



**Barbarajeane Magnani, PhD, MD, FCAP**  
**Tufts Medical Center**  
**Boston, MA**

**When the Whole Is Greater Than the Sum of Its Parts**

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Barbarajeane Magnani, PhD, MD, FCAP, couldn't have been the only physician to notice that most of those interviewed about the likely cause of Michael Jackson's death were not relevant experts of any stripe, but she was the one who sat down at her computer that weekend and did something about it.

The press coverage had made it clear that autopsy and toxicology were hot buttons and that most people probably know what they know about them from television dramas, which, if accurate, is most often incomplete. Dr. Magnani, who chairs the College of American Pathologists (CAP) Toxicology Resource Committee and is an active member of the American Association for Clinical Chemistry (AACC), knows that it's never a mistake to start with a [fact sheet](#). When she was contacted by the President of the AACC, Dr. Barbara Goldsmith, to help craft a toxicology fact sheet, the first draft was finished by Sunday.

As chief of clinical pathology and clinical operations and vice chair of the department of pathology and laboratory medicine at Tufts Medical Center in Boston, Dr. Magnani knows that transformational pathology is partly about optimizing assets. The more she thought about it, the more the fact sheet looked like an asset ready to be launched. She knew that with the right visibility, it could help a lot of people. So Dr. Magnani reached out to colleagues at the CAP and AACC, who edited, refined, and brainstormed about the best way to get the word out.

The annual meeting of the AACC was just weeks away, and the CAP and the AACC agreed to hold a joint press conference on toxicology during the meeting. A [Web MD](#) story followed shortly; in August, Dr. Magnani was asked to write a post for the [New York Times Consults blog](#). Other news outlets have picked up the story. A lot more people now understand why toxicology screens take as long as they do, what they involve, and what they can reveal, and a lot more people understand how and why pathologists and clinical chemists partner for patients and families.

Anatomic and clinical pathology are combined at Tufts, Dr. Magnani said. There are about 13 pathologists in all, most in the surgical specialties. The entire department is adopting many practices formerly associated with the clinical laboratory alone, mostly initiatives related to quality assurance and interdepartmental collaboration. “I think the staff understands that we can’t do pathology the way we used to,” she said. “We need to change and we need to look at this as a customer-oriented business. We are undergoing a bit of a transformation in my department, looking at the way we deliver services.”

Many of the recent changes in their department were prompted by a new quality assurance program that engages the entire staff, Dr. Magnani said. Each section of the lab now creates its own quality assurance project, ideally partnering with another department. Residents own their own projects. The entire department meets on quality each quarter and groups give formal presentations on what they have learned. It was a foreign idea, but before long the synergies emerged. Technologists in surgical pathology were keeping records to help residents track frozen-section turnaround time. People were relating to one another in new ways.

“I see a personal transformation in my department,” Dr. Magnani said. “I think this department is really embracing the new pathology. I can see that in what we are picking for our quality assurance projects and the enthusiasm of the staff. I see understanding that pathologists need to live outside their box.”