

## **FREQUENTLY ASKED QUESTIONS – 2019**

**Program: ANATOMICAL PATHOLOGY**

### **Specialty/Field Questions:**

1. a) What are some strengths about your specialty? What draws and keeps people in your specialty?
  - *The opportunity to understand the nature of disease in an in-depth way that isn't achieved in any other specialty. You get to practice scientific diagnostic medicine over a broad range of subjects and you have a fair degree of control over your schedule.*
- b) What are some common complaints about your specialty?
  - *There is limited direct clinical contact – you'll never have an office full of patients who regard you as their doctor, but limited patient contact does not mean you will sit alone in the basement! The work you do is at the foundation of all medicine, and patients cannot be managed without your diagnosis. In order to do this, you must interact and communicate constantly and effectively with your pathology and technical colleagues regarding cases and to troubleshoot problems. You will also be in frequent contact with clinicians by phone, email, or in person to provide advice, discuss cases and diagnoses, or for frozen sections. Tumor boards are an essential component of pathology practice, in which your effective interaction and communication with clinicians, radiologists and other pathologists is integral to providing optimum patient care.*
2. Why did you choose your specialty?
  - *Opportunity to have an academic career that readily incorporates teaching, research, and clinical pathology with an excellent work-life balance. Prefer an intellectual specialty with non-stop interesting diagnostic puzzles over a procedural specialty. You always learn something new everyday and are at the forefront of medical discovery.*
3. What types of clinical cases do you commonly see?
  - *Anatomical pathology, by definition, encompasses the entire medical spectrum. Think of any disease process, from pediatrics to geriatrics, neurosurgery to dermatology, pathologists diagnose diseases in all organs. Many pathologists choose to subspecialize in one organ system (breast, GI, lymphoma, etc.) and may focus their practice mostly or even exclusively in that system.*
4. Briefly describe a typical day.
  - *Depends upon the setting. Most pathologists are involved in clinicopathologic rounds, laboratory supervision, and direct diagnostic work in biopsies, surgical pathology, hematology, etc. Academic pathologists teach students and residents, and may have dedicated time for research in addition to their clinical sign out duties; community-based pathologists usually sign out cases for the majority of their time, but often have major administrative roles in their institutions/medical staff organizations. Some community hospitals also train residents, and the pathologists will be involved in teaching. There is very little to no evening/weekend call in most settings. Call is always taken from home and*

*usually problems can be solved over the phone or by a brief hospital visit, typically for a frozen section.*

5. a) What are the varieties of lifestyles within your field?
  - *The lifestyle in pathology is hard to beat. It is possible to do pathology and do it well and still have a life outside medicine. Most pathologists work regular office hours and do not haunt the hospital halls at night! Working hours are often flexible in many settings, as non-urgent cases do not complain about having to wait a few hours, unlike a waiting room full of patients!*
- b) Specifically, how able is your specialty to accommodate family life?
  - *Very easily. Working hours are very regular for pathologists and call duties are minimal. In pathology, one can achieve a very satisfactory work-life balance that is ideal for raising a family.*
6. Range of incomes?
  - *In Alberta, pathologists receive a fixed income according to a standard contracted grid determined by experience. Starting incomes are very competitive compared to other non-surgical specialties. Pathologists generally have no or minimal overhead and do not deal with hassles of billing.*
7. How do you see your discipline changing over the next decade?
  - *While histo/cytomorphology will remain the mainstay of diagnosis, there is also increasing usage of molecular techniques for diagnosis, prognostic determination and treatment responses. These are exciting changes, particularly as new tests are developed and brought into daily practice. Molecular pathology is an extremely popular fellowship as a result. Digital pathology and computer-aided diagnosis will come into play, helping the pathologist with tedious tasks, but NOT replacing the pathologist (certainly unlikely in the next 50 years)!*

### **Residency Program Questions:**

8. a) What are you specifically looking for in an impressive candidate?
  - *Someone who is hard-working, self-motivated, and passionate about understanding the nature of disease. Someone who is a team-player, and has excellent communication skills. It is also important to have strong clinical knowledge which serves as a basis for everything we do in pathology.*
- b) What can a potential candidate do now, in order to be an appealing applicant to your program?
  - *Acquire a sound foundation of medical knowledge, develop excellent communication skills both with patients and other medical colleagues, and explore other specialty areas to ensure that pathology is the right choice for you. Doing a pathology elective at any institution in North America is a must and research is strongly encouraged.*

9. How is your residency program organized? (i.e. year by year breakdown and schedule of rotations)
- *Please note that the exact program structure is under revision as CBD is introduced by Royal College for residents starting in 2019, but the general 5-year structure is anticipated to remain in place.*
  - *First year is a rotating clinical year.*
  - *Second year is mostly spent on general surgical pathology and autopsy rotations at all the hospital sites, focusing on learning the basics of anatomical pathology including autopsy, grossing and microscopy.*
  - *Third – fifth years have progressively increased responsibility, with further enhanced focus on surgical pathology in the hospitals across the city, including numerous subspecialty rotations such as cytopathology, forensics, pediatrics, neuropathology, breast, genitorurinary, gynecologic pathology, lymphoma, and molecular pathology.*
10. What is your residency program's orientation and focus?
- *To produce top-quality diagnostic pathologists who are passionate about what they do. This is done by ensuring exposure to a large volume of cases, exposure to teaching and research opportunities and a full range of practice patterns in a collegial and collaborative environment. We support the development of both academic pathologists and hospital/community based pathologists in this program.*
11. What is the availability of experiences in subspecialty areas during training?
- *There is built in time to experience all the subspecialties of pathology from pediatrics to molecular pathology. In addition, there is ample elective time that can be used to pursue subspecialty training.*
12. Are there sufficient elective opportunities during training to explore your special interests?
- *Yes – several months are available to use in order to steer your career in the direction you want. Electives at other institutions outside Edmonton are encouraged.*
13. What is the on-call schedule during each year of residency?
- *Clinical rotations: determined by the clinical service.*
  - *Pathology rotations: residents cover UAH surgical pathology after-hours call for one week at a time, approximately every ten weeks. It is home call, and most issues can be dealt with by phone. On rare occasions, you may have to go to the hospital, typically for a frozen section. Residents rotating at UAH also cover daytime call to triage “rush” specimen requests or inquiries from clinicians, which typically comprises of one or two phone calls a day.*
14. What distinguishes the U of A program from other programs?
- *The greatest strengths of the program include huge volume of cases and excellent teaching with ever-expanding opportunities for research and teaching. The U of A department is strong in all laboratory disciplines and able to mount strong specific programs in anatomical pathology. Our various hospital sites allow you to experience pathology practice in a variety of settings and learn from different preceptors and hospital “cultures” without even leaving the city. Success rates on the first attempt at the FRCPC examinations are very high.*
15. a) Who can we contact for more information or to set up electives?
- *Our program administrator, Ms. Kathryn Tomlinson. She can be reached by email at [kathryn.tomlinson@ualberta.ca](mailto:kathryn.tomlinson@ualberta.ca).*

- b) Specifically, is there a list of residents whom we can call or email?
- *Yes – please contact Ms. Tomlinson for contact information.*
16. How competitive is it to get in, and then to succeed in your field?
- *Almost all students who want pathology as their first choice will be matched in the first round; most will also get their first choice location. You should have no difficulty in securing a residency position and succeeding in the FRCPC examinations.*
17. a) Is there active and/or required research in your residency program?
- *A research project is required, and must be presented at an intradepartmental or external scientific meeting.*
- b) What role does research play in your career?
- *Research is present in varying degrees among pathologists. Our research strengths include a world-renowned renal and transplantation pathology research program. Some are 75% research, 25% clinical practice, while others do no research at all. It is pathologist dependent.*
18. What local, national or international conferences would be of benefit to candidates interested in your residency program?
- *The annual pathology Banff course, the Canadian Association of Pathologists (CAP) annual meeting and the United States and Canada Association of Pathologists' (USCAP) annual meeting are all regularly attended by residents and pathologists.*