

INTRODUCTION TO SURGICAL PATHOLOGY (SHANDS HOSPITAL AT THE UNIVERSITY OF FLORIDA): Director: Lisa R. Dixon, M.D., assistant Professor

1. Description of the rotation: Materials for examination by the residents in Surgical Pathology are derived from several sources including the Shands Hospital at UF, Outpatient Clinics in the hospital and outlying areas, and from the University of Florida Diagnostic Referral Laboratories. The rotation is designed to instruct the first-year resident in gross tissue examination and basic histopathologic study of the tissue that allows the pathologist to develop a differential diagnosis list and final diagnosis (ACGME competencies: #1: Pt.care; #2: Medical Knowledge). Instruction in managing the surgical pathology laboratory is included. As appropriate to the individual case or consultation under review, the ethical, socioeconomic, medicolegal, and cost-containment issues are reviewed and discussed (ACGME competency: #6: Systems-Based Practice). As well, research design, statistics and critical review of the literature are discussed. By use of the literature, Medline, and textbooks, the resident is trained to become a lifelong learner (discussed (ACGME competency: #3: Practice-Based Learning). For all tissues grossed Monday through Friday, the resident is expect and required to attend sign-out with the attending pathologist of record with emphasis placed on the cases the resident personally grossed. In this way residents will examine microscopically (with the faculty at sign out) every tissue that they examine grossly. The residents will always sign out with a member of the staff.

2. Goals of the rotation: I. Introduction to the general principles and experience in handling, evaluating, and interpreting a wide variety of surgical specimens representing a broad range of pathologic processes. Ultimately the resident will serve as a consultant to the clinicians that they serve (ACGME competencies: #4 and #5). ii. Correlation of morphological data with clinical, radiologic and laboratory data. iii. Understanding common administrative and quality assurance issues related to Surgical Pathology (laboratory management of surgical pathology).

3. Duration of the rotation: 4-week blocks, once a year.

4. Duties and responsibilities of residents: The first year Resident is assigned to one of the Surgical Pathology subspecialty rotations (i.e. ENT, Gynecologic, etc.) in week-long blocks during his or her first or second rotation. A week of exposure to frozen sections/intraoperative consultations will be included as well. During this rotation, the first year will work closely with an upper level resident (graduated responsibility) who will help to introduce the first year to cutting room procedures (accessioning, gross examination procedures, frozen sectioning, dictation, reporting etc.). The Pathologists' Assistants will also give valuable instruction. The first year resident will gain experience grossing the more common and less complex specimens as well as the protocols for specimen processing. The supervising upper level resident will take ownership of the more complex cases. Assignment of cases will be at the discretion of Robin Foss (PA) or his designee. All cases grossed will be reviewed histologically with the upper level resident and the attending, as well as (if applicable) the fellow; although the primary emphasis during this period is gaining familiarity with the grossing procedures. Additionally, during this introductory rotation, the first year resident is taught the intricacies of the Surgical Pathology Diagnostic protocol, coding system, use of the hospital information system to obtain histories, reporting and other pertinent information.

5. Teaching staff: Anatomic Pathology faculty, Upper Level Residents, Fellows, Pathologists' Assistants.

6. i. Resident supervision: Final surgical pathology reports and frozen section reports are generated in concert with the attending faculty. Supervision in the cutting room is provided by the upper level resident, fellow, Pathologists' Assistant and attending faculty.

ii. Resident Evaluation: Written monthly evaluation. The attending physician at the sign-out scope provides continuous, daily constructive criticism and instruction.