



November 2015

About me

My name is Leslie Anderson and I'm currently in PGY-3 in anatomical pathology at the University of Manitoba in Winnipeg, Manitoba. I grew up in a small town just outside Winnipeg but moved to Vancouver at the age of 16. I completed a bachelor of arts in psychology, a masters in education focusing on early childhood, and then medical school at UBC.

Why I chose anatomical pathology

I figured out very quickly in medical school that I didn't particularly enjoy clinical medicine (I found it very exhausting and frustrating), so the lack of direct patient interaction in pathology was a big plus for me. I like that pathology is very visual, and also allows both the time and psychological space to consider diagnostic problems and discuss them with colleagues. Pathology influences the care of a huge number of patients across most specialties, which makes for interesting variety and offers a career that has wide-reaching impact.

Clinical Life

What does a typical day of clinical duties involve?

Rounds, grossing, and lots of slides! Here is a breakdown of a typical day:

Anatomical Pathology – A Typical Day

8:00–9:00	Teaching Rounds. Once or twice a week we have teaching rounds at 8 am. Examples are gynecology rounds, which involve the gynecologists and OB/GYN residents as well, and grossing rounds or frozen section rounds that are primarily for pathology residents. If there are no teaching rounds, residents come in around 8:30 am.
9:00–10:30	Slides or grossing. Once a week we gross specimens; that's where we examine the large specimen, describe it, and then choose pieces to make into slides for microscopic examination. The rest of the time, we have slides to look at. Residents who are on autopsy will do an autopsy in the morning.
10:30–10:45	Coffee break. Frequent breaks are necessary in pathology, otherwise we go a bit cross-eyed and start missing things under the microscope!
10:45–12:00	More looking at slides (or grossing). Some attendings may want to sign out with a resident (i.e., look over the cases together and fill in the final report) earlier in the day, others will wait until later in the day.
12:00–1:00	Lunch. Yes, we actually get to have a lunch break in pathology! Sometimes we'll eat at our desks if we have lots of work to get done, but most residents take the full hour and go elsewhere to get a break. A few times per month, there are lunchtime rounds with other specialties, such as mammography rounds with radiology, or soft tissue tumour rounds with oncology.
1:00–2:00	Grand Rounds. Every Wednesday we have pathology-related teaching presentations.
2:00–3:15	More looking at slides, grossing, or signing out with the attending. Residents who are on frozen sections might get called by the OR to do an intra-operative consultation throughout the day. Those on autopsy will dictate their report in the afternoon and maybe observe a second case.
3:15–3:30	Second coffee break. Gotta rest those eyes!
3:30–5:00	More looking at slides, grossing, or signing out with the attending. Most residents go home around 5 pm; some leave slightly earlier because they have child care or other considerations, others like to stay later to finish up their work.

Anatomical Pathology Resident Profile – Leslie Anderson

Anatomical Pathology – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00							
08:00		Teaching rounds (eg. gynecology)		Teaching rounds (eg. gynecology)	Academic Half Day (weekly)		
09:00		Slides or grossing	Slides or grossing	Grossing		Slides or grossing	
10:00							
11:00	If on call, head to the hospital to collect and open specimens (1-2 hours)						If on call, head to the hospital to collect and open specimens (1-2 hours)
12:00		Lunch	Lunch	Lunch	Journal Club (once per month)	Lunch	
13:00		Slides, grossing or sign-out with attending	Slides, grossing or sign-out with attending	Grand Rounds	Reading up on cases or OR consults	Slides, grossing or sign-out with attending	
14:00				OR consults			
15:00							
16:00							
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of clinical rotations are required in your program?

PGY-1 is a basic clinical year, so we do internal medicine, surgery, medical oncology, gynecologic oncology, pediatrics, medical genetics, and radiology. In my program, we also spend two months on pathology in PGY-1. From PGY-2 onward, we do pathology exclusively: a mix of surgical pathology, hematopathology, molecular genetics, neuropathology, pediatrics, cytology, and autopsy/forensics.

Which of your personality characteristics have been particularly helpful in your field?

Curiosity and a love for solving puzzles help a lot in pathology. I've always enjoyed everything from jigsaw puzzles to logic puzzles, and finding patterns and putting pieces together to form a larger picture is the foundation of pathology.

The other ability (not really a personality characteristic per se, but crucial in pathology) is **strong communication skills**. A pathologist's primary job is to communicate accurate results to the treating physician, so one needs to have a good grasp of written and verbal language. My arts degree and my experience as a child actor both sharpened my communication skills, and that comes in very handy!

What are the best aspects of your residency?

Pathology is interesting and the information we provide is crucial to clinical management. We don't see patients (which is either a pro or a con, depending on your point of view), but we still interact regularly with other pathologists as well as with clinicians from other specialties, which leads to great medical discussions. The lifestyle is one of the best in medicine. We work regular business hours with quite a bit of flexibility, and our call shifts are all at home with only a few interruptions from the pager. One ends up having a good amount of time to study (which we definitely need!), as well as the time and flexibility to engage in extracurricular or leadership activities, or to spend time with friends and family. It's a welcome relief after the craziness of medical school.

What are the most challenging aspects of your residency?

Since students don't really learn pathology during medical school, residents basically start an entirely new program from scratch. The learning curve is really steep. Arguably there is more to learn in pathology than in other specialties, which tend to be an extension of what we learned in medical school, and the volume of new information and techniques can be overwhelming. Another frustration is the stigma that sometimes surrounds pathology. We are often overlooked in medicine and not always treated like physicians who are part of the team, and that can be very disheartening. But those stereotypes are slowly changing, and more is being done to educate the public about our role in medicine.

What is one question you're often asked about your residency?

Mostly I'm asked "So, what exactly is pathology?" Most people (even some physicians!) don't know what pathologists do. It can be tiring to have to explain the job all the time. Usually I tell people that pathologists diagnose and characterize diseases by looking at tissue samples and body fluids under the microscope. Pathologists are also trained to do autopsies, although most practising pathologists don't once they have finished residency. The pathologists on TV shows like CSI are forensic pathologists, which is a small subspecialty of pathology (and not really how it looks on TV either).



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Can you describe the transition from clerkship into residency?

During the basic clinical year, the biggest change is going from always checking with a resident or attending before making a clinical decision to making many of the decisions yourself. It's a bit scary at first, but it soon becomes very liberating to write orders without having to get someone to co-sign! Initially many residents feel a bit lost when they shift from clinical work to pathology, since they really have no idea what they're looking at or how to approach cases. But that soon changes. Residents gain more and more confidence until they're able to make the common diagnoses within a few seconds of looking at the slide, leaving more time to learn how to tackle the complicated cases.

What are your future practice plans?

I really enjoy autopsy and death investigation, so I plan to do a fellowship in forensic pathology. After that, I haven't decided whether I want a practice that is exclusively forensics, which would restrict me to living in a major city but would let me work on the big homicide cases, or a mixed practice of surgical pathology and autopsies, which would allow me to work in a smaller place with a more varied practice (but I would only be able to do the more straightforward autopsies).

What are your fellow residents like and how do you interact with each other?

Pathology programs tend to be small and with only 11 of us, ours is no exception. We spend most of our rotations in the residents' rooms at one of the two major hospitals in the city, so we spend a lot of time with each other. Despite our wide range of ages, backgrounds, and personalities, we have become a close-knit group. We hang out outside of work, we share interesting cases and study tips, and we really support each other through life's big ups and downs. Several residents are married and/or have small children at home, so they arrange their days to spend as much time with family as possible. A few play on recreational sports teams. Several of us are in leadership positions at the local and national level. We're quite an involved and social bunch, contrary to the stereotype that pathologists are recluses!



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Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

In the past I haven't engaged in a lot of academic activities and preferred to keep my time my own. But this year I decided to go outside my comfort zone to become co-president of the Professional Association of Residents and Interns of Manitoba (PARIM), which is the residents' union for the province. So far the experience has been both challenging and enjoyable. It takes up a fair bit of time, but I love having a say in medical education and being a part of major events and decisions. I also joined the practice committee for RDoC to get involved at the national level. Thankfully, pathology allows me the flexibility to fit leadership activities into my schedule and my program has been very supportive.

What is your work-life balance like, and how do you achieve this?

Having freedom and flexibility to do things outside medicine is really important to me and I've been able to achieve a good work-life balance through two main methods.

Anatomical Pathology Resident Profile — Leslie Anderson

First, my husband and I chose to have him stop working when I started residency because we wanted the time and freedom to do things together. It means we don't have tons of money, but because of that decision, he's available whenever I am and is able to come with me to conferences and meetings in other cities. We end up getting lots of mini-vacations while I'm still being productive! He also is able to take care of things at home and prepare meals, which reduces the demands on my time so I can do more things I enjoy.

Second, I manage my time effectively during the work day to free up my evenings and weekends as much as possible. For instance, I go into work early (around 7:30 am) to get my cases done so that I can leave right at 5 pm and spend the evening with my husband. I take public transit so that I can reply to emails on my way to work, and I usually spend my lunch hours taking care of leadership-related tasks. To fit exercise in, I hop on the stationary bike while we're watching TV at home in the evening. This approach makes for busy days, but allows me to relax after work with less guilt!



For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/En/Pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.