**VA Surgical Pathology Rotation Goals and Objectives**

**Rotation Director:** Stephen Chensue, M.D., Ph.D.

The goal of the **VA Surgical 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

 **Advance Beginner /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.)

|  |  |
| --- | --- |
| **First Rotation Goals** | **First Rotation Objectives** |
| **Medical Knowledge**Acquires knowledge of pathophysiology and laboratory manifestations of common and uncommon conditions; knows where to access information to fill gaps in knowledge.Acquires knowledge of less commonly-encountered conditions and laboratory techniques; critically evaluates knowledge sources and uses evidence-based approach  | The resident will:* Understand the approach to gross dissection of surgical specimens, including targeting attention and sample selection to clinical questions inherent in the specimen type
* Understand the basics of tissue fixation, processing, cutting and staining
* Refresh knowledge of normal histology and basic histopathologic processes evident in surgical pathology specimens, such as patterns of inflammation and repair, pre-neoplasia and neoplasia
* Become familiar with the appearances of commonly encountered inflammatory and neoplastic lesions in surgical specimens across the broad range of specimen types encountered on a general surgical pathology service
 |
| **Patient Care**Is able to perform procedures necessary to generate laboratory information, gather clinical information needed to establish a diagnosis or differential diagnosis, and suggest appropriate ancillary studies. Responds to requests for consultation.  | With appropriate supervision (see below), the resident will * Be able to gross common surgical and biopsy specimens as directed in the grossing manual
* Become proficient at taking good quality gross photographs that help to illustrate the important findings.
* Dictate cogent 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
* Order additional studies under direction of faculty, and keep pending cases organized until completed
* Keep incomplete cases organized until completed
 |
| **Practice-based Learning and Improvement**Uses feedback and evaluations to generate or modify learning plan and improve skills,Adapts practices based on literature review, case outcomes, peer reviews, and system demands; seeks and gives feedback to improve self and others. | The resident:* Uses faculty critiques and personal assessment of gross descriptions and sampling to improve and refine gross dissection and sampling of similar specimens.
* 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
* Learns to assimilate consultants’ opinions into final report
 |
| **Interpersonal and Communication Skills**Establishes collegial interactive and communication skills in dealing with others; structures reports that are clear, informative, and succinct; listens to and fulfills requests from other providers.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 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
* 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
* With direction, notify treating physicians of unexpected diagnoses
 |
| **Professionalism**Is honest, compassionate, and respectful of others; complies with laws and regulations pertaining to medical practice; fulfills patient care and educational responsibilities faithfully. Understands professional responsibility to appear for duty rested and fit to provide service. Recognizes and responds to need for help from colleagues. | 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
* Assures successful transfer of cases to next rotating resident
* Offers assistance to other members of the team as appropriate
* Treats colleagues at all levels with respect
 |
| **Systems-based Practice**Identifies issues related to error, cost, and the need for interdisciplinary collaboration in the delivery of health care.  | 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.
 |

**Plan for Training**

Residents initially rotate during their PGY1 year for 2 rotations on the surgical pathology service at the VA Hospital. They are instructed in the basic skills required to evaluate and diagnose surgical pathology specimens. Two resident will be assigned to the VA Surgical Pathology rotation at a time, permitting alternating grossing and signout days. The following guidelines apply:

1. The two residents who are scheduled will generally include one who has surgical pathology experience.  This may be a 2nd, 3rd, or 4th year resident, or (later in the year) a resident who has rotated at the VA before.  During the second half of the academic year it is likely that even 1st year residents will have completed at least one surg path rotation at the University, as well.
2. The resident who is signing out for the day will arrive around 9:30, after attending the morning conference at the University.  After he/she is done participating in signout, he/she will be available to help out the grossing resident.
3. The grossing resident will attend conference at the University, then may pick up immunostains and/or go over consultation cases with University faculty.  He/she should be at the VA by 11:00 am to begin grossing.
4. The cutoff for accessioning new cases is 3:30.  The residents will gross what arrives in time to be accessioned.  They will not be performing accessioning themselves.
5. No resident shall work longer than a 16 hour day, including the required time to attend conference, nor shall they work after 10 pm.
6. Grossing supervision will come from the faculty member who is assigned to sign out the case the following day.  This should be evident on the staff pathologists’ assignment schedule.
7. This grossing technologist will gross bits, core biopsies, and unoriented skin biopsies.
8. Regarding VA autopsies:
	1. When there are 2 residents assigned to the University autopsy service, one of them will go to the VA to do an autopsy as needed.
	2. When there is only one resident assigned to the University autopsy service, he/she will go to the VA to do an autopsy if there is no autopsy at the University, or if the University autopsy can be scheduled around the VA autopsy (do both if it can be worked out).
	3. If there is only one resident on the autopsy service, and he/she cannot go the VA to do a case because of conflicting cases at the University, then one of the residents at the VA will do the VA autopsy.

Please see VA Attachment 1: VA Resident Training Checklist

**Supervision**

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

* The first 3 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 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 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 (if directed by supervising faculty)
* QA functions

Evaluation

* Electronic (MedHub) evaluation completed by faculty at the conclusion of each rotation
* Resident Inservice Examination (annually)