**Breast Pathology Rotations Goals and Objectives**

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The goal of the **First BE Rotation** is for the resident to move from being a

**Novice**  (A novice knows little about the subject, and rigidly adheres to rules with little situational perception. He/she does not feel responsible for outcomes. )

To

**Advanced Beginner** (The advanced beginner is still dependent on rules, but can adapt rules to changing circumstances. However, all attributes of a situation tend to be given equal importance, and there is still little feeling of personal responsibility for outcomes.)

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| **First Rotation Goals** | **First BE Rotation Objectives** |
| **Medical Knowledge**Acquires knowledge of the pathophysiology and laboratory manifestations of common conditions; knows where to access information. | The resident will acquire knowledge about (please see breast pathology online learning outlines for detailed outline):* Recognize normal breast and its variations
* Understand the risk factors for breast carcinoma.
* Know how to recognize the following common disease entities:
	+ Invasive ductal and invasive lobular carcinoma.
	+ Ductal carcinoma in situ and lobular carcinoma in situ. Begin to notice the difference between atypical ductal hyperplasia, benign and ductal carcinoma in situ.
	+ Fibroadenomas, papillomas, adenosis, cysts.
* Understand the classification system for breast carcinomas, both in-situ and invasive
* Understand the Modified Bloom Richardson (or Nottingham) grading system for invasive carcinomas and apply it consistently.
* Understand the AJCC staging for invasive carcinomas.

The resident will learn to access the standard textbooks available in the signout room, and will review the relevant online learning modules. |
| **Patient Care**Is able to perform procedures necessary to generate laboratory information, gather clinical information needed to establish a diagnosis, and make observations relevant to the clinical situation. | With appropriate supervision (see below), the resident will * Know how to gross surgical breast biopsies including inking, and recognizing tissue alterations that need sampling.
* Know how to handle and process axillary lymph node specimens, including sentinel and non-sentinel nodes, and node dissections
* Understand the importance of margin sampling and how to sample margins.
* Understand the importance of radiologic and clinical correlation with pathology findings.
* Become proficient at taking good quality gross photographs that help to illustrate the important findings.
* Dictate gross descriptions, and select appropriate tissues for microscopic examination.
* Begin to recognize when more information from the submitting physician is need to adequately perform gross dissections.
* Obtain clinical history from the EMR when none is provided
* Review prepared slides and dictate preliminary reports in the correct format, correlating histologic findings with endoscopic findings.
* Order additional studies after discussion with faculty, and keep pending cases organized until completed
* Keep incomplete cases organized until completed
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| **Practice-based Learning and Improvement**Uses feedback and evaluations to generate or modify learning plan and improve skills. | The resident:* Uses faculty critiques and personal assessment of gross descriptions and sampling to improve and refine gross dissection and sampling of similar specimens.
* Uses feedback from preliminary diagnostic errors to improve diagnostic accuracy
* Asks questions and seeks guidance in building medical knowledge and improving patient care skills
* Accesses learning sources (textbooks, medical literature, online resources) to fill gaps in medical knowledge that come to light during case discussions
* Develops increasingly efficient case management
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| **Interpersonal and Communication Skills**Establishes collegial interactive and communication skills in dealing with others; structures reports that are clear, succinct, and follow templates; listens to and fulfills requests from other providers. | The resident will* Interact in a collegial way with technical staff, including histotechnologists, pathology assistants, and transcriptionists, with goal of providing optimal patient care
* Volunteer his/her opinion of cases to faculty, using correct terminology
* Dictate diagnoses that use accepted terminology, are easy to understand, and that relay the information important to patient management
* With direction, notify treating physicians of unexpected diagnoses
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| **Professionalism**Is honest, compassionate, and respectful of others; complies with laws and regulations; fulfills patient care and educational responsibilities faithfully. | The resident:* Is present and ready for signout at the agreed time
* Admits errors or omissions and takes steps to correct them
* Protects patient privacy
* Is sensitive to issues of race, gender, ethnic background, religion, sexual orientation and other social factors in dealing with patient care and in interactions with other providers and other learners
* Treats colleagues at all levels with respect
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| **Systems-based Practice**Identifies issues related to error, cost, and the need for interdisciplinary collaboration in the delivery of health care. Conducts handoff at the conclusion of rotation with care and thoroughness. | The resident:* Is vigilant regarding possible specimen, slide, or identification errors and takes steps to investigate and resolve potential errors
* Accurately assigns billing codes and quality codes to cases, and understands the role of these codes
* Discusses the cost-effectiveness in the selection of ancillary studies.
* Understands the value of intradepartmental consultation and collaboration with other departments and specialties in delivering optimal patient care.
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The goal of the **Second and Third BE Rotations** is for the resident to move from being an

**Advanced Beginner** (The advanced beginner is still dependent on rules, but can adapt rules to changing circumstances. However, all attributes of a situation tend to be given equal importance, and there is still little feeling of personal responsibility for outcomes.)

To

**Competent** (The competent learner grasps the relevant facts, can sort information by relevance, can bring his/her own judgment to each case, and solve problems. Guidelines are adapted to unexpected events. He/she feels accountable for outcomes because of increasing decision-making.)

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| **Second and Third Rotation Goals** | **Second and Third BE Rotation Objectives** |
| **Medical Knowledge**Acquires knowledge of less commonly-encountered conditions and laboratory techniques; critically evaluates knowledge sources and uses evidence-based approach to acquire new knowledge. | The resident will acquire knowledge about (please see breast pathology online learning outlines for detailed outline):* Recognize complex sclerosing lesions, papillary lesions (atypical and carcinoma), and more complex diagnoses.
* Understand the role of immunohistochemistry in common differential diagnoses of breast lesions including:
	+ Ductal carcinoma in situ with microinvasion
	+ Ductal vs. lobular carcinoma in situ
	+ Role of ER, PR, and Her2 in clinical management of breast cancer patients.
	+ Phyllodes tumors
	+ Intraductal hyperplasia vs. atypia vs. ductal carcinoma in situ
	+ Recognize flat epithelial atypia
	+ Recognize isolated tumor cells and understand its clinical implications.
* Understand the diagnostic limitations of core needle biopsies and what information is essential in the core biopsy report.
* Become familiar with the spectrum of spindle cell lesions of the breast
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| **Patient Care**Is able to perform procedures necessary to generate laboratory information, gather clinical information needed to establish a diagnosis, and make observations relevant to the clinical situation. Uses laboratory data and own observations to generate accurate diagnoses and differential diagnoses; suggests appropriate ancillary studies as needed; responds to requests for consultation. | With appropriate supervision (see below), the resident will * Be able to adapt grossing techniques to uncommon specimens from the breast and axilla
* Dictate gross descriptions, photograph, and select appropriate sections from complex specimens, asking for guidance as needed.
* Obtain clinical history from the EMR when the provided information is needed to make accurate diagnosis
* Review prepared slides and dictate preliminary reports that are usually accurate, and need some editing by faculty.
* Suggest additional studies during with faculty, analyze results and anticipate need for further studies or consultation.
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| **Practice-based Learning and Improvement**Adapts practices based on literature review, case outcomes, peer and 360 reviews, and system demands; seeks and gives feedback to improve self and others. | The resident:* Continues to use feedback from preliminary diagnostic errors to improve diagnostic accuracy.
* Uses information accessed on past cases to more efficiently arrive at a diagnosis in subsequent cases.
* Uses feedback and questions from clinicians to refine approach to reporting cases.
* Accesses learning sources (textbooks, medical literature, online resources) to fill gaps in medical knowledge before coming to signout.
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| **Interpersonal and Communication Skills**Effectively communicates in a variety of settings, including during conferences, while providing consultations, and teaching peers.  | The resident will* Interact in a collegial way with treating physicians, other learners who request information or attend signout.
* Volunteer his/her opinion of cases to faculty, with explanations of rationale
* Dictate reports that are designed to answer both the articulated and anticipated clinical questions.
* Recognize cases that indicate the need to notify treating physicians, and suggest this need to faculty at signout.
* Prepare and present cases at one Breast Care Conference per rotation. The BE fellow can provide guidance as needed. In the absence of a BE fellow, senior residents will present cases at two tumor board conferences per rotation.
* Bring cases to consensus conference and relay pertinent information
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| **Professionalism**Manages patient care duties and interacts with other providers with compassion and respect for diversity; recognizes and responds to need for help from colleagues. | The resident:* Attends daily consensus conference, setting aside cases as directed, Breast Care Conference, and Breast Educational Forum, as service demands permit
* Assures successful transfer of cases to next rotating resident
* Offers assistance to other members of the team as appropriate
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| **Systems-based Practice**Improves patient outcomes and promotes efficiency by making decisions based on best evidence of outcomes, and by involvement in quality initiatives. | The resident:* Is knowledgeable about and suggests the most efficient and effective ancillary studies in difficult cases.
* Gives feedback to laboratory about quality and timeliness of slides and case delivery
* Initiates intradepartmental consultations so as to improve case turnaround time.
* Calls attention to practices that may increase the risk of error.
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The goal of the **Final BE Rotation** is for the resident to move from being

**Competent** (The competent learner grasps the relevant facts, can sort information by relevance, can bring his/her own judgment to each case, and solve problems. Guidelines are adapted to unexpected events. He/she feels accountable for outcomes because of increasing decision-making.)

To

**Proficient** ((Characterised by the progress of the learner from step-by-step analysis and task performance to a holistic perception of the entirety of the situation. Uses pattern recognition arising from experience to identify problems. Perceives deviations from what is expected.  Learns from the experience of others.   Sense of responsibility grows with increasing decision-making. )

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| **Final Rotation Goals** | **Final BE Rotation Objectives** |
| **Medical Knowledge**Exercises judgment in application of evidence-based knowledge to patient and to patient population; assists junior residents and other learners in accessing sources of medical knowledge. | * The resident will acquire knowledge about rare lesions of the breast.
* The resident will independently bring new clinical and scientific evidence to the discussions at signout and apply it to challenging cases.
* The resident will serve as a resource to other learners (junior residents, medical students, clinical fellows).
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| **Patient Care**Recognizes clinical cases and circumstances that are rare or unique and selects appropriate additional studies; initiates consultant role in unusual cases; directs other providers and learners in challenging situations. | The resident will * Recognize subtle deviations from normal or common lesions and seek out relevant information to explain the findings.
* Recognize subtle discrepancies between radiographic reports or clinical history and histologic findings.
* Be able to ask sophisticated questions of clinicians about cases with complex or confusing gross or microscopic findings.
* Proactively seek expert intradepartmental consultation on cases for which this is required.
* Give direction to other residents, technical staff, and pathology assistants regarding the handling of unusual cases.
* Serve as a resource for other learners regarding interpretation and diagnosis.
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| **Practice-based Learning and Improvement**Facilitates collaboration and teamwork to promote learning.  | The resident:* Work with other learners, such as fellows, other residents, and medical students, to share tasks related to gathering knowledge
* Recognize gaps in others’ learning (fellow, residents, students, and faculty) and contribute to filling the gaps.
* Recognize circumstances in which the current state of clinical and scientific evidence is lacking.
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| **Interpersonal and Communication Skills**Demonstrates skill in dealing with conflicting opinions or perspectives; responds independently to questions from other providers, patients, and families; generates sophisticated reports that relay information about complex cases. | The resident will* Manage conflicting opinions or perspectives in such a way that optimal patient care is protected.
* Independently handle inquiries for clarification or additional information, and initiate tasks necessary to provide this.
* Generate reports that convey diagnostic information about both simple and complex cases effectively, needing little or no editing by faculty.
* Prepare and present cases at one Breast Care Conference per rotation. The BE fellow can provide guidance as needed. In the absence of a BE fellow, senior residents will present cases at two tumor board conferences per rotation.
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| **Professionalism**Recognizes impairment in themselves and peers and takes steps to address this. Mentors others in use of inter-professional and multi-disciplinary collaboration; Is a role model to other learners regarding accountability to self and others. | The resident:* Can be viewed as a role model in understanding and managing the strengths and weaknesses of him/herself and others.
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| **Systems-based Practice**Identifies sources of error and inefficiency and initiates action to assess and fix them. | The resident:* Identifies processes that lead to inefficiencies and potential errors, and suggests improvements.
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**Plan for Training**

Three or four, 2 -week rotations in breast pathology (BE service). Faculty rotate every week. Thus, it is likely that each resident will be mentored by two different faculty members during every rotation. This document should be reviewed by the Resident at the beginning of each rotation.

During the first rotation, it is the responsibility of the faculty member assigned to the BE service with the assistance of the BE fellow to introduce the residents to the essentials of the service, including clinical relevance of their diagnoses, which diagnoses require rapid communication to clinicians by phone, and the importance of clinical-radiological-pathological correlation in our practice. As the resident rotates for the 2nd and 3rd times, they will take more responsibility for these issues.

Breast pathology is taught during our diagnostic sessions by the faculty member. Teaching is guided daily by cases to be signed out and serve as a starting point for further discussions and suggested literature reading. The tumor board (Breast Care Conference) and the Breast Educational Forum are excellent educational opportunities and residents should make every effort to attend. These conferences are listed at the end of this material.

**CONFERENCE SCHEDULES:**

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| **Name of Conference** | **Time** | **Location** | **Required** | **Attendance Taken** |
|  |  |  |  |  |
| Breast Care Multidisciplinary Conference | Monday @ 1-2:30 (with lunch) | B1 Cancer Center | N\* | N |
| Anatomic Pathology Consensus | Daily @ 1:00 | Faculty suite | Y | N |
| Breast Educational Forum | Wed@ 12 (with lunch) | Cancer Center 3rd floor | Y | N |
| Breast Pathology Consensus Conference | Wednesdays following surg path consensus | Faculty Suite | Y | N |

**\*Only required if there is no BE fellow on service and when resident in 2nd and 3rd rotation has to present.**

**Supervision**

The following activities are to be conducted with **Direct Supervision** (the supervising physician is physically present with the resident):

* The first 3 breast gross dissections (mandated by ACGME; direct supervision may be provided faculty or by 3rd or 4th year resident or fellow)
* Electronic verification of diagnoses, additional or amended diagnoses, and comments.
* Frozen sections (if called upon)
* Communications with other providers, during the first GA rotation.

The following activities may be conducted with **Indirect Supervision** (direct supervision immediately available either within the hospital of by telephonic or electronic communication):

* Gross dissections other than those described above
* Communications with other providers for those who have completed one GA rotation.

The following activities may be conducted with **Oversight** (the supervising physician is available to review with feedback after activity is completed):

* Dictation of preliminary diagnoses

Evaluation

* Electronic (MedHub) evaluation completed by faculty at the conclusion of each rotation
* 360 evaluation completed by fellows and technical staff semi-annually
* Resident Inservice Examination (annually)