Areas of Confusion in Pathologist-Clinician Communication as it relates to understanding the Vulvar Pathology Report

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Precis: Education is still needed to improve pathologist-clinician communication.

Keywords: pathologist, gynecologist, communication

Abstract:

Objectives: Pathologist-clinician communication has been an ongoing topic in the literature. Pathology reports are geared to assisting clinicians with patient therapy, but sometimes there are barriers to communication. This survey aims to explore clinicians' understanding of their pathology reports in the membership of the International Society for Vulvovaginal Disease(ISSVD).

Methods: An email survey was sent to all members of the ISSVD.

Results: Surveys were emailed to 397 members, with 91 responding(23 %). Most(76%) of the respondents were gynecologists, with 13% dermatologists and 6% advanced practice nurses. 40% of respondents did not always understand their pathology reports, 62% did not know the difference between levels and recuts, 71% were unclear as to why levels rather than recuts would be ordered, and 26% was not familiar with the term "spongiosis". Over 94% read the gross description on a pathology report. Over 90% reported speaking with their pathologist, which they considered important. They considered having a pathologist with specialty expertise important.

Conclusions: Clinician members of the ISSVD are particularly attuned to the importance of pathology consultation in the care of women with vulvovaginal conditions. There are still areas for potential improvement in educational efforts, particularly providing information on how pathology laboratory processes may impact the report, as well as in further education in dermatopathology terminology for those unfamiliar.

Introduction:

Pathologist-clinician communication has been an ongoing topic in the literature, with reports of how to improve communication for various subspecialties of pathology. Pathology reports are geared to assisting clinicians with patient therapy, but sometimes there are barriers to communication. This survey aims to explore clinicians' understanding of their pathology reports in the membership of the International Society for Vulvovaginal Disease(ISSVD). The goal was to assess how educational efforts might be aimed to achieve the goal of optimal patient care.

Materials and Methods:

This study was approved by the Rutgers-Newark Institutional Review Board. A SurveyMonkey survey was emailed to all members of the International Society for the Study of Vulvovaginal Disease. After requesting specialty, the survey asked only clinicians to answer subsequent questions.

Results:

Surveys were emailed to 397 members, with 91 responding(23 %). Most(76%) of the respondents were gynecologists, with 13% dermatologists and 6% advanced practice nurses. 39% of respondents did not always understand their pathology reports, 62% did not know the difference between levels and recuts, 71% were unclear as to why levels rather than recuts would be ordered, 40% were unfamiliar with what happens to a specimen when it reaches the pathology laboratory, 29% did not pay attention to whether or not the specimen was entirely submitted. Over 94% read the gross description on a pathology report. Over 90% reported speaking with their pathologist, which they considered important. They considered having a pathologist with specialty expertise important. When receiving a report stating “"Findings are consistent with lichen simplex chronicus", most respondents recognized that this was not a diagnosis of 100% certainty, but almost 7% thought it was. As the majority of respondents were gynecologists, a question relating to dermatopathology terminology was inserted; 27% were not familiar with the term “spongiosis” (Table 1).

Discussion:

Pathologist-clinician communication is critical in provision of optimal patient care, and the literature contains reports on this subject for both gynecologic(1,2) as well as other body site subspecialties, acknowledging that there is a distinct communication gap(3). Clinician members of the ISSVD are particularly attuned to the importance of pathology consultation in the care of women with vulvovaginal conditions. Thus, it was assumed that any areas of confusion clinicians in this group had regarding pathology reports was at least as much, if not greater, in the rest of the medical community. The results of this survey indicate that there are still areas for potential improvement in educational efforts for vulvovaginal pathology, particularly providing information on how pathology laboratory processes may impact the report, as well as in further education in dermatopathology terminology for those unfamiliar. Of note, the majority of respondents were gynecologists, not dermatologists. While these clinicians are likely to be more familiar with vulvar neoplasia than dermatologists, much of vulvar histopathologic terminology for nonneoplastic disease is dermatologic, and it is likely this is the reason many respondents were unfamiliar with the dermatopathology term “spongiosis”.

A large number of respondents didn’t know the difference between levels and recuts. Recuts are the next sequential cut in a tissue block, and are often used for duplication, as when a case goes out in consultation. Levels skip areas in the block, and are used more often to further delineate a process, such as superficial invasion, that may show up as the block is cut into. Of note, not all respondents were aware that a diagnosis phrased as “consistent with”, does not connote 100% certainty, indicating that pathology phraseology and the nature of the interpretation, which is not always black or white, may not always be clear to clinicians.

It is important to note that error can occur on both sides. In a study of pathology report defects(4), 10.4% were found in reports from the female genital tract. Surgical pathology reporting is a complex process, that has been broken down into preanalytic, analytic, and postanalytic aspects(5) . Evolving terminology continues to be a challenge(2), and the ISSVD has tasked itself with establishing terminology for vulvovaginal diseases that communicates optimally for all concerned.

Most medical practitioners, while they may have had some pathology coursework during schooling, are not familiar with the day to day workings of the pathology laboratory, and how this may impact on the reports they receive(1). The membership of the ISSVD is comprised of a wide variety of medical specialists with an interest in vulvovaginal diseases. Membership includes clinicians of various types, as well as pathologists, and the clinician membership is likely more cognizant than the community practitioner on aspects of vulvovaginal pathology. The survey results support this, but suggest there are additional educational opportunities to improve communication and optimize patient care. Particularly as disclosure of medical error takes a more prominent role in the medical profession, assuring clinician understanding of the interpretive nature of pathology(6) and the meaning of reports is likely to become a more active part of the discussion. Appropriate communication by pathologists(7) , participation by the pathologist as an active part of the medical team, including presenting at tumor boards(6), are ways of increasing this dialogue. Multidisciplinary societies such as the ISSVD afford opportunities for specialties to interact and achieve better understanding. Continuing education efforts, integrating pathology lectures into clinical symposia can be helpful, as well as separate educational offerings such as webinars.

Abbreviations and Acronyms

ISSVD-International Society for the Study of Vulvovaginal Disease

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