Change in Pathology Medical Education

The Time Is Now

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Change happens when something becomes different, altered, or transformed. There are very few circumstances in life in which change is received welcomingly, such as the birth of a baby. Change frequently makes us uncomfortable. Change is difficult. No one really wants to change. The status quo works. Despite our aversion to change, change happens with or without our consent. Standard operating procedures change in our laboratories. A new laboratory information system is adopted. Accreditation standards are amended, and we must comply.

Like a steam locomotive roaring down the tracks, the events of 2020 brought into clear focus the concept of change. Both our personal and professional lives were suddenly filled with unavoidable change. We were on lockdown in our homes adapting to virtual learning while we hastily implemented telepathology using online meeting platforms for virtual sign-out, consensus conference, and tumor boards. We dedicated laboratories to detection of the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). We acquired and validated new testing platforms. We learned far more than we ever wanted to know about the supply chain. Simultaneously, we witnessed, and possibly experienced, human suffering: illness, hunger, financial uncertainty, death, and racial injustice.

In the wake of change, we pick up the pieces, reassemble them, and make the new status quo work for us. But it is not easy; it is a process. Response to change, or the change curve, is somewhat predictable and interestingly parallels the five stages of grief described by Kübler-Ross in On Death and Dying. Although the stages are sequentially numbered, an individual’s experience may be nonlinear or even become stuck in one phase for an extended period of time, both of which are normal. Change, at first, is often met with shock, denial, and frustration and provides us an opportunity to process the news of change. Think about how you reacted when you were told that major workflow changes or a new laboratory information system was imminent. Although denial is frequently short-lived, it is possible to get stuck, refusing to accept the impending change. Anger is the second phase. Anger could be directed at oneself, the change, or the change agents. Bargaining, the third phase, allows us to avoid the change, for example by potentially negotiating a lesser change. The fourth stage is depression, in which we may be overcome by negative emotions such as sadness, fear, and regret. With time we realize that change is inevitable and come to the fifth stage, acceptance. We then decide to learn how to work with the new situation, which results in a more positive feeling. Eventually, change is integrated, and it is difficult to recall how things were prior to the change.

As leaders, we know that change provides us with an opportunity to create a vision of how things ought to be and then work to bring that vision to reality. We can use the knowledge of the change curve to assist with the change process by providing information, support, and resources as needed as we usher in change.

Medical education is a rapidly evolving field, presenting many opportunities for change that affect all learners, including medical students, residents, fellows, and practicing pathologists. In this special section on medical education, 4 articles are presented, drawing on important themes in medical education: diversity/inclusion/equity, well-being, teaching pathology, and continuing certification. Although the stage had been set for change pre-pandemic, the pandemic magnified the need for change. These opportunities for change have become increasingly important, and we can ill afford to ignore them.

The events of 2020 raised awareness of social injustice and inequality and helped many white people to finally see and recognize the privilege they enjoy in a society based solely on their outward appearance. The concept of structural racism has reached the fore, and some have begun to look at facets of society through the lens of structural racism to understand how it impacts all of us. The house of medicine, including pathology, has not been immune to structural racism. Thankfully, some are beginning to take critical looks at systems to identify opportunities for improvement. In “Strategies to Enhance Diversity, Equity, and Inclusion in Pathology Training Programs: A Comprehensive Review of the Literature,” Ware, Flax, and White provide us with an opportunity to rethink residency recruiting. With a focus on the pathology pipeline and recruitment of those underrepresented in medicine in pathology training programs, Ware, Flax, and White present strategies for enhancing diversity.
inclusion, and equity in pathology through the residency recruiting process.

The expert lecturing at a podium style of teaching is outdated and no longer meets the needs of modern learners. In “Medical Education in Pathology: General Concepts and Strategies for Implementation,” Koch, Chang, and Dintzis present high-yield educational tactics relevant to pathology that may enhance teaching and learning in medical school, residency, and fellowship. The pandemic forced us to rapidly embrace change to use technology in medical education so that education could continue during the pandemic while allowing for physical distancing. Suddenly we became adept at using online meeting platforms not just for meetings, but also for livestreaming surgical pathology sign-out and frozen sections, and, of course, for delivering educational content such as the College of American Pathologists virtual pathology lecture series and annual meetings. As we begin to consider postpandemic educational delivery, we have an opportunity to reconsider how we teach medical students, residents, fellows, our pathology colleagues, and our nonpathology colleagues. In doing so, we should identify educational successes during the pandemic that may be relevant in a postpandemic learning setting that combines the key concepts in education presented by Koch, Chang, and Dintzis with technology to provide active, engaging learning for all.

In “The American Board of Pathology’s 2020 Continuing Certification Program,” Johnson provides need-to-know information for all diplomates, especially those participating in the Continuing Certification (CC) program. Although the article provides an update on CC program requirements beginning in 2021, it simultaneously details a change narrative. As the American Board of Pathology has implemented the CC program, it has been responsive to the needs of many stakeholders and has adapted the program to ensure all stakeholders’ needs are met.

If well-being was not top of mind prepandemic, it cannot be avoided now. The daily pandemic grind superimposed with the steady news stream of human suffering is difficult. Now is the time to take stock and ensure that well-being is meaningfully considered and addressed in your practice. Well-being science at once provides us an opportunity to change and is an effective antidote to our aversion to change. Sexton, Adair, and Rehder present “The Science of Health Care Worker Burnout: Assessing and Improving Health Care Worker Well-Being.” In this article, they provide us a common language for understanding burnout, resilience, and well-being, tools for measuring and assessing burnout, and easy to use evidence-based techniques for improving well-being at all the organizational and individual levels.

As leaders in our organizations and practices, it is our collective responsibility to lead the necessary wave of change in medical education. It is true that change is difficult. Change reminds us of our spheres of control and lack thereof. We can use this knowledge to reframe change. It is up to us to identify the positives and shape change for the better. We have an opportunity to combine creative teaching techniques with technology to engage all learners: medical students, residents/fellows, pathologists, and our physician colleagues. We must incorporate well-being and diversity/inclusion/equity principles into our local contexts. The time for change is now.

References


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Sarah M. Bean, MD, is a professor of pathology at Duke University Medical Center, Durham, North Carolina. Dr Bean earned her medical degree at the University of Rochester School of Medicine and Dentistry in Rochester, New York. She completed residency in anatomic and clinical pathology and a fellowship in cytopathology at the University of Alabama at Birmingham. In 2006, she joined the faculty at Duke University. Her clinical activities encompass diagnostic breast and gynecologic surgical pathology, intraoperative consultations, and cytopathology. Dr Bean has developed expertise in medical education, including feedback, teaching, mentoring, and leadership. She currently serves as program director for the cytopathology fellowship and for the surgical pathology fellowship. Previously, she was chair of the inaugural Clinical Competency Committee for the pathology residency program. She has served on numerous departmental, institutional, and national education-related committees. Most notably, she served as chair of the Curriculum Committee of the College of American Pathologists (CAP). She was also a member of the CAP Council on Education. Currently, she is a member of the CAP Publications Committee, a pathology education section editor for Archives of Pathology & Laboratory Medicine, and a member of the editorial board for CAP Today. Dr Bean is also a faculty member for the Association of American Medical Colleges Leadership Education and Development program, a leadership program for developing medical educators. Dr Bean has been recognized for her excellence in teaching and education. She received the Bernard F. Fetter Teaching Award in Pathology in 2009 and again in 2014. She received the Association of American Medical Colleges Southern Group on Educational Affairs Medical Education Scholarship Award for Outstanding Presentation twice. She was one of 7 Duke Academy for Health Professions Education and Academic Development members recognized in the inaugural class of Fellow members. She was also recognized by the American Society of Clinical Pathology as a 40 Under Forty honoree in 2015. Most recently, she received the CAP Outstanding Educator Award in 2020.