ORIENTATION PACKAGE
FOR ANATOMICAL PATHOLOGY RESIDENTS
Last updated: July 2019
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LOCATION

If you are assigned to the General campus, the laboratory is on the 4th floor of the Critical Care Wing, one floor above the Eye Institute. You can get there via the Eye Institute elevator, or via the remainder of the renovated lab up on the third floor. The Resident’s Room is 4284 (see schematic below).

If you are assigned to the Civic campus, the pathology building is in a separate building, located between the western wing of the main building, the parkade, and the Parkdale clinic.

Residents are not posted to the Riverside Hospital at this point in time.

Contacts:
General/Civic Campus – Chief Resident – (613) 737-8899 ext. 78287
and/or Program Director (613) 737-8297
Sheila Schnupp – Program Administrator – (613) 562-5422

REPORTS, RECORDS AND SLIDES

Reports, records and slides form part of the medico-legal report on the patient. THEY MUST NOT LEAVE THE LAB AND MUST REMAIN CONFIDENTIAL.

EXPECTATIONS

The residency program is all outlined at the Departmental Website at https://med.uottawa.ca/pathology/education/postgraduate-medical-education/anatomical-pathology. You will find a detailed general overview of the program with the CanMEDS Roles Goals and Objectives for your rotations from PGY1-PGY5. This is a repository of information on different issues including important policy documents and educational activities. You MUST be familiar with the content of the site. You must read the policies on Harassment
At the PGY-1 level, you will be introduced to the duties of a pathology resident. At this level you will do 3 blocks in Hospital Autopsy and 1 block of Lab Medicine, which includes Surgical Pathology, Hematopathology, Medical Microbiology and Biochemistry (1 week of each). To keep on top of your rotations, you need to check the anatomical pathology service schedule the day (and preferably the week) before, particularly to determine which staff you’ll be working with. A copy of the schedule is posted in the resident’s room and will be emailed to you on a monthly basis.


PGY1 residents will take part in a 1 week histology course, run by Ana Giassi from the Department of Pathology and Laboratory Medicine scheduled by the chief resident. This course will include education in the functioning of the gross lab, histology lab, as well as immunohistochemistry and special tests. Written pre and post tests will be included in the course.

**SURGICAL PATHOLOGY**

There is an Anatomical Pathology standardized schedule on the website. Rotations from PGY-1 through 4 are set and must be completed by the end of PGY-5. There is room for an elective rotation in each of PGY-3 and 4. The PGY-5 year consists of all elective blocks (with the exception of mandatory Cytology, Molecular Pathology, Hospital Autopsy and Consult blocks), provided all mandatory blocks have been previously completed.

The PGY1 year includes 2 Autopsy blocks, 1 block of Lab Medicine, 2 blocks that introduce the resident to Anatomical pathology, and 1 block of Cardiovascular Pathology. The PGY2 level will include 1 block of Forensic Autopsy, 10 blocks of Surgical Pathology, 1 block of cytology, and 1 research block. With the evolution of greater subspecialization within Anatomical Pathology, the 10 blocks of surgical pathology will be spent in various subspecialties for 1 block at a time which includes GI, GU, Breast, Gyne, Derm, Lung, CV, LN, MSK, H&N. This can be divided into three areas:
1. **GROSSING (look for your initials beside GROSS):**
   Examining the gross surgical specimen is required for appropriate specimen sampling and can provide important clues towards diagnosis. While there is a ‘procedure and policy’ manual in the gross room, as well as grossing textbooks (Lester’s, for example), these cannot replace observation and actual experience in the gross room.

   In the PGY-1 year, one should try and spend time observing the pathology assistants in the gross room, particularly with the larger specimens. Note how the specimens are oriented, technique for cutting sections, and the orientation of sections within the cassette (i.e. desired cutting surface is put down into the cassette). While note-taking can be valuable, one must eventually become familiar with the dictation system. Templates for common specimens are also available. During the 1st of 2 AP blocks in first year, a resident can spend time observing a more senior resident gross specimens. During the second AP block, residents will gross specimens independently. Start with the small, relatively routine cases (e.g., appendices, gallbladders on Gi; benign fallopian tubes or uteri on gyn).

   Incidentally, to prevent cross-contamination between specimens, wash your equipment and cutting board between cases (or even between specimens, if you feel it necessary), change the underlying paper towels, and discard scalpel blades between cases. Please ensure the resident’s bench is cleaned after grossing, and that tools have been washed and put away.

   By the PGY-2 year, you should be picking up specimens of your own to gross. Beginning in PGY-2, you are expected to follow the grossing section of each Goals and Objectives list for the specific subspecialty you are on. The grossing objective will explain what is an appropriate specimen for PGY-2, 3 an beyond, along with how many specimens should be grossed each week. Be sure to properly advance cases so that they can be tracked and a list of all cases grossed can be generated. In addition to this, you must maintain a list of your own cases that have been grossed.

   In order to see the microscopy from the specimens you’ve grossed, ensure that:
   - Your name is written and starred on the requisition and follow-up accordingly.

2. **FROZEN SECTIONS (look for your initials beside FS – GENERAL):**
   Daytime frozen section coverage lasts between 0800 and 1630. The pager (715-7881) should either be on your person, or, after 1630, left in the resident’s room. When you are paged, you are expected to report to frozen section **immediately. There must not**
be any delay. If you need to leave the hospital during the daytime, find a resident to cover you, and must inform the staff you are working with in person of the alteration.

When paged, go to the frozen section room on the 2nd floor of the General, within the OR area. (If it’s your first time, ask someone to take you there.) Different staff will give you different responsibilities, but if you want to learn to cut the frozen section, or stain and cover slip a slide, that should be possible. After completion of the procedure, you must PRINT and SIGN your name in the FS Original Report along with the attending staff.

Please keep a list of all frozen sections that you participated in.

For all residents at every level of training, an Elentra evaluation must be triggered at the end of the day and completed by staff (using iPad and PIN#) to assess the day’s performance. The level of performance will be based on the PGY level of the resident, meaning a PGY-3 should be more independent than a PGY-2.

3. **SIGN-OUT/MICROSCOPY (look for your initials on the schedule next to staff initials):**

Check the schedule at least one day in advance and then speak with the staff pathologist in order to let them know you will be signing out with them the next day. The first batch of slides will arrive in the late afternoon for sign-out the next day. These slides are usually delivered to the photocopy room but they may go straight to the staff’s office. The remainder of the slides will come out in small batches throughout the day, at approximately 2 hour intervals, beginning at 8am. These batches will be delivered to the staff’s office. If the staff office is locked, the slides will be delivered to the photocopy room. You must discuss with staff beforehand the way sign-out will be done (i.e. when to begin and how to proceed). Depending on PGY level, you are expected to name the tissue, describe the microscopic features, and offer a differential diagnosis. Sign-out should be viewed as a learning opportunity and not a test. You will then formally sign-out with staff. Once the sign-out of this small batch is complete, the cycle will continue, and you will take the next batch to work on your own before going to sign out with staff.

You must be able to generate a list of all cases analyzed and dictated for microscopic diagnoses. You can do this by entering in a special “case note” electronically in PowerPath (you will learn how to do this when you receive PowerPath training) and by manually logging all cases where you completed microscopic descriptions.

When going on leave (vacation, conference, etc.) or moving onto a new rotation, residents must ensure proper management of cases. This may include keeping cases you are working on with staff through to your next rotation in order to complete work-up
and sign-out with that staff, handover to the staff (if they are in agreement), or handover to the resident who is moving into that particular rotation (if the staff is in agreement). In general, the resident must confer with staff regarding how they would like the resident to manage cases in the event of leave or movement to a new rotation.

Depending upon your level of comfort, the staff may ask you to dictate towards the end of PGY-1 (see the dictation section below for details). Eventually you’ll have to learn and will be expected to start doing so at the beginning of PGY-2.

As there is a lot to know, you may want to focus on common things first depending upon your rotation. It might also be a good time to refresh your knowledge of histology.

**AUTOPSY PATHOLOGY**

Autopsies offer an opportunity to learn about peri-mortem changes, causes of death, relevant clinical anatomy, and forensic pathology. The forensic cases are good for forensic pathology and study of normal anatomy and histology, while the value of the medical cases lies in the multiple pathologies found within a single person.

There are 2 blocks of Medical (aka Hospital) Autopsy in PGY1, 1 block in PGY3, and 1 block in PGY5. There is 1 block of Forensic Autopsy in PGY2 and 1 block in PGY4.

PGY-1 residents on Medical Autopsy rotation should arrive at morgue at the General Campus at 8:00 and to report to staff. You should change into scrubs, wear appropriate footwear (closed toe and heel), put on a green gown, apron, head covering, mask, gloves, etc. If there are medical autopsies to be done, this is usually known by the day before (or early the day of). This will give you a chance to look up relevant clinical information beforehand.

You will quickly learn to participate in the dictation of the gross report, formation of the PPD (provisional diagnosis, which needs to be handed in within 24-48 hours of the performance of the autopsy) for hospital cases, microscopy, and the final autopsy diagnosis.

In your PGY-1 year, you will be expected to present selected/interesting hospital autopsy cases during autopsy rounds.
Specifically, with respect to Medical Autopsy:
There will not be cases every day. In the event that there is no case, you are expected to take part in forensic autopsies under supervision of the forensic staff on that day (more regarding forensic autopsy will follow below). If there is a case, under the supervision of the staff on that week, you will be expected to review consent forms and ensure that they have been filled out properly and review the patient’s chart. Yourself and the staff will identify the body. During your first few cases, under supervision, you will be expected to complete an external examination. Evisceration is completed by the morgue technologist, and you may help with this. You are then expected to complete internal examination and organ dissection. Again, this will initially be done under the supervision of the staff. Autopsies should be completed during the day. A provisional report with a provisional diagnosis should be provided to staff as soon as possible as final provisional reports must be signed out no later than 48 hours after the autopsy. Once the staff receives the slides, they will provide them to the resident. You should discuss and decide with your staff an appropriate amount of time for review before you meet with the staff to review the slides and sign out the final case.

Specifically, with respect to Forensic Autopsy:
You are expected to meet with staff in the morgue at the General at 8:30. There, you will go over warrants and histories, and the staff will direct you with regards to your duties for the day. During your first few cases, or for complicated cases involving law enforcement, your only duty may be to observe and/or answer questions. As time goes on, you will take on a more active role in external examination, evisceration and organ dissection. The forensic pathologist responsible for the case will give you instructions with respect to filling out the provisional autopsy report in PowerPath. The forensic pathologist may provide you with slides and/or other ancillary information (eg. toxicology) when it is available – typically 4-6 weeks after the case, and you are expected to proceed as you would at this point in the case of a hospital autopsy.

**ON-CALL RESPONSIBILITIES**

Residents need to complete at least one block of Hospital Autopsy before they can be on the call schedule. (PGY1s are exempt from pathology call). Call is home call. Residents are 1st call, but are on with a staff pathologist who is 2nd call for a week at a time, from Monday until the following Monday at 8:00 am. Residents on call must carry their personal pager with them at all times from 1630 to 0800 weekday evenings/nights and 24 hours a day over the weekend.

In general, night time calls are quiet. Call situations usually involve:
- frozen sections – ensure that the histotechnologist on call and pathologist on call have been phoned/paged and informed
- lymphoma protocol – sometimes a lymph node for immunohistochemistry comes in late. You need to contact the histotechnologist and pathologist on call. If you are not sure if material has been reserved for routine H&E staining, you should reserve some for that. The remainder of the specimen should be snap frozen and/or sent for tissue typing, as indicated on the requisition.
- the odd and the unusual - page the pathologist on call for help

On Saturdays of a call week, residents on call are expected to complete Forensic Autopsy cases under the guidance of the forensic pathologist on call for the weekend. Call the General morgue at 0800 to confirm that there are cases. Very rarely there are no cases, but in this case, you do not have to go in. If cases come in through the day, you will be notified via pager.

On long weekends/holiday Mondays on call you will be expected to perform any hospital autopsies at the Civic. If there are no hospital autopsies, you are to go to the General Campus and perform forensic autopsies. You are to carry your pager 24 hours a day on a holiday Mondays.

On-Call Stipend: Fill out the appropriate form for on-call claims, and attach a copy of the call schedule sent out by Stacy Wells to ensure proper processing. Please ensure that the chief resident signs both the on-call stipend claim form as well as the call schedule. Unless you have a very bad night, you can only claim for home call, at $57.50/night. To convert a call to “in-hospital” call you have to be in the hospital for over one hour after midnight - a rare occurrence.

**VACATION AND CONFERENCE LEAVE**

Under current PAIRO rules, you have 4 weeks of vacation, 7 days for conference/education leave, and 5 days for either Christmas or New Year’s, and 1 floating ‘statutory’ holidays.

Request for vacation or leave forms should be brought to and signed by (in the following order) the supervising staff pathologist in charge of the rotation you will be on, the Chief Resident, and lastly, the Program Director for approval. The Chief Resident is to bring the leave form to the Program Director to approve and sign. The Chief Resident will then track the leave and forward it to the program administrator, Sheila Schnupp. **Leave/vacations are not valid if they are not approved by the Program Director.**
should be filed, at the latest, **one month in advance of the intended holiday**. Residents are expected to clean out all pending cases with their respective staff as a part of CanMEDS roles for professionalism, see resident **Hand-Off/Over policy**.

As for conference leave, each resident may claim up to $2500 CAD for conferences per year. Receipts (and boarding passes) should be sent to Sheila Schnupp and can only be sent AFTER you have attended the conference. Please refer to the travel guidelines for details.

**ILLNESS/FAMILY EMERGENCY**

If you are sick, or a family emergency has arisen, you should notify your rotation supervisor, Program Director, Sheila Schnupp and the Chief Resident by e-mail as soon as possible. On the weekend, when you are on call, try to find a replacement. If not possible, call the Chief Resident to discuss an alternative arrangement. If a situation requires a prolonged absence, you should discuss this additionally with the program director. As per the Post-Graduate Medical Education office, if you miss more than three days consecutively due to sick leave you are to provide a doctor’s note to the program director (see Sick Leave policy).

**THE RESIDENT ROOM**

The residents’ room should be kept clean and in orderly fashion at all times. It should be locked when unoccupied. Your personal belongings are your responsibility; leave them behind at your own risk.

Each resident will have a desk. It should be cleared of all materials if the resident is to be away (on elective, at a different campus, etc.). This permits the use of the desk and its resources for others. Each desk comes with a microscope. No parts should be removed or exchanged from it.

**Since we can have up to 18 residents in close quarters, personal hygiene is needed. Because it is a large communal working area, please keep unnecessary conversations to a minimum. Set your cellular phone to a silent ring-tone.**
DICTATIONS

Lab information system used by Anatomical Pathologists is PowerPath.

For logging purposes, you will be expected to add a case “note” for every microscopic case that you complete in PowerPath as well as for every frozen section that you complete.

COMPUTER ACCESS

Each resident has their own computer and workspace. There will be one dedicated “PGY-1” workspace with a computer for the PGY-1’s to rotate through during their first year.

A username and password will be provided to you during your orientation day in order to log in to all computers at TOH. You will be prompted to change your password every two months.

Within Anatomical Pathology, the V: drive contains a number of important files, which you will become familiar with in your first few blocks in AP. Access to the V: drive will be set up by Mary Sue Smith. You must email her or speak with her in person in order to get this done. If you are having problems, the chief resident can help with this.

You can create a folder for yourself on the V: drive, as long as it stays within the Resident folder. Articles for journal club, lectures, and old presentations can generally also be found there.

Printer setup

These accounts also do not have a printer set up. To set up the printer:
1. Go to the Start menu > Settings > Printers and Faxes
2. Get yourself into the ‘Printer Wizard’ or find a button that allows you to add printer.
3. Click the options that allow you to look for a network printer.
4. Search the Ottawa Hospital network for the resident room printer (c-gen-fp4\Gen-Pathology-4284). Add this printer; it should be your default printer for your account.
Access to hospital e-mail
Instructions for accessing your TOH e-mail account will be provided to you during your orientation day.

Audiovisual Equipment
Laptops and projectors need to be signed out if they are to leave the CAPE room. Because of the AV equipment, the CAPE room should be locked when not in use.

The CAPE room contains a variety of equipment. The laptop can be hooked up to one of two video projectors for Powerpoint presentations. (The white NEC projector has more reliable colour quality than the grey projector.) The video projectors can also be hooked up to the older microscope-video camera unit for other pathology presentations outside the department.

To set up the laptop and projection unit:
1. Plug in the video projector into the power supply and attach the connectors to the laptop.
2. Turn on the video projector.
3. Plug in and turn on the laptop. (If you do this in the reverse order, i.e. turn on the laptop, then plugging in the projector, the laptop will fail to recognize the projector, and you end up rebooting the computer.)
4. Log into the laptop (username: pathology; password: obtain from the residents).

There is a new(er) scope with a high-definition Sony video camera, which hooks up to the large high-definition video projector. Avoid taking these units out of the CAPE room if possible. Setup for this unit is best explained in person – ask a senior resident for help if required.

Lighting is controlled by three switches:
- far left beige sliding switch controls the peripheral lights. These should be kept on at a low level during any presentation.
- middle sliding beige switch controls the central lights. These should be off during presentations.
- right-sided toggle switch controls fluorescent lights. These should be off during presentations.

Multihead Microscopy Room and Slide Scanner
This room is used frequently for a number of different rounds and teaching sessions. On the door there is a monthly schedule, on which you can book any free time.
The room contains a 6 headed microscope, a computer set up with dictation capability, a 50 inch monitor, and a state of the art slide scanner with its own computer.
The multiheaded scope is hooked up to the monitor so that anybody in the room can view what is being observed under the scope, regardless of whether they are at one of the heads or not. The computer with dictation capability allows for group sign out if desired. The slide scanner allows for scanning at low and high power. Its use must be logged in the log sheet at the computer. Please ask a senior resident for instructions/help on how to use the slide scanner.
EDUCATIONAL ACTIVITIES

While there are rounds galore in pathology, (accessory list to be found at the end of this document) there are four key educational sessions/rounds which you should make all possible efforts to attend.

1. ACADEMIC FULL-DAY
In our department, Monday is reserved for educational purposes, and may also be used for research and general catch-up (as the situation requires). These schedules are set well in advance, and the chief resident/Sheila generally sends out weekly reminders.

Attendance is mandatory for all sessions (including PGY-1s). PGY-1s on clinical rotations are required to notify their teams about their academic full-day and to attend these sessions except for when they are post-call.

The day typically consists of a selection of the following activities:
Gross and autopsy rounds, lectures by staff pathologists, journal clubs, chairman rounds, cytology lectures and multihead microscope teaching sessions, pathology residents’ end of block presentations (in PGY3 year), CanMEDS residents as teachers presentations, unknown rounds including resident-run sessions (Black box) where cases are collected by residents on subspecialties to share with others on different subspeciality rotations, informal resident-run histology sessions at the multihead microscope, forensic autopsy lectures, moot court and other presentations.

2. UNKNOWN ROUNDS
Unknown rounds are centered upon the presentation and discussion of interesting/educational slides. Staff will deliver the slides the week prior to their assigned date. It is best to look at, and read around, all of the cases. Be prepared for questions surrounding each case, especially with respect to differential diagnosis, prognosis, and immunostaining. Occasionally, staff will choose to do the session in a “true unknown” format, wherein the residents will have not seen any of the cases beforehand. If it is your first time presenting a case, it is worthwhile to familiarize yourself with the microscope and projector within the CAPE room (ask a senior resident for assistance). A good way to tackle these unknown rounds is for the residents to get together to all have a look at the cases and come up with possible diagnoses and differentials.

3. AUTOPSY ROUNDS
PGY 1s are expected to give autopsy rounds presentation after their each of their two hospital autopsy blocks. This includes interesting autopsy cases that they have encountered over 4 weeks of being on the service. The presentation should include a thorough
clinical history, external and internal examination findings. After each case, the resident should review an important clinical concept (meningitis, sepsis etc) learned from a case(s). These can either take place in the forensic morgue or in the format of a powerpoint presentation. There are additional blocks of hospital autopsy at the PGY3 and PGY5 levels and residents should follow a similar format for their autopsy rounds presentation.

4. GROSS ROUNDS
The principles and techniques behind the grossing (dissection) of surgical specimens will be discussed. One resident (PGY2-PGY5) will be assigned to lead these rounds each Monday. The resident may choose 3-4 specimens to review, depending on the topic and complexity of each case. Each resident (PGY2-PGY5) will complete this several times throughout the year. Rounds can be completed using physical specimens in the gross room or as a PowerPoint presentation with images. Attention should be paid to leading the other residents through the step by step process of grossing specimens and/or reviewing classic gross diagnostic features of various specimens. Residents should utilize Lester's, CAP Protocol, and the internal EORLA Surgical Pathology Manual to guide the discussion.

5. SURGICAL PATHOLOGY CONSENSUS CONFERENCES
Difficult/interesting cases from each subspecialty will be discussed at the multi-head microscope by members of that subspecialty group. Residents who are rotating through the subspecialty are expected to attend the consensus conference Tuesday-Friday. The schedule is as follows:

- GI: 1-2pm Monday - Friday (as needed)
- GU: 2-3pm Monday - Friday (as needed)
- Gyne: 11-12pm Tuesday and 9:30-10:30 Thursday
- Dermatology 8-9am Wednesday
- Breast: 10:30-11:30 Monday and Thursday
- Head and Neck Rounds: as needed
- Forensic: 3:30pm Wednesday (as needed)

6. TUMOUR BOARD ROUNDS
Cases will be discussed with all members of the clinical team including pathologists, medical oncologists, surgeons and radiation oncologists. PGY-2s who are rotating through the subspecialty are expected to attend tumour boards with the option to present and residents from PGY-3 to PGY-5 will be expected to present cases. The schedule is as follows:
- GI: 7:30-8:30am Monday, 3rd floor Cancer Centre
- GI (Gastroenterology): 7:30-8:30 am Tuesday, 7th floor CAC
- Derm: 12:00-2:00 Thursday, Civic
- GU: 4:30-5:30 pm Monday, 7th floor CAC
- Medical Grand Rounds: 8-9am Tuesday, Amphitheatre
- Breast: 8-9am Tuesday, 3rd floor Cancer Centre
- Gyne: 9:15-10:15am Wednesday, CAPE room
- Hematology: 8-9am Thursday, CAPE room
- Head and Neck: 12:15-1:15pm Thursday, 2nd floor Cancer Centre
- Endocrine: Last Thursday of the month, 2nd floor Cancer Center
- Lung: 8-9am Friday, 2nd floor Cancer Centre
- CNS: 8-9am, last Friday of each month, Admin Board Room
- Sarcoma: 12-1pm, every Friday, CAPE room
- Lymphoma: Third Thursday of the month, 8-9 Thursday, CAPE Room
- Renal: 8-9am Friday, Riverside 5th floor Nephrology Conference Room

7. TEACHING SLIDES
There are teachings slides available in all subspecialties. These are with the Section Leads or may be found as scanned slides. These study sets can be checked out by residents during their rotations or for preparations for their RC Examination.

RESEARCH AND TEACHING ACTIVITIES

PGY1s may involve themselves in research projects if they choose. Most staff have small projects which they are willing to share with a resident. There are 3 possible dedicated research blocks in PGY-2, 3, and 4. There are specific goals and objectives for the research block on the departmental website. These blocks, however, can be used as elective blocks at the discretion of the program director, provided the resident is completing an appropriate amount of research in his/her own time and progressing adequately through the residency. All residents in PGY-2 through 4 are expected to present their findings at the Resident Research Day, which is coordinated by Dr. El Demellawy.
In terms of conferences, you are actively encouraged to attend conferences. The department will reimburse up to $2500 per year per resident to defray the costs of attending conferences. The major conferences are:

United States and Canadian Academy of Pathology:
- September deadline for March (following year) conference

College of American Pathologists (CAP)
- March deadline for September conference (same year)

Canadian Association of Pathologists (CAP-ACP)
- February deadline for June/July conference (same year)

American Society of Clinical Pathology (ASCP)
- March deadline for September conference (same year)

Ontario Association of Pathology
- June deadline for October conference (same year)

They often have excellent sessions with both reviews and cutting-edge material. It is advised to file for membership if you plan to attend these meetings.

In terms of teaching activities, PGY-2s and above are expected to participate in the medical student labs, in which you assist with the discussion around gross specimens. These usually take place in November, December, and January, with separate sessions running for the English and French classes. The topics include neoplasia, acute inflammation, and chronic inflammation. As the sessions from 8:30 am until 13:00, you will be excused from your normal scheduled duties. For more details, ask a senior resident.

**RESIDENT WELLNESS**

Each year the Program invites all residents to attend the Resident Retreat. The retreat will include an academic/didactic component and may include group and/or individual activities that will allow residents to develop teamwork and communication skills while
interacting with their colleagues in a relaxed, social environment. The Retreat usually takes place in the summer/early fall and the location changes every year.

In addition, there is a formal dinner in honor of graduating residents and Christmas dinner annually.

There is a Wellness Half-Day offered by PARO each year, typically in the Spring. Residents are excused from their clinical duties to attend.

**CANMEDS AWARD**

Every year the Program will recognize a resident who best exemplifies the 7 CanMEDS roles. The winner will be selected by all physician and supporting staff.
EXAMINATIONS AND EVALUATIONS

Residents are expected to try to trigger at least one EPA assessment each day by selecting a case, learning topic, or EPA to focus on for that day in discussion with his or her assigned staff. Residents are expected to have a good general awareness of their progress for each EPA in order to select cases with the appropriate breadth and complexity required for a well-rounded portfolio (all organ systems represented, combination of routine and complex cases). Evaluations are triggered by the resident in consultation with the staff pathologist using the Elentra platform. Evaluations should be completed same-day using confirmation by PIN.

Residents are also evaluated at the end of each rotation electronically through One45 using an ITER (in training evaluation of resident). One week before the end of your rotation, the ITER will be automatically distributed to the section head for that respective rotation.

For the rotations in Anatomical Pathology, Hematopathology, Microbiology and Biochemistry for PGY-1, a daily form will need to be filled in via One45. The PGY1 resident will send Sheila an e-mail with the name of the staff and resident that they worked with each day and Sheila will distribute the forms via One45. The program director is the head of the rotation for these rotations.

Near the end of each academic year, residents are also evaluated using PULSE 360, administered by PGME, which assesses a resident globally by resident colleagues, staff physicians and supporting (ancillary) staff. There are scheduled de-briefing sessions for all residents with the program Director once the results are in.

During the year, you will be evaluated through examinations:

1. **Mock Royal College Examination**
   This exam is done by all residents in PGY-2 through PGY-5 and usually takes place in January or February over a two day period. The first day includes a written exam, slide exam (glass or digital images), and an image exam encompassing gross cytology, and forensic images. The second day consists of a mock oral exam. There is a different oral exam for the junior (PGY2-3) and senior (PGY4-5) residents.
2. Residents In-Training Service Examination (RISE)
The RISE exam is done by all residents in PGY-2 through PGY-5 in late March. This exam is a multiple choice format, and is completed electronically in RGN using university laptops. Details for accessing and completing the examination will be provided by the Program Administrator and Chief resident.

**AP Standardized Rotation Schedule**

**PGY-1**
- Autopsy (2 blocks)
- Cardiovascular Pathology (1 block)
- Anatomical Pathology (2 blocks)
- Laboratory Medicine (1 block)
- Medical Oncology (1 block)
- Gynecologic Oncology (1 block)
- Radiation Oncology (1 block)
- General Surgery (1 block)
- Pediatrics Emergency (1 block)
- Emergency (1 block)
- CTU (1 block)

**PGY-2**
- Bone and Soft Tissue (1 block)
- Lymph Node (1 block)
- Head and Neck (1 block)
- Cardiovascular (1 block)
- Cytology (1 block)
- GI (1 block)
- Dermatopathology (1 block)
- Gyne (1 block)
- Breast (1 block)
- Lung (1 block)
- Genitourinary (1 block)
- Research (1 block)
- Forensic (1 block)

**PGY-3**
- Breast (2 blocks)
GI (2 blocks)
Genitourinary (2 blocks)
Gyne (2 blocks)
Lung (1 block)
Research (1 block)

Pediatrics (1 block)
Molecular pathology at TOH (1 block)
Medical autopsy (1 block)

PGY-4
Dermatopathology (Dynacare) (1 block)
Neuropathology (2 blocks)
Cytopathology (2 blocks)
Lung (1 block)
Forensics (1 block)
Bone and Soft Tissue (1 block)
Head and Neck (1 block)

Renal (1 block)
Lymph nodes (1 block)
Research (1 block)
Pediatrics (1 block)

PGY-5
Elective (7 blocks)
Cytology (1 block)
Molecular genetics and cytogenetics at CHEO (1 block)
Quality assurance (1 block)
Consult (1 block)
Medical autopsy (1 block)
Research (1 block)
Frequently Asked Questions

1. How do I find out what’s going on?
Ask your fellow residents. E-mail the Chief Resident and ask to be part of the resident’s list (if you are not already on the list). Ensure that the department secretary, Joanne Hodgins (interim), and the education secretary, Sheila Schnupp, have your contact information. Consult the shared documents such as the rotation schedule, academic calendar, and call schedule.

2. How do I use my microscope?
Before you begin, adjust your seating position so that you are comfortable, with your back relatively straight, and your head in a neutral position. You should be able to adjust your chair. Remember to stretch/walk around every 20-30 minutes. (This seems excessive until you realize how many pathologists have neck or back problems.)

Your microscope may require some fine-tuning before use. Adjust the eye pieces to mature your inter-eye distance. You may want to learn ‘Koehler microscopy’, which attempts to distribute the light over the microscopic field evenly. To do this, we need to define a few features of the microscope.

**Field diaphragm**: source of light at the base of the microscope. Usually can be adjusted with a dial.

**Substage condenser**: Located just below the stage, can be moved up and down. Once adjusted, try not to move it around too much.

**Aperture (iris) diaphragm**: Located with the substage condenser.
1. Adjust the eyepieces for width/intraocular distance (slide them back and forth).
2. Focus on a slide with the fine control, then adjust the focus on each eyepiece. Close each eye and adjust the image to its sharpest.
3. Open the aperture diaphragm and field diaphragm completely. Using a 20x objective, focus on a slide on the stage.
4. Close the field diaphragm almost completely. Raise the condenser until the edges of the diaphragm are sharply focused (condenser is usually in its highest position).
5. Use the centering screws on the substage condenser to center the image of the field diaphragm. Slowly open the field diaphragm until it just disappears from view.
6. Remove one eyepiece objective and look into the tube. Open and close the aperture diaphragm until only 66%-77% of the back lens is illuminated.
Try and keep your microscope free of dirt. You can find cans of compressed air for the looser dust, but occasionally, you’ll need to use a cotton swab, lens paper, or other soft, lint-free material, possibly in combination with tiny amounts of alcohol, to clean the grime away from the field of view.

3. How do I read a slide?
First, check the name and surgical number to ensure that it matches up with the requisition. (You would be surprised at how much of a difference this might make in final interpretation.)

Put your slide in the stage holder and take a look over the whole slide at low power. A lot of pathology is based upon tissue architecture, and it’s okay to be (very) confused at first. If you’re not familiar with a particular tissue, take a look at a histology text (Histology for Pathologists is a good one) and brush up on your histology. When you are sure that you have identified the correct tissue, consider whether it is normal or abnormal in architecture. Focus on the potentially abnormal areas, and try and describe what you think is abnormal. Higher magnifications can help here. Go back to whatever material you have on the requisition, and try to formulate a differential diagnosis.

4. Gross and microscopic photography
For gross pictures, a camera is available. Speak with the pathology assistants or a senior resident if you wish to take a gross picture. The elements of the gross picture include:
- light or neutral background with minimal smearing/blood
- specimen number
- ruler (for size comparisons)
- adequate light
- and, of course, the specimen itself.

For microscopic pictures, use the Leica photomicrography system in the multi-header (five-header) scope room or the slide scanner. Ask a fellow resident to help you take the relevant pictures and learn to use the imaging systems.

4. Help! I don’t know….
a)…about textbooks
The basic textbook is Robbin’s and Cotran’s Pathologic Basis of Disease. Your final exams are based on this textbook, and it contains a lot of good general information about mechanisms as well.
You will want a surgical pathology textbook, either Rosai/Ackerman, or Sternberg. Rosai/Ackerman has greater depth and more text upon disease entities, while Sternberg is more useful in sorting out differential diagnoses. Pick one text and stick with it, or the variable approaches may be confusing at first.

You will likely want a grossing manual. Lester’s Manual of Surgical Pathology gives a standardized approach to grossing, and also has good detail upon immunologic studies, gross differential diagnoses, staging, and criteria for microscopic evaluation. It has an excellent section on surgical pitfalls and a comprehensive review of the most common frozen section situations. Histology for Pathologists is also a good textbook.

b) …about web resources
Several good pathology resources include ExpertPath, Pathology Outlines, Webpath, online Robbins (go in to the U of O library website through Explorer), and ImmunoQuery.

c) …about Powerpath
Ask a senior resident for help

d) …about borrowing books
Our books are exceedingly precious resources that we need to share between ourselves. Don’t damage them. If you need to take one home, sign it out, and bring it back as soon as possible.

e) …about borrowing image CDs associated with books
Like our books, the CDs contain tons of images at high resolution. If you borrow one, bring it back. Better still, burn yourself a copy which you can keep with you.

f) …about lectures
The academic day schedule is e-mailed out the week before and the Chief Resident will send out an e-mail notifying people of where and when the next day is. Powerpoint copies of lectures can usually be found on the common drive (V: drive), and notes are often available.

g) …about noise
If you require a quiet room for dictation or for reading, you can use the inner resident’s room. The CAPE room is also available for our use. For those particularly sensitive to noise, ear plugs are suggested. For those who enjoy conversation, please remember that there may be other people dictating or trying to work who would appreciate that the noise level is kept to a minimum.

h) …about locked doors.
These are the following codes:

<table>
<thead>
<tr>
<th></th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytology lab</td>
<td>6497*</td>
</tr>
<tr>
<td>Cytology screening</td>
<td>7436*</td>
</tr>
<tr>
<td>PALM</td>
<td>1946*</td>
</tr>
<tr>
<td>Room</td>
<td>Extension</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>CAPE room</td>
<td>226*</td>
</tr>
<tr>
<td>Photocopier room</td>
<td>9166*</td>
</tr>
<tr>
<td>Microscope teaching room</td>
<td>1648*</td>
</tr>
<tr>
<td>Residents’ room</td>
<td>7834*</td>
</tr>
<tr>
<td>Surgical Pathology receiving area (Histo/FS/OR): Note: opens and relocks</td>
<td>4597*, 4499*</td>
</tr>
<tr>
<td>Transcription office</td>
<td>3791* (unlocks 1379*)</td>
</tr>
<tr>
<td>Morgue, General</td>
<td>30499*</td>
</tr>
<tr>
<td>Slide filing room (4225)</td>
<td>0618*</td>
</tr>
<tr>
<td>Reception area room (4102)</td>
<td>3157*</td>
</tr>
<tr>
<td>Forensic Unit, 4th floor</td>
<td>61327*</td>
</tr>
</tbody>
</table>

i)...about something not in this guide
Ask a senior resident for guidance.

**USEFUL NAMES AND NUMBERS**

See following page for staff names and office extensions.
Head of Laboratory Medicine Dr. John Veinot
Chief, Anatomic Pathology Dr. J. Lage
Program Director Dr. S. Islam 78297
Chief Resident Dr. Khan 78287
Program Administrator Sheila Schnupp (613) 562-5422
Divisional Secretary Joanne Hodgins 79080
Laboratory Manager William (Bill) Parks 78864
Receptionist Nikki Lister 78292
Locating General 78222
Civic 14221
Resident Room General 78287
ANATOMICAL PATHOLOGY BASIC GROSSING COMPETENCY POLICY
PGY2 and PGY3

1. Residents begin grossing surgical pathology specimens in their PGY2 year, with the goal of eventually grossing complex cases independently by their senior years (as outlined in the gross supervision policy). In the early years of residency, it is important for residents to have close supervision in order to develop the confidence to gross specimens independently and to recognize their limitations and when to seek help.

2. As per the resident supervision policy, all junior residents are to review suspected or confirmed cancer cases with a senior resident/staff prior to grossing. This review maybe hands-on (which is a preferable method when you start) or may be a brief verbal review upon a progression of skills (see grossing supervision policy for details).

3. This policy is applicable to all PGY-2 and PGY-3 residents, and must be completed by the end their PGY3 year.

4. For the first 10 complex cancer cases that the resident grosses (10 in total, MUST include GI, GYN, Breast and GU), an assessment checklist (see below) must be signed by a senior resident or staff (one for each of the ten cases). These assessment forms are then scanned and sent to the program director and program administrator. This ensures that the resident has had close supervision for at least 10 cases and has a basic understanding of the concepts of grossing before becoming more independently.
5. Once this has been completed for 10 cases, the resident will follow the existing Supervision/Graduated Responsibility policy of the program posted in the website.

6. By no means does this mean that after these 10 cases should the resident feel as though they cannot ask for direct hands on supervision, but this policy serves as a basic foundation.

7. There are also many benign cases which can be complex from a grossing perspective. Although these are not included in this policy, the resident should review all cases with complex/distorted anatomy and surgeries with which they are not familiar.

8. Residents are expected to try to trigger an EPA assessment at the end of their grossing day (please, see the details under “examinations/evaluations”). These are applicable EPAs for grossing activities:
   - C-1 Initiating ancillary studies at the time of specimen receipt
   - D-1 Participating in basic specimen handling
   - D-2 Summarizing relevant clinical information for clinicopathologic correlation prior to grossing
   - F-1 Performing gross dissection of simple surgical specimens from accessioning to submission of blocks
   - C-2 Performing gross dissection of routine surgical specimens
   - C-3 Performing gross dissection of complex surgical specimens
   - C-15 Participating in quality management activities
   - C-17 Maintaining personal learning and career plans
   - TTP-2 Supervising, teaching and assessing junior learners
   - TTP-3 Participating in laboratory management activities, in the role of junior staff
## Competency Assessment Checklist for: Grossing Cancer Surgical Specimens

<table>
<thead>
<tr>
<th>(S#)</th>
<th>(specimen)</th>
<th>(category)</th>
</tr>
</thead>
</table>

Resident: _____________________    Supervising Resident/Staff: _____________________

Type of specimen: ____________________________________________________________

Did the Resident:

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use the proper grossing protocol for dissection and dictation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use the proper medical and anatomical terms in gross description?</td>
<td></td>
<td></td>
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<tr>
<td>Include proper descriptions of dimensions, colour, texture and shape as required?</td>
<td></td>
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<tr>
<td>Recognize / describe main pathological features?</td>
<td></td>
<td></td>
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<tr>
<td>Recognize / describe other appropriate abnormal or incidental findings?</td>
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<tr>
<td>Take appropriate number of sections from key areas of the specimen?</td>
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<td></td>
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<tr>
<td>Take sections of sufficient quality (size, precision of section etc...)</td>
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<tr>
<td>Understands key concepts regarding margins (inking, measuring, en face vs. perpendicular, etc) and effectively describes these in the gross dictation?</td>
<td></td>
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<tr>
<td>Draw and include diagrams as required?</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
</tr>
<tr>
<td>Photograph or X-ray specimen as required?</td>
<td>Y</td>
<td>N</td>
<td>NA</td>
</tr>
<tr>
<td>Other Comments:</td>
<td></td>
<td></td>
<td></td>
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<td>----------------</td>
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</tbody>
</table>

Competency/Learning demonstrated: ☐ Yes
Additional training/follow-up action required: ☐ Yes (see below for Follow-up Action Plan)

Signatures:

Resident: _____________________________  Date: ______________

Supervising Resident/Staff: ______________________  Date: ______________

Follow-up Action Plan

Name of assessment: ______________________________  Date: ______________

Type of assessment: ☐ Direct Observation ☐ Written Quiz ☐ Oral Questions
<table>
<thead>
<tr>
<th>Specific Skill or Knowledge to be demonstrated</th>
<th>Action to be taken</th>
<th>Competency/Learning to be reassessed by:</th>
<th>Outcome of reassessment: Competency/Learning demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Method</td>
<td>Date</td>
</tr>
<tr>
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</tbody>
</table>

Signatures
Resident: _____________________________  Date: ______________

Supervising Resident/Staff: ______________________  Date: ______