

RT110 The Pathologist Practicing Public Health

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Our major objective will be to exchange ideas about this new aspect of our specialty, and to respond to questions and comments from the participants. The outline below highlights some of the topics we will discuss.

1. What do we do in Public Health?
 - a. Direct PH laboratories – localities, states
 - b. Serve as part-time Health Officers (rural counties)
 - c. A major role, served by many pathologists: Infection Control
 - d. Communicable Disease Control
 - e. Bioterrorism preparedness (early event detection)
 - f. Informatics
 - g. Quality Improvement
 - h. Disease registries (esp. cancer)
 - i. Other....
2. What is our background?
 - a. Board certified – most often AP/CP
 - b. Before entering Public Health, from zero to 30 years practicing pathology
 - c. Is an MPH necessary? Seems not....
 - d. People skills....
 - e. Other
3. How did this come about?
 - a. Pathology training, then MPH, then sought position in PH
 - b. Practicing AP/CP in the community, a need for a Health Officer
 - c. Informatics specialty, skills needed in PH
 - d. Merged state PH lab with University clinical lab
 - e. Other....
4. What are the commonalities of the specialties?
 - a. Systems thinking
 - b. Population-based practice (e.g., reference ranges, preventative orientation)
 - c. Skills in running complex organizations (CP)
 - d. Skills in customer service
 - e. Scientific/evidence based
 - f. Informatics core to both
 - g. Other....
5. Several specific profiles....
 - a. University hospital, Midwest
 - b. Large city, East
 - c. Rural county, Indiana
 - d. Large urban public health department, California (2)
 - e. Large city PH laboratory, New Jersey
 - f. Etc....
 - g.
 - h. Your examples....
6. Questions and your comments throughout....