

Melinda Camus
Clinical Pathology Resident
University of Georgia



Teaching clinical pathology is like watching a child learn to read. The sophomore clinical pathology course is often the first time that veterinary students have been asked to apply all of the book knowledge that they have accumulated over many years, much like a young child must move from knowing the letters of the alphabet to forming actual words. Many times, the previously very successful students struggle, while those who have made average marks often rise to the top of the class, when asked to integrate what they have until now seen as purely academic. For this reason, teaching in this discipline is filled with numerous challenges and abundant rewards.

My specialty is the epitome of “one medicine”. No patient can be successfully managed without understanding the intricacies of all body systems. When I incorporate all the aspects of a complete blood count, a chemistry panel, and a cytology specimen into the context of a single patient, I get a rush when I watch a student’s face light up with excitement. It is invigorating to observe students when they finally understand the importance of learning our discipline, when the tests become more than just “bloodwork”, but the key to the diagnosis and the implementation of patient care. For this reason, case-based learning is a hallmark of my teaching style. I typically generate an entire lecture around a single patient, taking him from the onset of clinical signs, through diagnosis and treatment, utilizing only laboratory data. Students are often initially frustrated by this approach, as it requires application of knowledge and higher thinking that they may have never been asked to do before. However, once they discover how to think using this approach, they begin to feel like “real doctors” and the process of case management has begun. Previously nebulous concepts begin to have meaning and integrating the generalities allows the details to fall into place. I find that this approach works well with all types of learners, as case discussions are often student led with teacher facilitation, allowing students of all ability levels to have an active role in case management.

When I overhear more experienced students say to their less experienced cohorts “clin path is important, because you need it for every case”, I know that they are beginning to understand that no single discipline within medicine can function alone. I always tell my seniors in clinics that no matter what rotation they are on, they can and should come and follow their cases in our department. On a daily basis, students and faculty knock on my door for help with interpretation of chemistry panels or for assistance in writing daily case assessments for animals with unexplained hematologic and biochemical findings. They come to see their cytology slides in the hopes of better understanding a patient’s problems. Anatomic residents and pathologists contact me almost every day to help explain necropsy findings that don’t make sense. All of this is teaching—shedding light on the complexities of an always changing living thing.

To be a good teacher, you must excel in what you love and share that love with others. For me, the application of my discipline allows me to impart knowledge in both a large classroom setting or on a smaller, more intimate, level, through individual case management or during phone consultations with outside practitioners. Students often indicate on course evaluations that they appreciate my enthusiasm for teaching. However, it doesn’t start with the teaching. It begins with loving what I do and doing the best I can every day. The teaching is just a natural extension of the integration process that is so crucial to all in our specialty.