

From the President's Desk

View from the CMO office

March 2023—If you've read my prior columns, you know I am a strong advocate for pathologists stepping into leadership roles both within and outside the clinical laboratory. Our training gives us unique advantages as we serve in executive positions in health care, where our holistic view of medicine allows us to engage substantively on a broad range of issues.

But what does that look like in the real world? I took on my first role as a hospital's chief medical officer nearly two years ago and in some cases I've been surprised by how my day-to-day responsibilities differ from what I expected. Some of those surprises have been pleasant and some have not. Through it all, though, these experiences have reinforced my belief that the training we get as pathologists makes us especially well suited to leadership roles.

My favorite thing about this job has been the opportunity to do a lot of creative problem-solving. Pathology trains us to deal with complex problems by thinking critically and objectively. We have an eye on the entirety of modern clinical medicine. Sometimes the medical staff is surprised at how well versed I am in different specialties and that I am able to offer real clinical insights into all parts of the hospital. But that wouldn't come as a surprise to any other pathologist—it's what we are trained to do.

I also spend quite a bit of time on conflict resolution. Dealing with physicians who behave badly is one of the most frustrating things I do. When conflicts go awry between physicians, between physicians and nurses, or physicians and other stakeholders, I am sometimes asked to intercede. At the root of most of these situations is a lingering tolerance in the health care profession for a certain lack of civility. It's a shame because in our line of work we need the highest level of kindness to each other and to our patients. In these situations, it is often my responsibility to help folks see the others' perspective in order to reach some kind of satisfactory and sustainable resolution. I have learned to incorporate mindfulness meditation and exercise into my personal routine to help me model equanimity during these conflicts, because inserting my own emotions has the potential to make a bad situation even worse.



Dr. Volk

These kinds of conflicts are less familiar among pathologists. In my current job, I have never had to deal with a conflict between pathologists and clinical laboratory scientists. These teams tend to work extremely well together and have a high level of respect for each other. The same collaborative nature that keeps our labs relatively conflict-free can also serve us well in helping to address conflicts that arise among other members of the hospital team.

Unfortunately, when there are issues with physician behavior, it encourages health care executives to route around the problem. They want to work with people who are collaborative and cooperative, not the stereotypical cranky surgeon or unapproachable specialist. Worst of all, these tensions can feed into the negative perception that physicians are not interested in quality. This is another significant part of my job: encouraging doctors to engage in

peer review to show that we are all committed to the highest-quality care for our patients.

In pathology, peer review comes naturally to us, so it has been a challenge for me to understand why other physicians don't always embrace it the way we do. I believe it comes down to the availability of meaningful data regarding physician performance. For those of us who practice anatomic pathology, hematopathology, clinical chemistry (serum protein electrophoresis interpretation), and transfusion medicine (antibody panel reviews), we have a permanent record of what we looked at to form our diagnosis. We are accustomed to doing second reviews, look-backs, and comparisons between different types of tests that may require us to reinterpret our original diagnosis.

Other specialties lack that concrete evidence to show a patient's pathophysiology at a particular moment in time and how that led to a specific diagnosis, treatment plan, or clinical decision. When there is a problem with the care or the outcome of a patient, there is less objective evidence to review as we look for opportunities for improvement. I think this is why classically patient-facing physicians tend to be more reluctant to participate in the peer-review process. But as I often tell my colleagues, if you don't engage to figure out what happened, somebody else will. That is why we need to embrace the opportunities that peer review offers us, even when it's challenging. That's a lesson that comes easily for pathologists, and it's one of the reasons we have so much to offer our health care colleagues beyond reliable patient test results.

Another thing I've come to appreciate in the CMO role is the complexity of operational issues, such as supply chain constraints. Too often, physicians get frustrated by the barriers they run into and leap to judgment that somebody isn't trying hard enough. I have learned the importance of avoiding contempt before investigation. There are usually very good explanations, and it's typically not because somebody is trying to get in the way of providing care. When confronted with a frustrating situation, the approach you take may determine your success in resolving it. I can tell you from experience that the leadership team is more receptive to the concerns of physicians who are pleasant to deal with and who offer the benefit of the doubt when they raise an issue. I've also learned that physicians who take the time to understand who can help them, rather than just complain to the first person they bump into, are more likely to get the tools they need to provide great care.

I am so grateful to have the opportunity to serve in a leadership role, and it would not have happened without the support and resources of the CAP throughout my career. If you are interested in learning more about how pathologists can become leaders, I encourage you to attend CAP's Pathologists Leadership Summit, which will take place as a hybrid event April 15-18.

Dr. Volk welcomes communication from CAP members. Write to her at president@cap.org.