

From the President's Desk: Inclusion woven into our fabric

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July 2013—The CAP Residents Forum, a voice for pathology residents and an effective agent of change, will celebrate its 25th anniversary at CAP '13. Forty-two residents attended the first CAP Residents Forum in October 1988. Last year, 218 delegates from 116 training programs came to the meeting, a remarkable fivefold increase.

A related statistic is even more remarkable: More than 90 percent of pathology residents in the United States and Canada are CAP junior members. (The junior member category is mostly residents—about 2,300 out of 2,900—but it also includes those in the first two years of fellowship or employment who have not yet passed their boards.)

We welcome our junior members with respect, mentorship, fellowship, education, and a dues waiver during residency that can be extended for up to two years. Since 1990, resident members have sat on nearly every CAP committee. Since 1996, the Residents Forum chair has been a voting member of our Board of Governors. These are gestures of inclusion and good faith—gifts that keep on giving. Junior members—energetic, bright, and ever eager to learn—enrich our lives and our specialty. Where we have offered opportunity, they have made the most of it.

The Residents Forum invites leaders of the American Board of Pathology and the Association of Pathology Chairs, and the APC's program directors section (PRODS), to meet with them, building relationships within the greater pathology community. Through the Residents Forum, pathology residents created a standardized pathology fellowship application, available on the CAP Web site. They have debated the value of a fellowship match, sponsored speakers pro and con, and consulted their APC/PRODS mentors for guidance. The Residents Forum chair, Roseann I. Wu, MD, MPH, was invited to give a brief report at the summer APC/PRODS annual meeting. They have certainly learned leadership skills.



Richard E. Horowitz, MD, has for years pressed for more attention to leadership skills in pathology training. He and co-editors Elizabeth A. Wagar, MD, and Gene P. Siegal, MD, PhD, have written *Laboratory Administration for Pathologists*, a self-study curriculum for laboratory management constructed with those skills in mind. It is essential to make a perfect diagnosis, Dr. Horowitz likes to say; it is also essential to know how to communicate that diagnosis and how to use the laboratory to solve clinical problems.

A new physician who has been highly successful academically may find it takes more than scientific excellence to succeed in practice. Many of today's CAP leaders attribute their career success to the "softer skills" they learned through the Residents Forum and, later, the College. This is where they forced themselves to network (and later, came to enjoy it). This is where they first reached out to mentors, took an unconventional position, and otherwise stepped outside their comfort zones. Whether through CAP committee service, participation in Laboratory Accreditation Program inspections, or long hours developing clinical guidelines, this is where they learned to work without losing their sense of fun. Which brings me to "Pathologists are Groovy."

Our estimable CAP staff invented the "Pathologists are Groovy" campaign to interest medical students in pathology. The AMA hosts an annual career fair for medical students at which every participating specialty has a table. "Pathologists are Groovy" (www.cap.org/residents) was created to draw medical students to our booth, where they might be persuaded to sign up for the CAP Medical Student Forum. "Pathologists are Groovy" caught on fast and grew to include posters, buttons, and lava lamps. I wear my button everywhere (I suppose even presidents can be groovy). And, astonishingly, strangers everywhere comment on the button. "There goes the groovy pathologist," they say.

The CAP New-in-Practice Committee (NIPC) was formed in January 2009 to foster community among new-in-

practice pathologists by sharing lessons learned and opportunities claimed. The first big NIPC project, MyMOC, is an educational planning tool for pathologists boarded since Maintenance of Certification came into effect. The NIPC has produced two webinars for pathologists entering practice and is releasing two more this summer. It has an ambitious agenda. (We invest concretely in our new fellows also. CAP membership fees are waived for 12 months after junior members pass their boards and become fellows; second- and third-year fellows pay half.)

Inclusion is woven into the College's fabric. Science moves forward today at a breakneck pace, and bright new pathologists joining our ranks embrace every bit of it. Each generation brings energy and intuition, enriching the conversation. Educational opportunities are valuable benefits of CAP membership, but the learning needs of newly minted pathologists extend beyond the science. For residents, fellows, and new-in-practice pathologists, the College most importantly fosters critical skills in communication, practice management, and political and professional advocacy.

Mark Synovec, MD, who co-chairs the AMA Molecular Pathology Coding Workgroup, is a former member of the Residents Forum executive committee. At his first Residents Forum meeting, the director of the CAP Washington office presented a talk on political advocacy. What Dr. Synovec gained from that first meeting, he says now, was *connection*; it focused and reset his professional priorities. He realized that excellent surgical pathology skills alone would not guarantee a living. For the first time, he thought about his practice as a business venture. Dr. Synovec went on to become one of the first resident members of what is now our CAP Economic Affairs Committee, and later its chair.

Dr. Synovec tells a great story about a moment during residency that captured, for him, the nature of community within the CAP. In 1990, Dr. Synovec's family joined him at a Residents Forum reception; when they arrived, he was speaking with Loyd R. Wagner, MD, who was the CAP president that year. Mark's two-year-old daughter (now a medical student) might have been bored; she decided to feed Dr. Wagner, offering a pretzel from a nearby bowl. Dr. Wagner, for his part, never skipped a beat. At the time, Mark says, it was the most natural thing in the world.□

Dr. Robboy welcomes communication from CAP members. Send your letters to him at president@cap.org.