Barbara Knollmann-Ritschel, MD, FCAP
Uniformed Services University of the Health Sciences
Bethesda Maryland

Nothing Out of Context

As I do the procedure, I also like to keep the patient's mind focused.

Barbara Knollmann-Ritschel, MD, FCAP

When Barbara Knollmann-Ritschel, MD, FCAP, demonstrates fine-needle aspiration, she makes certain assumptions: Patients have the right to know their physician, to understand the purpose of the procedure, and to have a realistic idea of what will occur. Pathologists have a need to know the history and a duty to ensure that their patients' unspoken concerns are fully addressed. Residents need to learn to think like clinicians as well as to master the technical challenge at hand.

First-year medical students at the Uniformed Services University of the Health Sciences in Bethesda, Maryland, meet Dr. Knollmann-Ritschel as an instructor for their Introduction to Clinical Medicine course and again as second year medical students as a course director for Pathology. The integrated curriculum at USU enables pathology faculty to collaborate with clinical colleagues to teach history-taking and physical examination so that students first encounter pathologists in the clinical context. "It's important for medical students to see us in the first year not only as pathologists, but as physicians," Dr. Knollmann-Ritschel says, "and to understand that we are clinicians first."

An associate professor of pathology and emerging infectious diseases, Dr. Knollmann-Ritschel is one of 13 pathologists on staff at the University, about half of whom have primary teaching responsibilities. Her medical students learn basic pathology in the context of her current cases. "I like to bring the pathology that they are learning to life," she says. "A specific clinical case can help students to remember the pathology, the disease process, the clinical presentation, and what we see under the microscope."

In teaching residents breast fine-needle aspiration, Dr. Knollmann-Ritschel underscores the need to be sensitive to the patient's mental state. "Most of the time the patients are very afraid," she says. "They may or may not have had a mammogram, but they have a palpable mass or lesion that either they or their primary care physician have identified. They have seen the surgeon in our breast care clinic, who may have told them that a pathologist would come up to do an FNA, but when we come into their room, we may have one or two residents, a medical student or two, our cytotechnologist with the cart, and the microscope and the stains with us. When you walk into the patient's room with three to five people, it can be very frightening for patients."

Dr. Knollmann-Ritschel introduces the team, explains why they are there, and examines the lesion. After that, she says, “We cover up the patient and say, ‘Let’s talk about the procedure first. Then I need your consent before we do the procedure.’”

After discussing risks and benefits, Dr. Knollmann-Ritschel describes exactly what an FNA entails, how it will feel, and when to expect a diagnosis. “I explain the purpose of staining and that the slides are to make sure I’m getting an adequate sample,” she says. “My role is to lay the foundation so that the patient knows who I am, where I work, that as a pathologist I specialize in looking at these cells or this tissue, and that I will relate the diagnosis back to the physician who is taking care of her now.”

“As I do the procedure, I also like to keep the patient’s mind focused,” Dr. Knollmann-Ritschel says, “so going back to our roots as physicians and our basic interviewing skills, I will ask how she found the lump, how long it has been there, whether it hurts or not, and whether any other family members have had breast cancer. That allows the patient to give me a better idea of what this means in the context of her life right now.”

Dr. Knollmann-Ritschel’s residents are expected to keep the patient’s point of view front-and-center throughout the encounter. “When we go to the bedside, we always need to think about the context for the patient,” she says. “We need to model that we are physicians, that we take care of patients, and that basic aspects of a physician-patient relationship have to be present.”