



**Richard A. Smith, MD, PhD, FCAP**  
Chief of Pathology  
Sturdy Memorial Hospital  
Attleboro, Massachusetts  
Transformational Pathology in Action  
Via Multidisciplinary Weekly Meetings

### **Pathologist Protects and Advocates for Patients through Multidisciplinary Weekly Meetings**

Each Wednesday at noon, a team of physicians meet to review cases together at Sturdy Memorial Hospital Attleboro, Massachusetts. This 128-bed community hospital is located near Boston.

The meeting at Sturdy Memorial has become a regular event for staff where pathologists, radiologists, surgeons, oncologists, physicians, nurses, tumor registrars, and all respective department representatives discuss up to 20 patients' cases. Every biopsy, fine-needle aspiration (FNA) and excision, and cancer diagnosis is reviewed by a team of experts dedicated to patient care at this community hospital.

What began as an effort by one pathologist to streamline communications over 11 years ago has evolved into must-attend weekly meetings. It's also helped this community hospital build a reputation for solid patient care. Even though it is located so close to larger institutions with some of the best reputations in the country, Sturdy Memorial Hospital can hold its own.

It started with Richard A. Smith, MD, PhD, FCAP, a pathologist advocating for his patients' best care options.

"We discuss 12–20 patients during our weekly meeting, and there is almost always an 'eureka' moment," said Richard A. Smith, MD, PhD, FCAP, chief of pathology at Sturdy Memorial Hospital in Massachusetts. "After 11 years and despite the extra work, this conference has been in a word—transformative. The patient wins."

Eleven years ago, pathologist Richard A. Smith, MD, PhD, FCAP, started a new job as chief of pathology at a non-teaching, 128-bed community hospital in Massachusetts. It was a change from the large urban university teaching hospitals where he had worked previously; there, communication was constant among clinicians.

Now, Dr. Smith noticed that communication among surgeons, radiologists, and pathologists was limited. Paper reports and discharge summaries dictated by each group were distributed—a one-way paper flow with little opportunity to know if everyone got the reports that they needed. Dr. Smith recognized a need to streamline communications to advocate for each patient.

As chief of pathology, he started a weekly meeting with his fellow clinicians to review cases from a multidisciplinary approach. The meeting ensured that all departments had the information they needed for patients to receive the best care possible. In 1997, and continuing today, he and his fellow clinicians meet every Wednesday to discuss up to 20 patient cases together. Known as the Multidisciplinary Breast Conference, it is now a best practice across the institution.

“Everyone wins by participating in these conferences,” noted Dr. Smith. Radiation oncologists have a much better understanding of the patient’s and clinician’s thoughts.

- The oncology nurse scours for preventative or treatment protocols for the patient.
- The tumor registrar makes certain that our staging information is complete and accurate.
- Radiologists tell us that they are much better at interpreting breast imaging.
- Surgeons have more confidence in the work of the other specialties.
- Pathologists better understand their customers’ needs
- The cancer team is recruited into the patient’s care and outcome
- The patient wins from the shared knowledge.

An interesting nuance to Dr. Smith’s story is that his patients know that the conference is happening. In fact, the patients request follow-up phone calls from their doctors to get the entire team’s input about their individual case after these meetings.

Over the 11 years since their inception, the number of cases reviewed each Wednesday has also grown. Whereas, the team used to talk about 5–7 patients per week, now it is common to have 12–20 patients to discuss.

“Our patients have come to trust the work at our community hospital despite the fact that we are situated on the edge of the most prestigious medical hub in the country,” Dr. Smith said. “After 11 years, and despite the extra work, no one thinks this is a waste of time or energy. This conference has been, in a word, transformative.”

While most such conferences are limited to discussions of cancer diagnoses, Dr. Smith and his fellow clinicians have extended the discussion to every single biopsy, fine-needle aspiration, and excision for benign and malignant diseases.

“Our reasoning is that benign disease is just as important as malignant, because there is always the fear that something may be missed and that benign is not always prognostically unimportant,” Dr. Smith explained.

The success of this conference has given rise to a weekly management conference for gastroenterology and hepatology, and a monthly meeting for obstetrics and gynecology at this hospital. For these meetings, all respective department members attend.

“At our meeting, almost every week there is a ‘eureka’ moment when some unanticipated wrinkle is discovered,” Dr. Smith explained. “Perhaps a palpable lesion that isn’t seen on mammogram; the biopsy that doesn’t explain the imaging findings; or an ultrasound image that isn’t completely reassuring. Our multidisciplinary meeting permits us to work with our fellow clinicians to answer unexpected questions. It’s a win-win for all.”