SAINT LOUIS UNIVERSITY HOSPITAL
SURGICAL PATHOLOGY ROTATION

I. GOALS AND OBJECTIVES

The surgical pathology rotation is designed to introduce residents to the practice of surgical pathology. Residents are expected during their nine months in Surgical Pathology and also during elective rotations to acquire the necessary skills to function as a diagnostic Surgical Pathologist. This will be accomplished by a broad exposure to common and uncommon conditions. Residents will develop proficiency in diagnosis and problem solving and develop the necessary technical skills to function as an anatomic pathologist. Gross examination, microscopic examination, using routine and special stains and frozen section diagnosis are emphasized. The utilization and application of appropriate special histochemical stains and immunohistologic techniques and the role of ultrastructural examination in diagnostic surgical pathology are stressed.

At the end of the Surgical Pathology rotations, the resident will be competent to practice surgical pathology as a junior staff member, working independently in the evaluation of surgical specimens, arriving at a diagnosis or differential diagnosis and seeking appropriate consultations. Residents should be competent to evaluate approximately 80% of their frozen sections independently by the completion of the surgical pathology rotations.

II. DURATION OF THE EXPERIENCE

Rotations are usually 2-3 months' duration and occur during the first, second, third, and fourth year of residency. Elective experiences are encouraged.

III. DUTIES AND RESPONSIBILITIES

The resident is expected to evaluate gross specimens, take appropriate photographs to document specimen and for teaching, and take appropriate sections for documentation and teaching. Some cases will require overnight fixation and the resident is expected to gross these cases on the day following their accession, prior to conference and the receipt of their first tray of microscopic slides. Residents are expected to come to the laboratory on Saturday or Sunday to gross Friday's overnight fix cases.

The resident is expected to examine gross specimens submitted for frozen sections, discuss the case with the surgeon in the Operating Room, identify the surgeon's specific questions regarding the intraoperative consultation, select appropriate portions of the specimen for freezing, freeze and section the specimen appropriately and perform routine H&E staining and examine the frozen section.
Residents are expected to perform microscopic examination of sections they submitted the previous day, write microscopic descriptions and a diagnosis or differential diagnosis. Residents are expected to order special stains, immunostains and histochemical evaluation. Residents are also expected to review electron microscopy and special stain microscopic findings as appropriate. Residents review cases with the attending physician on the day the slides are available, generally the day after the specimen was obtained from the patient. Residents are expected to submit dictated or written microscopic descriptions and diagnosis on the day the case is signed out with the attending pathologist. More senior residents are encouraged to dictate their descriptions and diagnosis.

As residents progress, they are expected to handle their cases more independently, organize their work, ordering appropriate special studies, consulting with clinicians and, most importantly, senior residents are expected to have and are evaluated for increased diagnostic accuracy. This increase in skills is gradual but should be accomplished by the completion of the fourth year rotation.

Residents are expected to serve as consultants to clinicians on the Service. They participate in handling all calls from clinicians with questions about cases and present their cases at Surgical and Medicine Case Conferences.

See appendix for Competency Specific Goals and Objectives

A. GRADUATED RESPONSIBILITY

First Year: Go to the Operating Room with the attending pathologist to consult with the surgeon, select tissues for frozen section with the attending pathologist, be able to cut and stain most frozen sections and do touch preps, perform gross examination of surgical specimens under the direct supervision of the attending pathologist, take appropriate sections and describes accurately and succinctly, order appropriate special stains under the direct supervision of the attending pathologist, and write out microscopic description and diagnosis. Resident should know normal histology well and be able to recognize abnormal tissues as such, be able to make basic diagnoses. Able to organize work with help. Shows evidence of reading text books and discusses classical cases.

Second Year: Discuss Operating Room consultation with the surgeon independently. Call attending pathologist after selecting tissue and making frozen sections, function independently in the Gross Room, calling for assistance as needed, select and order special stains, and dictate or write the microscopic description and diagnosis or differential diagnoses prior to signing out with the attending pathologist. Resident should be able to handle most straight forward cases and some difficult ones. Resident should know staging and grading criteria. Provide more junior residents with guidance in the gross room. Able to cut and stain all frozen sections and interpret routine frozens. Able to organize work with little supervision, does not cause delays in signing out specimens.
Third and Fourth Year: Perform frozen sections independently, with the attending pathologist serving as a consultant, function independently in the Gross Room and provide supervision for more junior residents, work up and dictate cases prior to signing out cases with the attending pathologist. Resident should have a good understanding of his/her limitations and by end of rotation handle most cases with only limited supervision. Senior residents should help junior residents develop organizational skills. Trouble-shoot for more junior residents to help avoid sign-out delays. Shows evidence of extensive reading and knowledge regarding most subjects in surgical pathology.

These are guidelines and the residents may progress more quickly through these steps with increasing responsibility. If the resident is unable to progress at this pace though, this is cause for serious concern and must be addressed by the attending physicians, the Director of the Training Program and the Residency Training Committee.

Senior residents on surgical pathology are expected to organize gross and surgical pathology microscopic slide conferences, although all residents on the service contribute and present cases. Senior residents and second year residents are expected to present their cases at surgical specialty conferences and microscopic and medical (M&M) conferences.

Senior residents may function as junior resident attending if they have demonstrated sufficient ability to function as a junior attending before the completion of their forth year of residency. In this capacity they are responsible for all of the above assignments and work and in addition supervise the more junior residents to assure efficient operation of the service.

B. MANAGEMENT OPPORTUNITIES

The resident on Surgical Pathology is expected to participate in management activities that occur in Surgical Pathology. Specifically the residents supervise the Gross Room Technicians with increasing degree as they progress through their training. They also monitor the histotechnologists work with periodic Quality Assurance audits. They attend and participate in Surgical Pathology Division meetings and participate in turn-around time audits. They contribute to the self-study for surgical pathology from the CAP and many of the residents participate in inspections of laboratories in Anatomic Pathology with the CAP. Residents also attend the Lab Directors Meeting and participate in budgeting for Surgical Pathology.

IV. TEACHING STAFF

Christine Janney, M.D., Surgical Pathology Director, beeper #: 275-0893; home phone: 721-1771.
Walter Bauer, M.D., home phone: 721-0531.
Elizabeth Brunt, M.D., beeper #: 453-2477; home phone: 721-7983
Brian Collins, M.D., beeper #: 889-5912; home phone: 519-0179
Cherese Cortese, M.D.
V. MANNER OF SUPERVISION

The resident is supervised throughout his rotation on surgical pathology, in the Frozen Section Room, Gross Room, and in the examination of his cases by the attending pathologist. The supervision is provided on an ongoing basis throughout the rotation, although the resident is assigned increasing responsibility as he progresses through the rotation. An evaluation is completed at the end of the rotation by all the attending pathologists who have worked with the resident. The standard resident evaluation form is used and the resident reviews the evaluation with the staff.

VI. OUTCOME ASSESSMENT METHODS

The Resident is given regular oral examinations throughout the rotation and takes the ASCP Resident Inservice Examination. Presentation of cases by the resident at Surgical Pathology gross and microscopic conferences is evaluated for comprehension and diagnostic skills. There is ongoing evaluation of comprehensive, microscopic, grossing, and diagnostic skills. The results of these reviews are included in the resident’s rotation evaluation.
Appendix

Competency Based Goals and Objectives. These objectives should be completed by the end of the residents experience on Surgical Pathology

- **Patient Care**
  Show knowledge of proper method for sampling tissues to demonstrate pathologic lesions.

  Develop diagnostic acumen for pathologic lesions commonly seen in the practice of surgical pathology.

- **Medical Knowledge**
  Master gross and microscopic photography.

  Understand basic principles of microscopy

  Understand basic chemistry of tissue fixation using the standard fixatives.

  Understand basis of common special stains.

  Become facile with preparation, utility and interpretation of frozen sections.

  Understand diagnostic uses of EM in anatomic pathology, for diagnosis of medical kidney disease, neuromuscular disease and certain tumors and infections.

- **Practice-Based Learning and Improvement**
  Use recent surgical pathology literature to answer questions related to surgical pathology cases and to form the basis of discussions at anatomic pathology conferences

  Participate in research studies in cooperation with the members of the surgical pathology faculty.

- **Interpersonal and Communication Skills**
  Learn proper terminology for gross descriptions of surgical specimens.

  Learn to assess the needs of a clinician based upon the clinical history and the type of specimen provided.

  Develop competence in disseminating information about surgical pathology specimens in conferences.

  Interact appropriately with technical staff and help troubleshoot small problems

- **Professionalism**
  Develop meticulous habits related to proper identification, orientation, and documentation of surgical pathology specimens.

  Understand and exercise proper levels of security for confidential patient information according to current HIPAA standards.
- **Systems-Based Practice**
  Become an effective teacher of surgical pathology techniques to junior Residents.

  Provide and request consultative services as needed in a cost-effective fashion.

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