DIRECTORS: varies

ROTATION DESCRIPTION:
Residents complete 6-8 bi-weekly rotations in Room 1 during their Anatomic Pathology training, learning to manage and diagnose a wide variety of general surgical pathology cases. Room 1 is the major frozen section service and intraoperative consultation is an essential component of the learning experience.

GOALS:

1. To develop broad, basic, expertise in the diagnosis of surgical pathology specimens from head and neck, pulmonary, mediastinal, endocrine, bone, soft tissue, and cardiovascular sources.
2. To acquire the technical and interpretive skills necessary to process and diagnose intraoperative frozen section consultations in all areas of surgical pathology.
3. To develop skills required to perform gross dissection and description of surgical pathology specimens, and to select appropriate sections for histologic evaluation.
4. To develop communication skills required to effectively report intraoperative surgical pathology consultations, and to formulate written reports that include relevant information.

OBJECTIVES/CORE COMPETENCIES:

<table>
<thead>
<tr>
<th>Objectives The residents will:</th>
<th>Competency</th>
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<tr>
<td>Demonstrate an understanding of common and unusual diseases affecting the organ systems listed above.</td>
<td>Medical knowledge.</td>
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<td>Dictate detailed surgical pathology reports on cases that communicate the information needed for medical and surgical management.</td>
<td>Patient care. Communication skills.</td>
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<td>Handle clinician request for additional information or clarification in a timely and collegial manner.</td>
<td>Communication skills. Professionalism.</td>
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<td>Accurately interpret cryostat specimens and communicate the pertinent findings clearly and in a timely manner.</td>
<td>Medical knowledge, Patient care, and Communication skills.</td>
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<td>Perform gross dissections, formulate informative gross descriptions, and select appropriate sections for microscopic evaluation.</td>
<td>Patient care Communication skills</td>
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<td>Responsibly hand off cases for consultation or to be managed by other services in the Department</td>
<td>Professionalism. Patient care.</td>
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<tr>
<td>of Pathology</td>
<td>Systems-based practice</td>
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<td>In consultation with the assigned faculty and surgical pathology fellow, proactively select and order the special studies (immunohistochemical, cytogenetic, molecular) needed to make accurate diagnoses, with attention to effective utilization of resources.</td>
<td>Systems-based practice.</td>
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<td>Assign billing codes to specimens accurately.</td>
<td>Systems-based practice.</td>
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<td>Recognize cases that require expedited process and initiate this processing</td>
<td>Patient care. Systems-based practice.</td>
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<td>Recognize pathologic findings that require immediate communication to the submitting physician. Initiate and document the communication.</td>
<td>Patient care. Systems-based practice. Communication skills.</td>
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<td>Handle all interactions with physician, nursing, and other staff with respect.</td>
<td>Professionalism.</td>
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<tr>
<td>Be available for frozen section coverage for all scheduled hours, or find appropriate coverage.</td>
<td>Professionalism.</td>
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<td>Select appropriate textbook and literature references for difficult cases and share these with the resident and faculty member.</td>
<td>Practice-based learning.</td>
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**RESPONSIBILITIES, EXPECTATIONS, GUIDELINES:**

A. **Instructions**
   - Wear scrubs. You need to be wearing them for grossing and to go into ORs at UH.

B. **Schedule**
   - One resident signs out with faculty in the morning (starting at 9 am); then grosses and covers UH frozen sections in the afternoon (1 pm to 5 pm). The other resident grosses in the morning until 1 pm and previews “IS” cases and signs them out same day (morning or early afternoon), then previews “IF” cases in the afternoon for next day sign out.
   - Residents switch responsibilities daily at 1 pm.
   - Before your rotation starts make a schedule and post the schedule in the sign out room.

C. **Grossing**
   - If you are not familiar with the gross room, ask a senior resident or Debbie for a brief orientation (i.e., to tell you where supplies are kept, etc).
   - Before you gross each type of specimen for the first time, read the appropriate part of the cutting manual (From the Pathology Homepage click: Intranet > Tools and Training > Anatomic Pathology > Cutting Manual). **DON’T HESITATE TO ASK FOR HELP.** The PAs, senior residents, fellows and attendings are here to help.
   - At the end of each day you gross, check the tissue sections in the decal bucket. If they are soft enough to be cut (test with a scalpel if you’re not sure), note on the log sheet that they have been removed from the bucket, and submit them to histology.
   - **WHEN YOU FINISH WASH DOWN THE GROSSING STATION AND INSTRUMENTS.**
D.  **Preview, dictation and sign out**
   - Cases for preview and sign out are delivered to the shelf in histology labeled “IF.” If you don’t know where it is, just ask.
   - Biopsy cases (“IS”) are delivered to Room 1 in the AM.
   - Different parts of multiple part cases sometimes come on different days, and slides from sections requiring decalcification often come later than the rest of the case. Compare the slides delivered for each case to the cassette key(s) and determine whether the case is complete. Sometimes the gross for all parts hasn’t been transcribed when the paperwork is printed. Look it up in Pathnet. If a case is incomplete, determine whether what you have should be signed out and additional findings reported in an addendum or the case should be held in the pending pile until it is complete. If you’re not sure, ask the fellow or attending.

E.  **Preview**
   - You are not required to preview every case, but for cases you do preview, learn the relevant clinical history and read, understand and correct the gross description. If the gross description doesn’t make sense to you, talk to the person who grossed the case and/or pull the specimen out and look at it.

F.  **Dictation**
   - The format for dictation of a diagnosis is:
     - Introduce the case, i.e., give your name, attending’s name, case number, patient name.
     - Organ, procedure: Diagnosis.
     - Tissue code _____ Fee code(s) _______
   - Tissue code is R for resections, B for biopsies.
   - A list of commonly used fee codes is available on the department website (CPT4 Coding Sheet in the Tools and Training site).
   - Most cancer resections require templates. In Room 1 you will dictate templates resections of the following:
     - Adrenal cortical carcinoma
     - Bone sarcoma
     - Head and neck squamous cell carcinoma
     - (You need a template for the resection and a separate one for lymph nodes if they’ve been submitted: there is a template on line for biopsies, but is not used.)
     - Lung neoplasm
     - Papillary thyroid carcinoma
     - Soft tissue sarcoma
     - Thymoma
   - Templates are posted on the department website (Surgical Pathology Templates in Tools and Training.)
   - The format for dictation of a diagnosis requiring a template is:
o Note to transcriptionist: please add template (code at bottom of template, e.g., paphy for papillary thyroid carcinoma).
  o Then dictate the template, selecting the options that apply to the case.

- The format for dictation of addendums/amended reports is:
  o Introduction of case, i.e., your name, attending’s name, case number, patient name.
  o Top line of the report (serves as a sort of title, e.g., amended report to correct diagnosis or addendum following special stains)
  o Description of findings that prompted report, e.g., at the request of the surgeon the slides were re-reviewed and the tumor was found to be a terrible sarcoma or GMS stains shows yeast consistent with Histoplasma capsulatum.

- Please see revised diagnosis below (usually) or please see previous report for the diagnosis, which is unchanged (if the diagnosis hasn’t changed, and it would be unreasonable to repeat it).
  o Organ, procedure: New diagnosis.
  o Additional fee code _____ or No additional fee codes.
  o For any case with either a frozen section or addendum, enter OPPE metrics in a separate “Code:” field. A laminated sheet summarizes how to do this.

- The first two weeks you are on service you are not required to predicticate cases. You can dictate during sign out, but for cases you preview, print appropriate templates and fill them out, and determine the appropriate fee codes.

G. Sign out
- Arrange the cases for sign out so that medically important cases are signed out first.
- When the attending asks you to request special stains or recuts, please order it using the IHC, SS, Recuts Form located in the Lab Portal link on the homepage.

H. Frozen section
- From 8 am to 5 pm at least one of the residents or the fellow must be in Room 1 to receive and process frozen sections. If you need to leave the room at a time when you are responsible for frozen sections, ask the other resident or the fellow to cover for you.
- When a frozen arrives it must be accessioned. Once it has been accessioned, gross it right away. If you don’t know how to gross it, ask a senior resident, fellow or attending. Write a brief gross description including anything that you will change by preparing the specimen for frozen section on the pink sheet.
- The tech will cut and stain the frozen section. When the slides are being stained, page the attending if he/she is not in the room.
- When the attending has reached a diagnosis, write it on the pink sheet with your initials and the attending’s (use 3 initials).
- Call the OR with the diagnosis. Call from the telephone in the frozen section grossing area. To phone – just enter the number and you should be connected.
- Tell the surgeon who the patient is and let him/her acknowledge that you have the right patient/room then give the diagnosis and let the surgeon acknowledge that he/she understood what you said. For example, the conversation might go as follows:
You: Hello, Room 9, this is Dr. Smith in Pathology with frozen section diagnosis on Mary Jones.

Surgeon: Yes, go ahead.

You: The medial margin is negative for carcinoma.

Surgeon: Okay, thanks.

- If there’s uncertainty about the diagnosis or you think a conversation would be helpful, consider going to the operating room and talking to the surgeon in person. Ask your attending what he/she thinks about the idea.
- The first week you are on service ask Debbie or Lisa to show you how to cut and stain frozen sections, and practice cutting frozen sections under supervision until you and she agree that you are proficient. If you are comfortable cutting frozen sections, cut several under Debbie or Lisa’s supervision (at least 5), so she can confirm that you are proficient.

I. CVC frozen sections
   - Before you begin your first Room 1 rotation, ask someone to show you where the CVC frozen section lab is and give you an orientation.
   - You may be asked to help with grossing in the CVC if things are very busy there.

EVALUATION METHOD:

Monthly MedHub evaluation by faculty.

CONFERENCE SCHEDULES:

- Frozen section review conference, 7:00 am Tuesdays – attendance required.
- Consensus conference, 1:00 pm daily – attendance required unless engaged in intraoperative consultation.

(Revised November 2012)