

Point of View

Histopathologists as life long learners

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We, practicing histopathologists embark on independent practice with its associated heavy workload following conclusion of our formal professional training and board certification. Over a period of time, it's natural for us to become comfortable in our diagnostic role and be complacent. Do we voluntarily participate in professional development activities (CPD) to update our knowledge as we move along in our professional carrier? Yes, I think majority of us do participate in CPD activities organized in the local setting. Do we participate in similar activities conducted across borders? Do we take the initiative to explore web based CPD activities to improve our diagnostic skills?

We as practicing histopathologists should maintain our competence level at diagnostics by active participation in CPD activities to keep abreast with the rapidly changing domain

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knowledge. Additionally, do we critically reflect on our diagnostic practice as a self-development activity? Do we know what is meant by critical reflection? Critical reflection includes the ability to rethink, reconsider and reconstruct actions and experiences periodically in a thoughtful and a systemic manner. It is important to critically reflect on four domain areas that are important in our pathology practice to facilitate lifelong learning. These four domain areas are,

1. Correct diagnosis
2. Quality pathology report
3. Acceptable turnaround time
4. Good communication

Correct diagnosis:

A confident morphological diagnosis for all the specimens encountered may not be straight forward even for well experienced pathologists. When faced with diagnostic dilemmas we resort to special tests, refer to standard pathology text books and do literature searches on relevant topic. We may also get the case peer reviewed and seek local/overseas expert or second



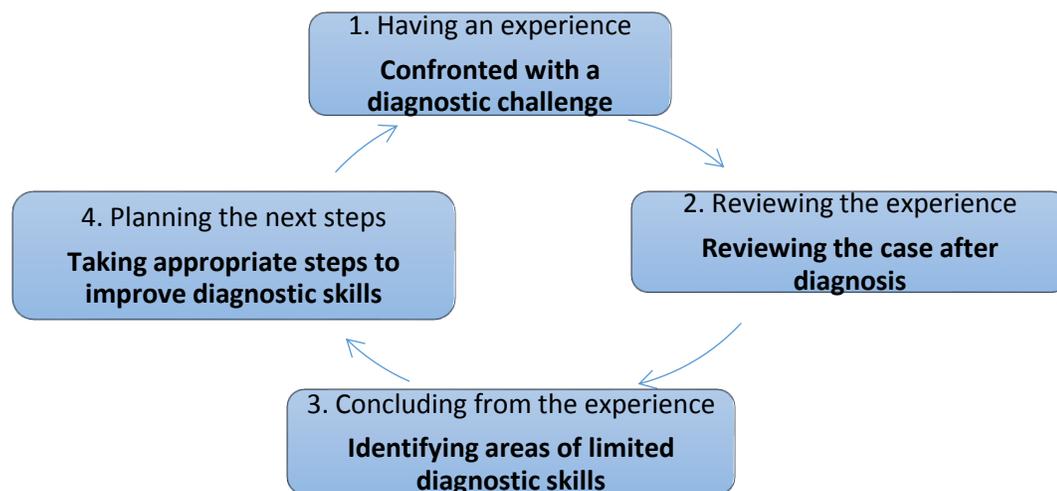
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opinion. Once the diagnosis is established, we have this golden opportunity to critically reflect on the particular case before we move away. As part of critical reflection, we need to ask ourselves whether we considered the diagnosis as a possibility on morphology alone with special tests. Are there any morphological features/ findings on special tests that we should have considered, but did not? Would we be more enlightened in the future if we encounter the same/similar case again? The particular case could be discussed with peers at a multi-head microscope with critical appraisal of all salient histological features and the results of other special tests. Interesting rare cases could be presented at black box case discussions or at scientific sessions and should be published in a suitable journal empowering a wider group of peers. This approach would undoubtedly sharpen our diagnostic skills as histopathologists and broaden our horizons as lifelong learners. Periodically we also need to reflect on our diagnostic experiences and identify specific areas where our diagnostic skills are limited. This could be done by reflecting on cases where we had to seek peer review/expert or second opinion prior to diagnosis. Having identified

areas with limited diagnostic ability, we should make it a point to read more around the topic and participate in relevant web based tutorials and attend relevant pathology update seminars and conferences. This whole process was described by Kolb in 1984 as the learning cycle in lifelong learning (1).

Quality pathology report:

A histopathologist's ultimate responsibility is to issue a good quality histopathology report directing the clinician towards appropriate management and prognostication of the patient. Bearing this in mind, we always strive to issue quality histopathology reports based on the current reporting guidelines. However, at times the clinicians seek further information or clarifications. This is a good opportunity for us to reflect on our histopathology reports by critically appraising it against more information requested, as well as national guide lines and other globally accepted minimum data sets. Working in National panels formulating histopathology reporting guide lines for malignancies with pathology and non-pathology clinicians based on our special areas of interest would also help us to broaden our knowledge on



the clinical expectations. With the changing trends in patient management based on best medical evidence, the required information in histopathology reports will not remain static but will change over time. This change will be a continuous process as long as we practice as histopathologists, thus requiring a commitment to lifelong learning.

Additionally, in today's molecular diagnostic era, diagnostic entities and classification criteria for certain tumours are based more and more on therapy related molecular diagnostic test results. If the histopathologists are to survive this challenging era, it's imperative for us to update ourselves on the relevant molecular aspects and also to develop relevant molecular diagnostic tests with in our laboratory setting or link up with a molecular diagnostic laboratory to strengthen our histopathology diagnosis and reports.

Acceptable turnaround time:

Adhering to the laboratory stipulated turnaround time when issuing histopathology reports is a reflection of the competency of the histopathology laboratory as well as the individual histopathologist. Therefore, turnaround time is an important domain for reflective practice for histopathologists. For this we need to critically appraise the turnaround time of our reports periodically by designing and conducting audits. Based on the results it would be necessary to examine the reasons for any delays in issuing reports and take appropriate remedial actions. It may be advisable to issue a preliminary histopathology report indicating the reasons for the delay (due to special tests, requests for peer review/expert or second opinion etc.) for cases exceeding the stipulated turnaround time. Reflecting on the reasons for report delay and taking remedial action to

minimize these delays would help to adhere to the required turnaround time. This would in turn enhance the acceptancy level of both the histopathologist and the laboratory.

Good communication:

At times, adequate clinical details regarding the patient are not made available to the pathologist. The approach of communicating with the non-pathology clinicians directly regarding clinical details of the patient though cumbersome is necessary in these situations. The non-pathology clinician requires to be explained regarding the diagnostic limitations the histopathologists face in these situations. Organising multidisciplinary meetings with the non-pathology clinicians is an important step towards bridging the communication gap. In addition to urgent test results, any unexpected or unusual diagnostic result should be urgently conveyed to the non-pathology clinician for the benefit of the patient. Maintaining a good rapport with the patients with an open communication line also has its merits even though it is cumbersome at times. Reflecting on any communication gaps that arise during our practice with implementation of remedial measures is bound to impact positively on our long term professional practice.

In conclusion, reflecting critically on our professional practice periodically around these four main domain areas and taking adequate measures to strengthen any weaknesses identified would help us to maintain our proficiency level and to progress in our carrier as practicing histopathologists. It would also help us to gain more acceptability among the medical fraternity. Critical appraisal of our practice would also help to establish and maintain best laboratory practices. This would in turn help the individual laboratory setting to gain a reputation

as a centre of excellence for histopathology diagnostic services.

“Our whole life is an education – we are ‘ever learning’, every moment of time, everywhere, under all circumstances, something is being added to the stock of our previous attainments. Mind is always at work when once its operations commence. All men are learners, whatever their occupation, in the palace, in the cottage, in the park, and in the field. These are the laws stamped upon humanity,” – Edward Paxton Hood, *Self-education: Twelve chapters for young thinkers*, 1852

Reference: 1. Kolb D. *Experiential Learning: Experience As The Source Of Learning And Development*. Englewood Cliffs NJ: Prentice Hall; 1984