The Coronavirus Disease 2019 (COVID-19) Pandemic’s Impact on Social Interaction in Pathology

To the Editor.—We read with considerable interest the contribution written by Brian D. Adkins, MD, and colleagues1 in the March 2021 issue of the Archives of Pathology & Laboratory Medicine, entitled “Barriers at the Scope: Use of Acrylic Shields at the Microscope During the Pandemic.” They have led us, a transnational group of closely collaborating pathologists, to some considerations on the effects of social distancing on our professional life in this time of pandemic.

Social distancing has been adopted to reduce, if not avoid, the risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission.2 As far as we pathologists are concerned, social distancing has been applied to all aspects of our professional life, from routine pathology practice to teaching, conference participation, research, and, last but not least, our interaction with patients. After more than a year we have come to realize that although digital technologies have helped us to carry on with duties and activities previously done in person, social distancing has interfered with the core of the interpersonal relationship upon which our way of working has been built, that is, social interaction.

In the past, in our routine pathology practice, social interaction with colleagues was the basic way our diagnostic capability was not only maintained, but also improved and expanded. Even though we each worked in our office, away from others, we could always share information and jointly discuss cases in the staff room or in the ward. Often it was enough to know that a colleague was nearby to readily discuss the features of the lesion, and in the other, the poor quality of the images of the lesions in the slides due to a temporary lack of availability of senior technicians with more experience in solving technical issues.

Our routine pathology practice was always supported by in-person participation in conferences as either attendees or speakers.3 This was part of our social life that included shaking hands to greet someone, hugging a friend, or sitting down in a busy congress hall to chat about our latest cases and research. In some way this was professionally rewarding, thus helping us not only to maintain, but also to improve as well as to enrich our professional capacity. In this time of pandemic, because of the requirements of social distancing, conferences and meetings have been based on remote participation with someone speaking in front of a computer and attendees watching on a monitor from a remote office, with little to no interaction among themselves. There is no doubt that we can still learn a lot professionally, but we miss what links all that we see and learn, that is, social interaction.

Our routine pathology practice often includes research and publication. Traditional experience was not only to set up a laboratory, carry out experiments, and then publish the results, but also for researchers, at all levels, to work together and share ideas on new projects. Social distancing has also affected both the research process and the publication of data. The reduced number of people in the laboratory and the fact that part of the research is done while working away from the facilities have influenced and slowed down the whole process. To this we might add the fact that several journals have popped up offering us the possibility of publishing reviews. This is a shortcut in order to obtain more publications for our CV, but not to necessarily have a CV of better quality.

When working in an academic setting, our routine pathology practice also includes teaching. For those of us who have been training undergraduates and postgraduate students for years, teaching was considered successful when we could give theoretical and practical lessons to students standing either directly in front of us or around us, not only sharing with them our knowledge but also stimulating them to interact with us and among themselves. The social interaction that emerged was key to implementing successful group work. Nowadays, social distancing requires that lectures and training be organized in a remote mode, while the students stay confined to a room away from the hospital and university facilities.3 The same remote approach has also been adopted for the final examination. Our students are trying to do their best, basically learning the topics. However, the answers provided in their final examination support the impression that they have not been able to fully explore issues related to the tested topics. They appear somewhat detached from reality for not having had the possibility of interacting among themselves, with their teachers, and with real patients. This is linked to the lack of the very basic human-to-human contact points through which we operate.

Routine pathology practice, for some of us, also includes visiting patients in our office. They like to meet their pathologist in person because they feel that he or she can fully explain the real meaning of the lesions, even showing them the images under the microscope.4 What the patients most appreciate is that the pathologist communicates with them in a colloquial manner, thereby reassuring them on the diagnosis. It is not the same when communication is done remotely, on the phone for instance, with the patient and the pathologist not seeing each other in person. This again can be considered a lack of social interaction.

We hope that this pandemic will be over soon so that we can go back to our social interaction-based life. However, this does not mean that we will return to the routines we had before.
Using Digital Resources in Pathology Training: Crossing the Hurdles

To the Editor.—The article “Transition From a Standard to a Hybrid On-Site and Remote Anatomic Pathology Training Model During the Coronavirus Disease 2019 (COVID-19) Pandemic,” published in the January 2021 issue of the Archives of Pathology & Laboratory Medicine, has done a commendable job in setting an example and providing a guideline that all institutions should ideally adopt at their pathology resident training programs during the present pandemic.

The boom in the use of telepathology has made information easily available. Trainees now have free access to a plethora of educational material on Twitter (Twitter, Inc), Facebook (Facebook, Inc), WhatsApp (Facebook, Inc), YouTube (Google LLC), etc. High-quality whole scanned digital images of a variety of common and rare cases are available on Web sites hosted by the College of American Pathologists, the International Society of Urological Pathology, and the Pulmonary Pathology Society, among others.

Unfortunately, adopting digital resources into routine pathology training is not as easy as it seems, especially in developing countries, where funds are limited. For example, real-time interactive microscopy sessions within a department require a high-speed Internet connection and consumption of large volumes of data per day. Because of these issues, in many institutions, the faculty have reverted to static images for these cases, in many institutions, the faculty have reverted to static images for teaching. As a result, trainees are deprived of a panoramic view of the slide.

Moreover, most Webinars and video lectures are one-way sermons; they aren’t always as effective in stimulating the residents’ interest when compared to the pre-COVID-19 (pre-coronavirus disease 2019) conventional method of training, when residents had the privilege of working side-by-side with experienced faculty members while attending sign-outs and reviewing cases. Because the pandemic restrictions are ongoing, the “hybrid on-site and remote learning” setup is here to stay for the time being. Technologically challenged trainers, as well as trainees, need to work to get ready to incorporate state-of-the-art technology into pathology training within their individual departments. For digital resources to be really effective, active participation by the residents as well as faculty should be ensured. For instance, there are many Facebook groups that were created for sharing interesting cases from across the world. These groups have thousands of members, however, most are passive, noncontributing members. So, for such online groups to generate a platform for robust brainstorming discussions, admission into the group should follow stricter rules. Every member should be required to make a contribution, at least once a month, in order to maintain membership. Real-time microscopy sessions and interactive video lecture sessions should be the main educational tools, along with regular polls and quizzes, Q&A (question and answer) sessions, and forums where trainees can post questions. And most importantly, periodic feedback questionnaires/surveys should be conducted, mainly for the residents, so that the standard of education and level of comfort is maintained and improved, and other technical difficulties (related to functioning of online platforms) are regularly addressed.

It is high time for pathologists across the world to shed off inertia of 2020, come out of the doldrums, and enter 2021 with renewed zeal and medical knowledge.

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Accepted for publication May 11, 2021.
Published online June 25, 2021.

The authors have no relevant financial interest in the products or companies described in this article.

doi: 10.5858/arpa.2021-0221-LE