

A practicing community hospital pathologist in Massachusetts for the past 25 years, Dr. Megha Joshi currently serves as senior staff pathologist at Beth Israel Lahey Health in Winchester, as well as a medical director at one of the hospital's outreach laboratories. She is the founder and executive vice president of AIPNA. She is involved in several other global pathology initiatives, including serving as a visiting professor at Rural Medical School, Krishna Institute of Medical Sciences in Karad, India, where she teaches residents in a case-based, hands-on format via annual teaching assignments.

Dr. Joshi is an active member of the CAP and has served on several committees, including the Member Engagement Committee, HOD Steering Committee, and the Quality and Clinical Data Affairs Registry. She currently serves on the CAP Foundation Board of Directors.

She was interviewed and featured for May's Asian American and Pacific Islander Heritage Month in CAP, yet another feather in the cap for AIPNA.

Her wide-ranging conversation touches on the health care challenges in India and how pathology can help, as well as her experiences navigating residency in a new country and the challenges facing the current generation of international medical graduates (IMGs). Below is a brief summary:

She came to the US from India for pathology residency in 1980s. Impressed by the cutting-edge medicine she saw being practiced and knowing the situation in India first-hand, Dr. Joshi wished to bridge the gap. In 1995, a year out of residency and in her first job, she founded the Association of Indian Pathologists in North America (AIPNA).

What sparked her interest in medicine:

Growing up in India in 1960s when most women stayed home, she got inspired by her role models, a few female physicians who exuded power in the male-dominated, patriarchal society. She decided to have a professional career.

What led to the path of Pathology:

She went into pediatrics after medical school in India, but due to family circumstances and to support her family financially, she switched to Pathology residency, which allowed her to have a steady income to support her younger brother's education. A true display of responsibility at such a young age, indeed!

Looking back, she feels that it was a very wise decision as Pathology came naturally to her. She had always been a basic science kind of person and enjoyed looking at the histologic sections and blood smears. She completed her first residency at the very reputed [Tata Memorial Hospital](#) in India, which gave her a very strong foundation.

What was it like going to a second residency in the US?

She sent her resume to all the US pathology programs she could find, and bagged 17 interviews altogether and got a spot at Hartford Hospital, and, later, at Harvard. Proficiency in English helped her, but getting used to American English was a little different. She felt some cultural differences working in the laboratories, overall, she felt the pace was a little slower. People took the time to say, “Good morning, how are you doing?” instead of getting straight to the point. She got introduced to handshakes; and felt that everyone was very nice and welcoming.

She felt diagnosing much easier with better slide quality and [microscope] technology.

What motivated her to found AIPNA so early in career?

While working at her first job at a community hospital after residency, she started attending pathology conferences where she met a few other Indian pathologists. They all shared the same feeling and often felt like fish out of water.

During an Indian dinners one of the pathologists suggested her to start an association for the Indians. She took it seriously, and created a call for membership letter and sent it to anyone in the CAP directory with a name that looked Indian, requesting a \$25 membership fee. To their surprise, very quickly they started receiving checks in the mail—people wanted to join. She got AIPNA non-profit status soon after.

Through AIPNA, a lot of Indian pathologists all over the US got to know each other. AIPNA also allowed them to collectively interact with pathologists in India through conferences.

How can pathology help to bridge health care gaps in the Asia-Pacific Region? How has AIPNA helped?

Except for a few outliers, a lot of countries in Asia and the Pacific struggle with preventative care. India, for example, is still very resource poor without enough high-quality hospitals for 1.4 billion people.

For the most part, preventive care—Pap smears, mammograms, all that—is still not existent. There’s a shortage of resources, technology, and medical personnel with adequate, but additionally, a change in culture around the practice of medicine and health care is also needed.

AIPNA helps by connecting Indian and Indian American pathologists in the US with pathologists in India. We recruit experts in different pathology specialties to speak at our annual conferences in India. For instance, one year we got a top tier renal pathologist to present. After [presenting at AIPNA], she went to the Gujarat Medical Institute to train their pathology residents in renal biopsies and how to use an electron microscope.

It's easier for more Indian pathologists to attend and get education and training if we bring the conference to them. We also draw pathologists from elsewhere in Asia, and

even as far as Dubai. When they hear about the quality of the education, they make the effort to come, and it's often a shorter flight for them too.

How did she get involved in the CAP?

She was invited to participate in a CAP laboratory inspection during residency at Hartford, where she realized how much detail there was to quality assurance—things which were lacking in Indian laboratories, especially back then.

After becoming a member, she quickly learned how much the CAP does to improve the practice of pathology worldwide through its accreditation program, which helps laboratories in so many countries. Many people don't realize how international the CAP is. The rest of the world—even Europe—looks to the CAP for its cancer protocols.

But the number one reason she has remained so involved is because the CAP has always felt like my organization. It's in the CAP's DNA to welcome everyone like a family. You don't feel like wallpaper, you feel part of it, and that goes to the credibility of the CAP.

What are the current challenges that AAPI pathologists and pathologists-in-training face in the states? Has the situation changed at all since she began practicing?

The first big wave of Indian migration to the US started in the 1970s. When she came in the '80s, there were still not a lot of people applying as international medical graduates. Now, everyone wants to come to the US to do their residency. So, the competition between them is fierce. Many are board certified with publications to their names, but there are limited spots.

Also, the visa requirements have changed. She came over on an immigrant visa and got her green card one and a half years later. Now, everything is much harder, but she appreciated that the IMGs have a lot of grit and determination.

What can pathology organizations like the CAP do to support AAPI pathologists-in-training?

In her opinion, we can make it easier for IMGs to get through their residency requirements when they come here. These are people who've already done residencies in their home countries. Let them take the boards, do 1-2 years of fellowship, and then let them practice. Other specialties like radiology have loosened their requirements for IMGs, and the CAP should be progressive in pushing for [similar measures] with the American Board of Pathology. Because we need pathologists, at the end of the day and there's an acute

shortage.

She also emphasizes that we should have more articles spotlighting pathologists who have immigrated to America from around the world. We should talk to them about what brought them here, what their experience was like, if they had to learn the language, etc. There are so many of us [immigrants] in the pathology pool. She say “If our stories are captured and seen, we feel visible. They’re also interesting stories for others to read about—they’re magnetic”.