



**Kyle L. Eskue, MD**  
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### **Junior Member Educates Future Fellow Clinicians—Transformation Takes Only Five Minutes**

“I know that 99 percent of today’s medical students will be my future physician colleagues in other specialties. By actively seeking minute opportunities to educate medical students at the end of my laboratory teaching sessions, I can make a difference in how pathologists are perceived by my future fellow clinicians.”

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*On the night of September 13, 2008, Hurricane Ike made landfall at 2:10 AM. Less than one hour later, Ike had pushed inland 250 miles to the north, and Galveston had sustained 19 deaths. The University of Texas Medical Branch (UTMB) had incurred \$1 billion in damages. Downtown properties remained 40 percent vacant four months later. In the space of a few hours, life had turned upside down.*

*Dr. Eskue, then a third-year pathology resident, was one of many residents dispersed to distant training sites in the wake of the storm. He counted himself lucky to have been among those taken in for several months by The Methodist Hospital in Houston, where he will return next year for a fellowship in surgical pathology. Currently a fourth-year resident back in Galveston, he is applying the object lesson of Hurricane Ike: Life is short. Make the most of it.*

At Galveston’s UTMB, pathology residents teach introductory pathophysiology to first- and second-year medical students. “During the last five minutes of extra time at the end of the lecture, I try to work something into my little spiel about pathology,” Dr. Eskue says. “Usually, I’ll break it down by writing on the chalkboard. I’ll talk about how pathology is broken into anatomic and clinical; then I’ll go through anatomic, mentioning surgical, cytopathology, and autopsy, and try to give them examples.”

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Dr. Eskue Real Story

Dr. Eskue asks students to think about what happens to polyps discovered through colonoscopy, for example. “I’ll say, okay, if you’re a gastroenterologist and sample a polyp, who do you send it to? You send it to a surgical pathologist. If you’re an OB/GYN and do a Pap test, it goes to a cytopathologist. It’s compartmentalizing in a way, but it gives them a concrete understanding.”

“I know that as a medical student, I had a very stereotypical view of pathology,” Dr. Eskue recalls. “I didn’t understand what pathology was really about until an upper-level resident in pathology took me under her wing and explained it.”

And mentoring is the gift that keeps on giving.

The five-minute briefing on what a pathologist does includes time to answer questions from medical students and clear up misperceptions of the specialty. Popular questions include—Don’t pathologists just work on dead people? How do they help the living? It is not a recruiting tool, although Dr. Eskue adds, “That’s fine if it happens.” His goal is to foster closer ties with other specialists based upon a better understanding of where pathologists fit into the patient-care picture.

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For the transformational pathologist, five minutes whenever the opportunity arises is a valuable chance to initiate open, positive communication with future fellow clinicians during their medical student days.