

From the President's Desk: Let us make no small plans, 10/17



R. Bruce Williams, MD

October 2017—I understand that you're reading this several weeks after CAP17, after I've been sworn in, after we've returned home thinking about friendships renewed, controversies debated, new tools encountered up close. Although I write this before the meeting, I know how I will feel by the time you read it: grateful and glad to be a member of this organization.

Richard Friedberg has been a visionary president, both patient and persistent. Like presidents before him, Richard showed that this job can be a vehicle for positive change. He hands it to me with the motor running and a dozen destinations on the GPS. Under his leadership and through surveys, studies, retreats, and debates, the CAP Board has worked to define and capture what our members most need and want. Everything stems from that, which makes it a good place to begin.

We have been working on the CAP Member Services and Support strategy for three years now, digging into how we can best refine and invigorate it. We do a great variety of things for our members. Selecting the right mix can be challenging, but that is as it should be. Vigilant management of our resources is what enables us to provide what is of greatest value to the greatest number. All CAP fellows do not—and should not—want all of the same things, which is just one of many reasons to make a personal effort to understand one another. If we are to get where we want to go, grassroots engagement is nonnegotiable.

The corollary to understanding one another as individuals is appreciating the many nuanced interest segments within our membership. Each demographic has its own priorities; that's the life cycle. Where we work and what we do will shape our priorities. So we will be intentional about investing our energies and resources in ways that best provide the most useful benefits to the greatest number of our members. We will also bear in mind that pathology and pathologists are dynamic; we will change throughout our careers and the CAP will, too. So while it is comforting to be concrete, to stamp a plan "final" and move on, a forward-looking member services strategy will be framed to satisfy the professional needs of pathologists as moving targets. To that end, we will continue to look for creative ways to be inclusive and open about our hopes for the specialty because the strength of this team will rest on our ability to integrate and share what we can contribute.

For all of these reasons, we are putting energy and effort into the quality of our communication. We are focused on

making the CAP website more accessible and user friendly while exploring ways to grow our footprint in social media. Those are critical priorities that we'll talk about in this space and you'll talk about as you grow your own footprint in the medical space, because grassroots commitment and communication are where the rubber hits the road.

I hope that makes sense because we spent a lot of time figuring it out. The CAP is our professional family. We all have more hopes and intuitions than we talk about, but we should. We can get to know one another better at a state pathology society or subspecialty society meeting. And we will better understand our clinician colleagues if we join them on medical staff committees or see them at our state medical society meetings.

Finally, we will commit to encouraging growth in our specialty. We need to be leaders and team builders in our practices and greater communities. Whether we are 30 or 60, we can look for ways to encourage the next generation. CAP laboratory improvement programs protect our patients and secure our future. They position us to talk to one another, to encourage new members to become active and known outside the laboratory. Rather than send the new pathologist on your team to cover the reciprocal accreditation site visit commitment, do it with her. Rather than view accreditation and laboratory improvement requirements as regulatory impositions, see them as the learning opportunities they are. Laboratory improvement programs are the foundation of our ground game, and at the end of the day it's all about the ground game.

I hope you will think about all of this and use the email address at the bottom of this column to let me know what you're thinking. Before you do that, perhaps I should introduce myself.

I was born in Kansas City, Mo. My dad worked for Phillips Petroleum and my mother was an executive secretary. My wife, Susan, is a rheumatologist; we met as undergraduates at Vanderbilt, have been married 45 years, and have three children and six grandchildren.

In 1979, I was one of six founding members of Delta Pathology Group LLC, headquartered in Shreveport, La. We now have about 50 pathologists in full-time practice covering more than 100 institutions across the state. I am also an associate clinical professor of anatomic and clinical pathology at Louisiana State University School of Medicine in Shreveport. My practice is both AP and CP, and I serve as a practice manager and member of the board of directors.

Pathology has been good to me, so taking this job seemed only right. If fortune favors the prepared mind, we can get lucky together. Which reminds me: There's no time like the present to schedule a few days off for CAP18, to be held Oct. 21-24 in Chicago. You can be first with the latest this time next year, returning with stories about in situ gene editing, new biomarkers in liver disease, and the latest billing software. You'll have stories, too, about how pathologists in Tacoma or Cleveland or New Orleans are adopting the newest CAP cancer protocols or practice guidelines.

Together we will create and execute no small plans, and it's never too soon to begin.

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Dr. Williams welcomes communication from CAP members. Write to him at president@cap.org.