you recommend us negotiating our contract or asking for more that we know that we probably ought to be getting?

**Dr. Emily Volk:**

Right. I mean this advice applies to anybody, and that is there's a great book called Never Split the Difference by Chris Voss, and he was a hostage negotiator, and I highly recommend reading this book before you really make any kind of a financial negotiation.

**Dr. Lacey Durham:**

I see.

**Dr. Emily Volk:**

And it just really lays out the psychology behind successful negotiation and the good use of anchoring bias, so you don't set the floor for your potential salary too low and that you don't accidentally set a ceiling. And I think these are skills that are really not gender-specific, but they're skills that are learned. Just like you can learn how to look at a colon polyp, you can learn how to negotiate successfully. So I think that some folks in medicine, we get personally pigeonholed into the sciences and maybe even there's a little bit of reluctance to be talking about money at all. We go into medicine and it's altruistic, right?

**Dr. Lacey Durham:**

Yes, and you shouldn't ask for more.

**Dr. Emily Volk:**

Right. Well, we should ask the most that we can possibly get paid. I mean, why in the world would we be shy about that?

**Dr. Lacey Durham:**

Yes, ma'am. That's right. Yes.

**Dr. Emily Volk:**

But I do see doctors really being reluctant to do that. My dad was like that, and he was an obstetrician gynecologist, and he had very strong feelings of what he was doing was a calling, and it wasn't about the money. But when his partners were driving Mercedes and he was driving an Oldsmobile, somebody was getting the money. So you should be able to ask for your fair share and do it without any shame.

**Dr. Lacey Durham:**

That is so real, very real. Just such a very unique perspective on doctors, we are trained, raised, basically to believe that this is a calling, and it is a calling, but it's also a job, and we should be paid for what we do, and it should be reasonable. And I totally agree with everything that you just said. Let's see what else I have on here. Dr. Volk, there are so many things that inspire me about you, just in general. One thing that I love about you is your advocacy for health equity. Can you tell our listeners why pathologists are at such a special position to make improvements towards health equity? What positive changes do you see coming?

**Dr. Emily Volk:**

Well, we are at the foundation of modern medicine and pathology. We touch almost every patient in the healthcare. I mean, if you think about patients coming into the acute care setting into the hospital, pretty much every patient gets their blood drawn at least once, and that blood is coming to our labs where we are the stewards to make sure that they're getting accurate and reliable test results.

**Dr. Lacey Durham:**

Absolutely. Yeah.

**Dr. Emily Volk:**

A lot of those patients are getting tissue biopsies and we're making the diagnosis that then is directing the rest of the care that they receive. But even in the ambulatory setting, certainly there's testing that's not only the tests that come to our reference laboratory, but the point of care tests. And so those of us working in big health systems are helping to make decisions around which point of care tests are being used, and again, helping to choose the most accurate and reliable test.

So we have an opportunity to impact that very important foundational information that's entering the medical records. So one thing that we have recognized in the last couple of years is some assumptions that we were making around some lab tests, for instance, the eGFR, the estimated glomerular filtration rate, where we were making the medical community, had agreed to make an adjustment for anyone who was identified as being African American. And we did that for an awfully long time thinking that this racial identity had a significant biological significance. We now understand that race is really a social construct, it's not a biological entity, and it was really very shaky foundation to begin with. But we've now eliminated that adjustment to the eGFR calculations, and that's making a big difference again, across the board for anyone who's getting testing for how their kidneys work. So to me, that was a great example of where we touch so many patients and one adjustment like that can have a giant impact on whole swaths of people.

**Dr. Lacey Durham:**

Yes. Will you be on the renal transplant list or not?

**Dr. Emily Volk:**

Exactly. Right. And before this change, how many African American folks were left off the kidney transplant list?

**Dr. Lacey Durham:**

Yes. How many died because they were left off the kidney transplant list? That is so true.

**Dr. Emily Volk:**

Right. So I think that's just one example of where we can have and have had a huge impact. I think also as we understand gender in a different way as we grow in our expression of compassion around folks who are-

**Dr. Lacey Durham:**

Non-binary.

**Dr. Emily Volk:**

... non-binary, and who are transgender and potentially taking various kinds of hormones that may impact how their blood chemistries look.

**Dr. Lacey Durham:**

Yes.

**Dr. Emily Volk:**

I think we have an opportunity to explore where do adjustments need to be made, again, to make sure that we're reflecting accurately in those laboratory data the pathophysiology of any given patient.

**Dr. Lacey Durham:**

Absolutely. I'm currently on my chemistry rotation. I'm on my senior or medium senior chemistry rotation, and this entire rotation has been such a light into these disparities in laboratory medicine. For instance, you've previously mentioned our transgendered patients. I just did a presentation over a case report about a transgendered patient who had an eGFR that was calculated using their sex, and that prevented it them from being placed on the renal transplant list.

**Dr. Emily Volk:**

Oh, wow.

**Dr. Lacey Durham:**

Yes. And it was just one case report, and ultimately, the patient who's a trans man, he was put on the kidney transplant list, but it was not until they stopped using the male calculation for eGFR. So in that regard, our doctors are doing what they think is right. This is a trans man who's taking hormones, we should use the male calculation for eGFR, but it took a year and a half for his kidney function to be bad enough using that calculation. When if they would've taken a step back and said, "This is a five-foot man who's 110 lbs, maybe we should use the calculation for females." If they would've, then he would've been on the transplant list sooner. And that's a very nuanced, like complicated thing to think about that would've never thought about had I not been on this rotation this year reading the case reports for myself.

**Dr. Emily Volk:**

Oh, that's so interesting. It makes you wonder if the next step in exploration there isn't in the gender being part of that formula at all.

**Dr. Lacey Durham:**

Right.

**Dr. Emily Volk:**

I mean, is that something that needs to be explored?

**Dr. Lacey Durham:**

Yeah.

**Dr. Emily Volk:**

Very interesting.

**Dr. Lacey Durham:**

I mean, this whole rotation, I feel like we touched on the eGFR. Now I'm currently reading about alpha fetal protein and Black women and how we adjust or put in a factor for translating their raw data to the interpretable data. And it's just, it's really mind-blowing chemistry lab medicine. I feel like the more I know, the more I wish I didn't know.

**Dr. Emily Volk:**

Well, I think that's one of the wonderful privileges of being a doctor, of being a physician, is that we are constantly learning and that it sounds like a cliche, a little bit that, well, you're always going to be learning. I could tell you at 54 years old as a physician, I am still absolutely learning brand new things, and it's great, what a privilege. I think that also keeps us pretty humble.

**Dr. Lacey Durham:**

Yeah. Absolutely. The Dunning-Kruger effect, like as soon as I realized I knew too much about AFP, I was like, "Oh my gosh. I wish I could go back to before I knew." You're right. It does keep us humble.

**Dr. Emily Volk:**

For sure.

**Dr. Lacey Durham:**

Thank you so much for such a great discussion, Dr. Volk.

Now, on behalf of myself and all the women I know, just bringing it back to women in medicine, on behalf of all the women I know who are currently in training or on the interview trail for their very first job, could you give us some pointers? I guess in other words, what advice would you give to women just starting out their pathology careers?

**Dr. Emily Volk:**

Well, again, I think this advice probably applies mostly to everybody, but maybe women will identify with it a little bit more. It's important to understand that you don't have to and should not try to be all things to all people. So what do I mean by that? When I was first in practice, I had a newborn baby just given birth during my fellowship, and I was trying to figure out how to be the perfect suburban mother as well as a fabulous young up and coming pathologist in a private practice as well as the perfect wife.

**Dr. Lacey Durham:**

That's a lot.

**Dr. Emily Volk:**

And it was a lot. And keep a perfect house, all that. And so, I had happily gotten some help with childcare. Obviously had to because I could not take the newborn to work with me. And the woman who helped me take care of my daughter, she saw the stress in my face and my body and so forth when I would come home from work and take over the care of my daughter, Diana. And so after a couple of weeks of knowing me, and she's about 20 years older than I am, and she sat me down and she offered her perspective, and she said, "While you're at work, I will take care of this child. This child will be fine. This child is fine. You need to focus on taking care of your patients while you're at work to the best of your ability, and let me help you with some of these other duties that I can do. I can't look in the microscope," she said, "but I can do the laundry. I'm not a physician, but I'm here to help you get all these other things done."

And so she reminded me that I had help. And so, I ran with that concept. And so I spent some money to have her stay with us, during the week I spent some money on having a housekeeper, and so I didn't have to worry about keeping the house clean, and spent some money on having help with the laundry and with schlepping the kids. And I really had to let go of the idea that I was going to be able to be a busy full-time pathologist and president of the PTO.

**Dr. Lacey Durham:**

Yeah, that is so real. You cannot do it all.

**Dr. Emily Volk:**

I cannot do it all. And I really had to get comfortable with that and that there were some things that I was going to do that were going to be good enough. And one of the books that a friend of mine turned me onto, when my kids were relatively little, and I wound up having four children total, two by birth and two by luck through second marriage. And there's a wonderful book called Good Enough Parenting.

**Dr. Lacey Durham:**

Good Enough Parenting.

**Dr. Emily Volk:**

Right. I mean, the kids are incredibly important, but it was also important for me to be able to realize being a full-time physician and do the thing that I had trained for so many years to do-

**Dr. Lacey Durham:**

Yeah, exactly.

**Dr. Emily Volk:**

... and not feel bad about it.

**Dr. Lacey Durham:**

Yeah. That's the biggest part. Honestly, it's the not feeling bad about it because we are raised in an environment where we feel like we need to have this great job, but also be able to be a full-time mom and a full-time house cleaner, housewife, whatever, and to just take a step back and be like, "I'm going to have help and ask for help and hire help and not feel guilty for it." Oh, I still feel guilty just thinking about it.

**Dr. Emily Volk:**

Well, and there are people out there who are happy to do this work. I mean, I have great respect for them. And doing the work of running a household is important work. And again, I have great respect for it, and I was willing to pay to get support to get those things done. The other thing is the full-time mom thing. I mean, once you're a parent, you're a parent. I couldn't be worried about who was going to pick up the kiddo from school on a half day while I was also trying to flourish in my career, I needed to be able to offload some of that burden.

Nowadays, they talk about this mental load, and they've just started talking about that in the last couple of years that I've seen, and maybe it's been out there longer than I realized. But I think it's so great that we're having those discussions now where two working parent families are realizing that if you're not real careful, one person can carry more of the mental load than the other and just to really just be cognizant of that is I think a really important one. The other thing I would tell younger doctors coming up, it matters how you carry yourself. And what do I mean by that? There are a lot of non-verbal and a lot of non-verbal communications that people in business learn how to manage. People who go to MBA programs and so forth, they actually have classes on dealing with non-verbals and getting along with folks in the workplace. Physicians don't get a lot of training in that.

**Dr. Lacey Durham:**

Interesting. Are you talking about sitting with your arms crossed and being not-

**Dr. Emily Volk:**

Yes. I'm talking about sitting with your arms crossed, I'm talking about tone of voice, I'm talking about eye rolling. I'm talking about...

**Dr. Lacey Durham:**

Well, it’s not non-verbal, I was going to say the passive-aggressive emails that are...

**Dr. Emily Volk:**

Oh my gosh, we could talk about emails too. We’ll go back to that. But just being cognizant that these things are actually really powerful and can communicate positively or negatively and work against you or work for you. And it took me a long time to really begin to understand how I was getting in my own way with some of those non-verbals.

**Dr. Lacey Durham:**

Interesting. So you recognized qualities or traits that you were doing that may have led to certain outcomes?

**Dr. Emily Volk:**

Absolutely, and it was happily if people pointed it out to me.

**Dr. Lacey Durham:**

That's great that you had that kind of feedback.

**Dr. Emily Volk:**

But it was hard to hear.

**Dr. Lacey Durham:**

Oh, yeah.

**Dr. Emily Volk:**

It was absolutely hard to hear. So I think paying attention to those kinds of soft skills actually makes a big difference. Most pathologists don't get into trouble at work because they can't make a diagnosis. They get into trouble in the workplace because of communication skills, because of the way they're carrying themselves, because maybe they don't have enough control over their emotions or their reactions. So really working on that, understanding that that is worth investing in is really important. And so the only thing that I've found effective in improving my, what some folks call executive presence, is really doing mindfulness meditation. And I'm not moving into an ashram anytime soon, that's for sure, but just even five minutes a day for me has made a big difference in just giving me a little bit of space behind the waterfall when something happens that I find stressful, it gives me just enough of a pause that I am less likely to pop off and say or do something that I'm going to end up regretting.

**Dr. Lacey Durham:**

I totally feel that.

**Dr. Emily Volk:**

That makes sense? The other thing that I have, and I'm still frankly working on is I love a gotcha moment.

**Dr. Lacey Durham:**

What do you mean? What's a gotcha moment?

**Dr. Emily Volk:**

Well, I'm a little bit of...

**Dr. Lacey Durham:**

Gotcha.

**Dr. Emily Volk:**

Well, I mean, occasionally it is fun to be right.

**Dr. Lacey Durham:**

Yes. I was wondering if that's what you were going to say. Yes, I agree that it's fun to be right when you are right.

**Dr. Emily Volk:**

It's fun to be right when you're right.

**Dr. Lacey Durham:**

Yes.

**Dr. Emily Volk:**

And the problem is, in some situations, one is right at the expense of somebody else in the room. And what I am now appreciating is how absolutely expensive that can be. And what I mean by that is it can really take a toll on personal relationships and your ability to work with somebody over the long term. And so, what I'm now understanding is the relationships that I have with people I work with are really worth preserving, they're really precious. And I don't think I fully appreciated how antagonizing folks in a meeting or maybe potentially embarrassing somebody because I was really keen on being correct. I wanted to be right.

**Dr. Lacey Durham:**

Exactly, and you were right. You probably were right.

**Dr. Emily Volk:**

Sometimes, sometimes not. But if I was embarrassing somebody making my point and it felt good in that moment, it's not worth it. It is just not worth it. And so, I really think that's important to understand that. And if somebody could have taught me that 20 years ago, that would've been really cool. But it's taken me a little while to learn that.

**Dr. Lacey Durham:**

That is such good advice for myself and for our listeners out there. And that's relatable for me at the multi-head when all of my colleagues and I are sitting at the multi-head and one person is right, they are right. And they're not necessarily bashing, but being like, "Guys, come on. It's not this. Y’all, come up. Look at it." I know I do that, I'm guilty as that, just as often as anyone else is. And it makes me think about how it must feel to be the person on the other side of me pointing at them being like, "Are you crazy? Why would you think that?" That's never as extreme as I am, but that feels like it would really hurt on the other side, and it reminds me of me being a first year and frequently being wrong.

And it's one of those things that like, yeah, I was wrong and someone was right, and they did point it out, but they pointed it out in a gentle way and in a way that made me feel okay to be wrong again. And the dynamics of correcting people, there's a time and a place, and at the multi-head, maybe that is the time and place because you're learning, but in the middle of a very large room talking about whatever lab initiative you're doing, maybe that's not the place to call out someone, even though you may be right.

**Dr. Emily Volk:**

Absolutely. I'm really glad you brought up the multi-headed scope environment at a consensus conference. Consensus conference is a huge opportunity to really build a culture, either a culture that is nurturing and a culture that promotes learning and-

**Dr. Lacey Durham:**

Curiosity.

**Dr. Emily Volk:**

... curiosity and exploration.

**Dr. Lacey Durham:**

Yes.

**Dr. Emily Volk:**

Or a culture that sort of shuts people down.

**Dr. Lacey Durham:**

Yes. Kind of be toxic and belittling.

**Dr. Emily Volk:**

And it's tough to strike that, to get that balance between, you want to get the right answer for the patient clearly, but you also want to have a team of pathologists who can function highly and who can count on each other in a way that is collaborative and constructive, and that will let you succeed another day-

**Dr. Lacey Durham:**

Yes, absolutely.

**Dr. Emily Volk:**

... to help more patients.

**Dr. Lacey Durham:**

Yes. Going to QA every day, it's been on Zoom since I've been a resident during the pandemic, but I strongly believe that going to QA every day and just like going to QA and listening to the conversations has been so pivotal in my understanding in how to interact with other individuals. Because it's not always something crazy at QA, it's not always an educational component, but it may be someone really thinking it's one thing, and then an older attending or the more senior attending saying, "No, I think it's something else." And to hear how they discuss both, whether it's a positive outcome or maybe leaning a more negative outcome, it's been very, very important to me to see that. I think QA, if our listeners don't regularly attend, it's so important to attend and just see how the experts do it. You can really learn a lot.

**Dr. Emily Volk:**

Well, you can, and you can also learn a lot about how to interact with a colleague that you might disagree with.

**Dr. Lacey Durham:**

Yes.

**Dr. Emily Volk:**

Because I really still have not met anybody who came to work to do a lousy job, and I haven't met a lot of stupid pathologists.

**Dr. Lacey Durham:**

Yeah.

**Dr. Emily Volk:**

I really haven't. I really haven't met a lot of dumb physicians and I haven't met really anybody in healthcare who didn't want to do a good job that day. So the way we react to each other's mistakes and the way we treat ourselves when we make a mistake is really important to be as compassionate as possible and to really assume the best. I mean, another book, I love to recommend books, my husband says it's my language of love is to recommend a book.

**Dr. Lacey Durham:**

Oh, yes.

**Dr. Emily Volk:**

Another book that I strongly recommend people read is a book called Leadership and Self-Deception.

**Dr. Lacey Durham:**

Leadership and Self-Deception.

**Dr. Emily Volk:**

Yeah. And it's written by the Arbinger Institute, it doesn't actually have a single author.

**Dr. Lacey Durham:**

Okay.

**Dr. Emily Volk:**

And one of the things it does address in the book is the stories that we will tell ourselves about different situations.

**Dr. Lacey Durham:**

Oh, yes.

**Dr. Emily Volk:**

Right?

**Dr. Lacey Durham:**

Go on.

**Dr. Emily Volk:**

Well, let me make it more generic than that. You're in traffic and somebody cut you off, and that can be super frustrating. My story often is, well, they're just inconsiderate, they don't care, they're totally selfish.

**Dr. Lacey Durham:**

A common sentiment. Yes.

**Dr. Emily Volk:**

Right. But what could be going on is their kid is sick and they're trying to get to the emergency room as quickly as possible because their kid is sick.

**Dr. Lacey Durham:**

Yes. Absolutely.

**Dr. Emily Volk:**

You just don't know.

**Dr. Lacey Durham:**

You don't know. You don't know and how could you know, and so the reaction that you have, it is so important.

**Dr. Emily Volk:**

Right. And we're all going to make mistakes. In anatomic pathology, in particular, like radiology, there's a permanent record of what you looked at. So somebody can always go back and second guess your work, which is really a lot on our egos.

**Dr. Lacey Durham:**

Yes, it hurts. I bet.

**Dr. Emily Volk:**

That's right. It's really hard. So you will be wrong at some point in your career, but how you handle that is really it defines you as a physician, and if you can be honest about it, put the patient at the center. And when you find a colleague who's made an error, not make an assumption that they were rushing, that they didn't care, that they weren't trying hard enough, because again, while you're doing a frozen section, you might have a lot of incoming, for instance, it tends to be a highly complex environment with a lot of distractions.

**Dr. Lacey Durham:**

The phones are ringing. Yes, people are interrupting you. The cover slip isn’t cover slipped all the way. Yes.

**Dr. Emily Volk:**

Whatever. I mean, there's a million things that can provide variability there. But I think to try to find as much grace for our colleagues and as much grace for ourselves in those situations is really important, and not to make up a story that goes with it until... let your colleague tell you their story. I mean, again, I'm still working on that, but I think if we can remain curious about how things really might have gone wrong and not seek to place blame accurately, but really seek to understand.

**Dr. Lacey Durham:**

That's so true. Be gentle with yourself and with your colleagues, we're all just doing the best that we can possibly do each day.

**Dr. Emily Volk:**

Right. And then look for fixes that aren't people-centered, but really process-centered. I mean, I often wonder why in the world we don't have our sign-out rooms more like a cockpit. Surgeons do not take phone calls while they're operating-

**Dr. Lacey Durham:**

That's true. Yeah.

**Dr. Emily Volk:**

... typically. They're not fielding a bunch of phone calls. When I was a resident at the Cleveland Clinic, this was many years ago, we had sign-out rooms where the phone calls coming to the attending pathologist were screened by an assistant, and so it would minimize the interruptions during that important work.

**Dr. Lacey Durham:**

Yeah. Oh my gosh. Yes, attendings get called all the time during sign-out.

**Dr. Emily Volk:**

Right. So why are we allowing that to happen? We need to value our own work enough to protect ourselves while we're doing it to prevent those distractions that some of them are preventable. Some of them aren’t, but some of them are.

**Dr. Lacey Durham:**

Sure. Wow, that's such a valuable comment, honestly, and it's so true just about the field of pathology. I totally agree. Okay. So I feel like that's kind of wraps up the main questions that I had to ask you, but I did have one more that I want to sneak in, if you don't mind.

**Dr. Emily Volk:**

Okay.

**Dr. Lacey Durham:**

Okay, cool. So I know that this is so random, but before we completely finish this interview, I want to ask you a question. I absolutely love your OOTDs, your outfit of the day, what or who inspires your fashion aesthetic, Dr. Volk?

**Dr. Emily Volk:**

I will tell you, when I was a resident, there was one of our dermatopathologists, Dr. Wilma Bergfeld, she really impressed me. So she was another woman, she's a few years older than I am, but she also had that gravitas that Dr. Kass had, and I imagine still has. And I understand Dr. Bergfeld, she's still working at the Cleveland Clinic, and as I understand it, she's still got this just tremendous amount of class and gravitas. And so, she always came to work really pulled together. And she described to me one day that as I commented on one of the beautiful suits she was wearing, she said, "I do this because I respect the patients that we're working for and I respect the physicians that I'm working with, that I want to look like I'm ready for business. I want to look like I'm paying attention." So she always went for a pretty tailored look, and so I must admit she's in the back of my mind when I go shopping.

**Dr. Lacey Durham:**

So a particular person who inspired you with their gravitas. You know what, maybe when I become the president of the CAP I too will wear a, was it bright red or was it fuchsia that pant and blazer suit that you wore because that had gravitas, if I could say anything.

**Dr. Emily Volk:**

Oh my gosh. Yeah, it was fuchsia.

**Dr. Lacey Durham:**

It was fuchsia. It was beautiful. And I know that this is a conversation about being a woman in pathology, and I know that not all women are, say, femme presenting or like to dress that way, but on some days I'm more androgynous dressing than I am on other days when I'm more femme presenting. But I deeply, deeply love your fashion sense, and I'm glad to know that it is inspired by someone else because you inspire me and maybe tomorrow I will be wearing that pant suit.

**Dr. Emily Volk:**

That's wonderful.

**Becca Battisfore:**

Awesome. It sounds like gravitas is the word of the day.

**Dr. Lacey Durham:**

Yes.

**Becca Battisfore:**

So as we wrap up, I just wanted to get any final thoughts, Dr. Durham?

**Dr. Lacey Durham:**

Yeah. So Dr. Volk, I know that when we first started, before we were on the record, when we were off the record, and we were just chatting, I know I've said this so many times, but it is just such a pleasure to talk with you. I don't know if you remember this, but when I interviewed at UT San Antonio in 2019, the coordinator grabbed me to the side, she was like, "Can you come with me?" And it was at your request to shake my hand, and I went in your office and to see you walk out and you were so busy, I was like, "Oh my God, there's no way she has time for me." But for you to step out and just say hi to me has left a strong impact on my life and has made me feel so just confident and reassured that I am in the right place at the right time. And I just could not thank you enough for being here and letting me interview you today.

**Dr. Emily Volk:**

Oh, it's absolutely my pleasure.

**Becca Battisfore:**

That's lovely. Dr. Volk, do you have any final thoughts?

**Dr. Emily Volk:**

I'm just delighted to get to talk to you today, and it really is such an honor to serve our profession in this way.

**Becca Battisfore:**

Wonderful. Thank you so much for sharing your experiences and for this fantastic conversation, Dr. Volk and Dr. Durham. And I want to thank you all for listening to this CAPcast.