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Pathologists who work with residents are in the business of teaching autofocus. Today's pathology residents have so much to learn and so many skills to master, and there are so many exciting new technologies tumbling out of the pipeline. A good part of the job is keeping everyone's eyes on the ball and all the balls in the air.

When you talk to Richard B. Mertens, MD, PhD, FCAP, about his work with residents, it's clear that while the residents do a lot of juggling, the bottom line doesn't change. For Dr. Mertens, an attending pathologist in the Department of Pathology and Laboratory Medicine at Cedars-Sinai Medical Center in Los Angeles, one of the most important aspects of pathology training that also enables future pathologists to make the best use of new technologies is learning the basics. His emphasis on accurate description thorough dissection and appropriate histologic sampling of gross specimens, for example, is not only essential for optimal patient care but also facilitates the collection of appropriate biospecimens for diagnostic evaluation and for research in personalized medicine.

Dr. Mertens is a quietly passionate guy. He has twice been selected for a Golden Apple Teaching Award. He was successfully nominated by a colleague for a CAP Spotlight Service Award honoring his commitment to patients, dedication to teaching, and expertise in gastrointestinal, breast, bone, and soft tissue pathology.

Having been in practice for close to 25 years, Dr. Mertens does get a bit wistful when he talks about the days when pathologists and surgeons were able to work together more closely. "We had a system where all intraoperative consultations were done by the pathologists in the operating room," he says. "We were called to demonstrate the gross findings to the surgeon in the OR. It was an excellent way to develop rapport between pathologist and surgeon, and since both had their eyeballs on the same specimen at the same time, there was minimal opportunity for confusion about the appropriate margin to be evaluated according to the surgeon."

Another plus: residents were present. "The patient was right on the table, and the residents could experience first hand how the pathologist is an integral member of the patient's medical team," Dr. Mertens says.

They not only witnessed the intraoperative give-and-take, they had the benefit of a crucial take-away: every specimen is part of a person and that person is your patient. Intraoperative consultations are less commonly performed within the OR at his institution today, but he thinks all the time about ways to preserve some of the benefits. A camera with two-way sound to allow real-time communication between the OR and the pathology suite could be a possibility.

“One of our challenges as teachers in pathology residency programs is to achieve a proper balance between the old and the new,” Dr. Mertens says. “We have a state-of-the-art department, and we’re always adding new tests. You name it, we’re doing it; but I’m really concerned that what might get lost as we expand our knowledge base in all these directions are very basic skills related to the gross exam of the specimens. Residents need to know how to dissect properly, to take the appropriate sections. It’s all essential for accurate diagnosis and staging. So I spend a lot of time with them in the gross room, going over the specimen to make sure they do understand those things. If they don’t understand those things, their ability to deliver optimum patient care is going to be compromised.”

There are as many ways to practice transformational pathology as there are deeply committed physicians in the specialty. Recognizing their critical role in patient care. Engaging their colleagues. Mentoring their junior attendings and residents. Welcoming the new tools. Modeling rigor in the fundamentals. Eyes on the ball, and all the balls in the air.