



Mark D. Pool, MD, FCAP

### To Get Inside Oncologists' Heads

*“Sometimes it’s like that telephone game; you issue a report, the surgeon reads it and communicates it somehow to the oncologist or another clinician who may or may not read it and may have a completely different take on it. I’m fascinated with that; it’s like watching a train wreck.”*

Mark D. Pool, MD, FCAP

Given the tsunami of new technologies in the laboratory, few treating physicians can identify all the therapeutic implications of every laboratory report. Transformational pathologists recognize that people cannot apply what they do not understand and that context is every bit as important as precision. They attend to the quality of their communication with clinical colleagues, building relationships so that conversations about test follow-up—whether at tumor board or over coffee—flow naturally.

A born teacher, Mark D. Pool, MD, FCAP, understands this instinctively. About 10 years into practice, though, he’d begun to feel less connected to other specialists and to his patients. Although he was working with a group of “terrific” colleagues, he says, “I realized that whenever the oncologists at tumor board started talking about their alphabet soup of chemo, I completely stopped listening.”

He made it a mission to get inside the oncologists’ heads. “I wanted to have a better appreciation of where they are coming from, what they need, and when they need it, and also try to embed myself more in the patient care decisions,” he says. “Ultimately that’s where the big reward is.”

It’s too easy to sign your report and move on without following up to make sure the surgeon or oncologist gets the message, Dr. Pool says. “Sometimes it’s like that telephone game. You issue a report, the surgeon reads it and communicates it somehow to the oncologist or another clinician who may or may not read it and may have a completely different take on it. I’m fascinated with that; it’s like watching a train wreck. I guess I thought that by trying to get into their heads and try to figure out what they really want from us I could communicate better.”

Dr. Pool is one of three pathologists and medical laboratory director in the Department of Pathology at Riverside Medical Center in Kankakee, Illinois, a 300-bed community hospital about 50 miles from Chicago. He is also an adjunct professor of pathology at Rush Medical College, where he teaches the lung pathology course.

In January 2009, Dr. Pool started *The Daily Sign-Out* (<http://pathlabmed.typepad.com>), where he blogs about surgical pathology and laboratory medicine. His style is engaging and conversational; the tag line

says that it's written for "pathologists, oncologists, surgeons, and patients." He quotes and links to other pathologist bloggers and encourages readers to twitter comments.

"I do try to keep my antennae out for things," says Dr. Pool, listing a half-dozen oncology and hematology journals that he enjoys. "I just like to read. I could read all day. Unfortunately it doesn't really pay very well."

And while reading provided information, it didn't tell him enough about how his colleagues think. So he joined the American Society of Clinical Oncology (ASCO).

"They happened to be having their annual meeting in Chicago," he says. "ASCO is a huge meeting. The first time, I was totally overwhelmed. I was walking around feeling like I had a placard around my neck that said, 'pathologist.'" He did stand out, but that proved to be fine.

Dr. Pool attended five oncology meetings in the next couple of years; in December of 2007, he was the only pathologist at a state-of-the-art meeting on ovarian cancer held by the Society of Gynecologic Oncologists (SGO). Shortly afterward, he was invited to participate in a multidisciplinary meeting that the SGO put together to explore issues around HPV and cervical cancer. When the SGO meeting planners approached him, he encouraged them to contact the College to invite pathologists who were true leaders in the field, and they did.

"It was a great experience, all because I went to that initial meeting," Dr. Pool says. "I don't think other specialties are going to go out of their way to say, 'we need a pathologist here,' but if these connections are made, they will start thinking in those terms."

And thinking in those terms, as he clearly understands, is what it's all about.