ORIENTATION PACKAGE FOR ANATOMICAL PATHOLOGY RESIDENTS
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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.

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
Bibianna Purgina - Program Director (613) 737-8899 ext 72082
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. Under no circumstances is a resident allowed to transport case materials in their own personal vehicle.

EXPECTATIONS
The residency program is all outlined at the Departmental Website at: https://med.uottawa.ca/pathology/education/postgraduate-medical-education/anatomical-pathology

Here you will find a detailed overview of the program with curriculum maps, rotation schedules, CBD pathway and EPAs, CanMEDS roles and rotation goals and objectives covering all years (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.

During your orientation, you must read the policies on Harassment and Intimidation, Resident Promotion, Resident Supervision, Resident Graduated Competencies, Appeal Mechanism and Resident Safety and confirm that you have read them by sending an e-mail confirmation to Sheila.

At the PGY-1 level, you will be introduced to the duties of a pathology resident. At this training level, you will complete an Introduction to Pathology rotation, 1 block of autopsy, 1 block of forensics, 1 block of cardiovascular pathology and 4 subspecialty rotations in the major subspecialties (depending on availability).

To keep on top of your rotations, you need to check the anatomical pathology service schedule the day (and preferably the week) before, to determine which staff you’ll be working with. The schedule will be emailed to you on a monthly basis.

Rotation objectives are available at: https://med.uottawa.ca/pathology/education/postgraduate-medical-education/anatomical-pathology/goals-and-objectives

The objectives are linked to the relevant EPAs in the CBD curriculum and divided by CanMEDS Roles.

**SURGICAL PATHOLOGY**

There are sample Anatomical Pathology standardized rotation 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 PGY-4. Additional off-site electives must be approved by the Program Director. The PGY-5 year consists of all elective blocks to fulfill the Transition to Practice stage of the CBD curriculum (with the exception of mandatory Cytology, Hospital Autopsy and Consult blocks), provided all previous blocks have been previously completed.

As stated above, the PGY1 year includes the following blocks in Anatomical Pathology, an Introduction to Anatomical Pathology, Hospital Autopsy, Forensic Pathology, Cardiovascular pathology. There are also 5 clinical rotations: General Surgery, Medical Oncology, Radiation Oncology, Gynecologic Oncology and Pediatrics ER. During these clinical rotations, Foundation EPA #3 and Core EPA #18A must be completed.

In the PGY2-PGY4 levels, the resident will rotate through various surgical pathology, cytopathology, forensic and autopsy pathology rotations. Neuropathology and Pediatric pathology will consist of two consecutive blocks. The first two cytopathology blocks will be teaching blocks and are done during PGY2 and PGY3. Cytology sign out sessions will be incorporated once per week during the PGY3 year, with the reminder occurring during PGY4. Please see the rotation schedules posted on the program website for the various rotations available in each training year.

**GROSSING**
Grossing of specimens covers the following EPAs: TTD#1, F#1, C#2, C#3, TTP#2.

On the Anatomical Pathology Service Schedule, look for initials beside “Gross.”

Residents will complete a “grossing log” (shared file created by the gross room director).

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 (which the resident must familiar with before handling a specimen), as well as grossing textbooks (ie. Lester’s Manual of Surgical Pathology), these cannot replace observation and actual experience in the gross room.

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 vs the opposite orientation in the frozen section room). While note-taking can be valuable, one must eventually become familiar with the dictation system. Templates for common specimens are also available. During the first “Introduction to Anatomical Pathology” block, the resident will become familiar with the gross room, the opening bench, taking scout sections, handling margins at the time of receipt and grossing of simple specimens. During the subsequent surgical pathology blocks, residents will gross specimens independently, starting with small and routine cases. Please refer to the specific rotation goals and objectives for more details.

PGY1 and PGY2 level:
- For the major subspecialties, GI, Gyne, Breast and GU, a grossing week is built into their rotation block
- For other subspecialties, there is an expectation to gross. Often this will take place in the afternoon when you have completed sign-out with your staff and there are more grossing benches available.
- Please refer to the specific rotation goals and objectives to familiarize with grossing expectations for each subspecialty, including types and minimum number of specimens, completion of grossing logs, etc.

PGY3 and PGY4 level:
- Although no grossing week is built into their rotation block, an expectation of grossing remains.
- Senior residents, including PGY5 residents, are expected to supervise and teach junior trainees in the gross room (EPA: TTP#2)

Grossing of routine specimens can be handled by a resident at any training level. Complex specimens should be done by residents that are able to demonstrate a complete understanding of the anatomical and imaging findings as well as the surgical procedure. Junior residents must obtain staff approval or be supervised by a senior resident for a complex specimen.

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. You are responsible to dispose of your own sharps.

The resident will review the slides of the case that he/she grossed and review it with the attending pathologist assigned to the case, if the slides are available before the end of the rotation. The attending will review the gross description and will complete the EPA (which may be initiated by the staff or the resident). 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.
FROZEN SECTIONS

Frozen sections (intra-operative consultations) covers the following EPAs: C#13, TTP#1.

Frozen section training is done via linear exposure throughout your residency. Expect to be on frozen sections, 2-3 days per rotation block.

On the Anatomical Pathology Service Schedule, look for initials beside “FS-GENERAL.”

Daytime frozen section coverage lasts between 0800 and 1630, Tuesday to Friday. 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 or if you need to cover multidisciplinary rounds, find a resident to cover you, and must inform the staff you are working with of the change in coverage.

When paged, go to the frozen section room on the 2nd floor of the General, within the OR area. For your first week on frozen section, you will be scheduled with a senior resident. Different staff will give you different responsibilities based on their preference and your skill set.

It is important that by the end of PGY-2, that you are able to cut tissue sections on the cryostat, transfer the tissue section to the slide, stain and coverslip the slide. This is a critical skill for every pathologist.

A complete frozen section report will consist of: a brief (~ 3 sentences) gross description, what was submitted for frozen section (representative section vs in toto; or if a margin whether submitted en face or perpendicular), the diagnosis (with specimen number, specimen, laterality, procedure), method of communication of the result, time completed, the resident name and staff name. An example of a frozen section:

Specimen consists of a right ovarian mass (13.0 x 11.0 x 8.0 cm) with attached fallopian tube (4.4 x 1.1 cm). The outer surface is smooth. Cut surface is variegated with scattered foci of necrosis and hemorrhage. Three representative sections submitted.

Right ovary and fallopian tube, SO –
- high grade carcinoma, favour high grade serous carcinoma
- results communicated over speakerphone to surgeon

14:40.
Dr. A. P. Resident (PGY2)
Dr. A. P. Staff

Please keep a list of all frozen sections that you participated in. This step is important so you are able to compare your diagnosis at frozen with final diagnosis. This represents an important QA metric in Anatomical Pathology.

For all residents at every level of training, an Elentra EPA C#13 evaluation must be triggered at the end of the day and completed by staff 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.

**SIGN-OUT/MICROSCOPY**

Surgical pathology sign-out covers the following EPAs: F#2, C#4, C#5, C#9, C#10, TTP#1.

On the Anatomical Pathology Service Schedule, look for initials next to a staff initials.

Prior to your first day on the block, send an email the subspecialty lead to find a time to review objectives and expectations during your rotation.

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 staff mailbox in the photocopy room. The remainder of the slides may come out at a later time. You must discuss with staff beforehand the way sign-out will be done (i.e. when to begin and how to proceed). Please refer to the specific subspecialty rotation goals and objectives to determine expectations based on your training level.

The staff are expected to provide you with an appropriate workload for your training level. Junior residents (PGY1 and PGY2), will receive ~ 60-80% of the workload, whereas senior residents will receive and will work towards handling the entire work volume for the day.

Sign-out should be viewed as a learning opportunity and not a test. In addition, you will develop your skills at handling a standard workload for an anatomical pathologist

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 and/or handover 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.

**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 far more numerous than the hospital autopsy cases. In addition to learning forensic pathology, forensic cases may serve as a substitute for hospital autopsies, in the event there are limited hospital cases during your rotation.

You will do 2 Hospital Autopsy and 2 Forensic Autopsy blocks during your training:
- 1 block of Hospital Autopsy in PGY1
- 1 block of Forensic Autopsy in PGY1
- 1 block in Forensic Autopsy in PGY2
1 modified block of Hospital Autopsy in PGY5 (as part TTP).

PGY-1 residents on Hospital Autopsy rotation or Forensic Pathology 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 closed heel), put on a green gown, apron, head covering, mask, gloves, etc. If there are medical autopsies to be done, this is usually known the day before (or early the day of). This will give you a chance to review the decedent’s history in the electron medical record.

Through hands-on, one-on-one training, you will quickly learn autopsy dissection techniques, dictation of the gross report, formation of the PPD (provisional autopsy report, which needs to be completed within 24-48 hours) for hospital cases, microscopy, and the final autopsy report.

In your PGY-1 year, you will be expected to present selected/interesting hospital autopsy cases during autopsy rounds.

**Medical Autopsy Block (Relevant EPAs: TTD#2, F#4, C#6, TTP#1, TTP#2):**
There will not be cases every day. If there is no case, you may either participate in cardiac or brain cutting, or may participate 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 assigned staff, you will be expected to review consent forms and ensure that they are valid and review the patient’s chart. You and the staff will identify the body (confirm ID with hospital bracelets, toe tag and autopsy consent). 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. In your second autopsy rotation, you must learn evisceration techniques.

**Forensic Pathology Block (Relevant EPAs: TTD#2, F#4, C#6, C#7, TTP#1, TTP#2):**
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 cover the call pager (613-715-7072) for a week at a time, from Monday till the following Monday for AP.

- In general, nighttime 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 (refer to P&P for lymphoma protocol)
  - Heart valves
  - Opening late or emergency specimens (e.g. hemicolecotomy) (refer to “Opening of Large Specimens after hours” policy)
- the odd and the unusual
  - If you receive a strange question, consult the online call manual for updated information on answers to common questions and other situations we’ve encountered before.
  - The next point of contact would be the senior resident if you are paired with one.
  - After that you can post the question on the Whatsapp group chat and whoever is available can help.
  - Final step would be to call the staff pathologist you are on with.

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-Call Stipend: Fill out the appropriate online submission form. Unless you have a very bad night, you can only claim for home call. To convert a call to “in-hospital” call you have to be in the hospital for over one hour after midnight- a rare occurrence. Refer to PARO rules/policies for more information on this.

**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 subspecialty lead 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. This should be filed, at the latest, one month in advance of the intended holiday.

Residents are expected to properly handover any pending cases as a part of CanMEDS roles for professionalism, please see “Away Resident Hand-Off Policy”.

As for conference leave, each resident may claim up to $1,800 for conference funds and $700 for books/courses. 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 following policies:
- Book Fund Guidelines for Residents
- Travel Fund Guidelines for Residents

**ILLNESS/FAMILY EMERGENCY**

If you are sick, or a family emergency has arisen, you should notify your rotation supervisor, the staff you assigned with, Program Director, Sheila Schnupp and the Chief Resident by email as soon as possible. On the weekend, when you are on call, try to find a replacement. If that is not possible, call the Chief Resident to discuss an alternative arrangement.

If a situation requires a prolonged absence, you must discuss this with the program director.
As per the Post-Graduate Medical Education office, if you miss more than three consecutive days 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 when they are on a pathology rotation. 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.

LAB INFORMATION SYSTEM

PowerPath is the Lab information system used.

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. Alternatively, you can keep a personal log of all these cases (e.g. on Excel). This will enable you to quickly search for all the cases you have participated in.

COMPUTER ACCESS

Each resident has their own computer and workspace. In the event there are more AP residents than workspaces (17 total workspaces), the rotation schedule will be set up such that no more than 2 PGY1 AP residents will be rotating in pathology. This will allow the PGY-1 residents to share 1-2 workspaces.

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.

Storage of educational materials and research projects are shifting from physical storage on the V drive to cloud storage on OneDrive.

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
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 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 or Nikki Lester for instructions/help on how to use the slide scanner.
EDUCATIONAL ACTIVITIES

While there are rounds galore in pathology, (list to be found at the end of this document) there are four key educational sessions/rounds which you are expected to attend unless you have booked off vacation/CME or are off sick. The Chief Resident will take attendance at the mandatory educational activities.

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/Manon generally sends out weekly reminders.

   Attendance is mandatory for all sessions (including PGY-1s). Depending on the clinical rotation, the PGY-1 may only be excused for a half day. It is the responsibility of the PGY-1 on clinical rotations 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, cytology lectures and multihead microscope teaching sessions, pathology residents’ end of block presentations (in PGY3 and PGY4 year), unknown rounds including resident-run sessions (Black box) where cases are collected by residents on subspecialties to share with others on different subspecialty 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-1 and PGY-2s are expected to give autopsy rounds presentation after their each of their 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.

4. GROSS ROUNDS

   The principles and techniques behind the grossing (dissection) of surgical specimens will be discussed. One resident 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 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.

   When gross rounds take place in the gross room, the pathologist assistants will attend and participate in learning activities. This is an opportunity to fulfill the
Collaborator CanMEDS role (as well Leader and Professional).

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. Residents who are rotating through the subspecialty are expected to attend and present at tumour boards. Expectations are based on the residents level of training and outlined in the subspecialty rotation objectives. The schedule is as follows:

<table>
<thead>
<tr>
<th>Subspecialty</th>
<th>Day</th>
<th>Time</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>GI</td>
<td>Monday</td>
<td>7:30 am</td>
<td>Weekly</td>
</tr>
<tr>
<td>GI Medical/Liver</td>
<td>Thursday (third)</td>
<td>12 pm</td>
<td>Monthly</td>
</tr>
<tr>
<td>Gyne</td>
<td>Wednesday</td>
<td>9:15 am</td>
<td>Weekly</td>
</tr>
<tr>
<td>Breast</td>
<td>Tuesday</td>
<td>8:00 am</td>
<td>Weekly</td>
</tr>
<tr>
<td>GU</td>
<td>Monday</td>
<td>4 pm</td>
<td>Weekly</td>
</tr>
<tr>
<td>Derm</td>
<td>Thursday</td>
<td>12 pm</td>
<td>Weekly</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Wednesday</td>
<td>4:30 pm</td>
<td>Bi-weekly</td>
</tr>
<tr>
<td>ENT</td>
<td>Thursday</td>
<td>12 pm</td>
<td>Weekly</td>
</tr>
<tr>
<td>ENT Endo</td>
<td>Thursday (last of month)</td>
<td>4:30 pm</td>
<td>Monthly</td>
</tr>
<tr>
<td>MSK</td>
<td>Friday</td>
<td>12pm</td>
<td>Weekly</td>
</tr>
<tr>
<td>Thoracic</td>
<td>Friday</td>
<td>8am</td>
<td>Weekly</td>
</tr>
<tr>
<td>CNS</td>
<td>Wednesday</td>
<td>4:30 pm</td>
<td>Bi-monthly</td>
</tr>
</tbody>
</table>

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. In addition, there is abundant free time on research days that can be dedicated towards research. 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.

In terms of conferences, you are actively encouraged to attend conferences. The department will reimburse up to $1800 per year per resident to defray the costs of attending national and international 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 in 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.

The program offers $500 as reimbursement for resident wellness. This can include memberships to art/musical supplies, gym, sport clubs, sport equipment, and anything that the resident considers contributed to their wellness.
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). For surgical sign-out (EPAs: C#4, C#5), the resident may “batch” similar cases into one EPA, rather than filling out numerous identical EPAs. This can be attempted with the grossing EPAs (EPAs: C#2, C#3), however this is more difficult as the cases you have grossed may have been distribute to several different staff.

EPAs may be triggered by the staff pathologist or 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.

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 two formative examinations:

1. **Mock Royal College Examination**
   
   This exam is done by all residents in PGY-1 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.

   Please note: Some US Fellowship programs will use RISE scores to assess candidates.

AP Standardized Rotation Schedule

**PGY-1**

1. Introduction to Anatomical Pathology (1 block)
2. Autopsy (1 blocks)
3. Forensic Pathology (1 block)
4. Medical Oncology (1 block)
5. Gynecologic Oncology (1 block)
6. Radiation Oncology (1 block)
7. General Surgery (1 block)
8. Pediatrics Emergency (1 block)
9. Cardiovascular Pathology (1 block)
10. Dermatopathology-TOH (1 block)
11. GI (1 block)
12. Genitourinary (1 block)
13. Breast (1 block)

PGY-2
1. GI (1 block)
2. Gyne (1 block)
3. Breast (1 block)
4. Genitourinary (1 block)
5. Bone and Soft Tissue (1 block)
6. Lymph Node (1 block)
7. Head and Neck (1 block)
8. Renal (1 block)
9. Cytology (1 block)
10. Dermatopathology - Dynacare (1 block)
11. Lung (1 block)
12. Research (1 block)
13. Forensic (1 block)

PGY-3
1. GI/GU (1 block)
2. Gyne (1 block)
3. Breast (1 block)
4. Neuropathology (2 blocks)
5. Cardiac (1 block)
6. Head and Neck (1 block)
7. Musculoskeletal (1 block)
8. Lung (1 block)
9. Research/Elective/Selective (1 block)
10. Dermatopathology-TOH (1 block)
11. Cytopathology (1 block)
12. Liver (1 block)
**PGY-4**

1. GI (1 block)
2. Gyne (1 block)
3. Genitourinary (1 block)
4. Lymph Node (1 block)
5. Renal (1 block)
6. Cytology (1 block)
7. Lung (1 block)
8. Research/Elective/Selective (1 block)
9. Elective/Selective (1 block)
10. Quality Assurance/Control (1 block)
11. Pediatric pathology (2 blocks)
12. Study (1 block)

**PGY-5**

1. Cytopathology (1 block)
2. Molecular (1 block)
3. Consults (1 block)
4. Research/Elective (1 block)
5. Autopsy (1 block)
6. Electives (8 blocks)

**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, 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.
1. Aperture (iris) diaphragm: Located with the substage condenser.
2. Adjust the eyepieces for width/intraocular distance (slide them back and forth).
3. 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.
4. Open the aperture diaphragm and field diaphragm completely. Using a 20x objective, focus on a slide on the stage.
5. 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).
6. 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.
7. 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.

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:

   a. light or neutral background with minimal smearing/blood
   b. specimen number
   c. ruler (for size comparisons)
   d. adequate light
   e. and, of course, the specimen itself.

For microscopic pictures, you will be provided with an ocular eyepiece camera to use during your training. The camera comes with software that can be loaded on your own personal laptop or, through hospital IT, installed on the hospital computer.

Other options include using 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.

5. Help! I don’t know....
   a) ...about textbooks
i. 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 pathophysiology as well.

ii. 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.

iii. Lester’s Manual of Surgical Pathology is a particularly useful text in early residency. In addition to providing a standardized approach to grossing, it 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.

iv. Histology for Pathologists is also a good textbook

b) .....about web resources

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

c) ...about Powerpath

i. Ask a senior resident for help

d) ...about borrowing books

i. 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

i. 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

i. 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, and notes are often available.


g) ...about noise

i. The CAPE room is 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.

i. These are the following codes:

<table>
<thead>
<tr>
<th>Room</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cytology lab</td>
<td>6497*</td>
</tr>
<tr>
<td>Cytology screening room</td>
<td>7436* (or 5906*)</td>
</tr>
<tr>
<td>PALM</td>
<td>1946*</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
   i. Ask a senior resident for guidance.

USEFUL NAMES AND NUMBERS

See following page for staff names and office extensions.
Department Chair: Dr. Vidhya Nair
Division Head, Anatomical Pathology: Dr. Harman Sekhon
Anatomical Pathology Residency Program Director: Dr. Bibianna Purgina
Chief Resident: Dr. Tanner Mack
Program Administrator: Sheila Schnupp
Divisional Secretary to Dr. Sekhon: Joanne Hodgins
Divisional Admin: Nikki Lister
Laboratory Manager: Patrice Bouliane

Locating General 78222
Civic 14221
Resident Room General 78287
Gross Room General 72059/79282
Histology Lab 78284
IHC Lab 79176
Gross Room Civic 13531
Morgue General 78283
APPENDIX A: ANATOMICAL PATHOLOGY BASIC GROSSING COMPETENCY POLICY

1. Residents begin grossing surgical pathology specimens in their PGY1 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. All residents must review and master the Gross Room P&Ps on how to handle various specimen types.

3. It is also critical for the residents to review and become familiar with Lester's grossing manual (copies available in the Resident room and the gross room). For any cancer specimen, regardless of level of training, it is important to review the CAP protocol (link: https://www.cap.org/protocols-and-guidelines/cancer-reporting-tools/cancer-protocol-templates), to ensure proper sections required for staging are taken.

4. 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).

5. This policy is applicable to all residents and must be completed by the end their PGY3 year.

6. At any time when there is uncertainty about a specimen, the resident should seek assistance in the case either by a staff, senior resident with the appropriate experience or a senior PA with the appropriate experience.

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 once a case they have been grossed has been finalized by the staff (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 (this EPA can also be triggered the same day, as opposed to waiting for the case to be finalized)
   - 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
• TTP-2 Supervising, teaching and assessing junior learners
• TTP-3 Participating in laboratory management activities, in the role of junior staff

APPENDIX B (this can be used as a learning tool for the resident, in addition to EPAs)

Competency Assessment Checklist: Grossing Cancer Surgical Specimens

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

Resident: ______________________ Supervising Resident/Staff: ______________________

Type of specimen: ______________________

Did the Resident:

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

Other Comments: ______________________
Orientation Handbook

Competency/Learning demonstrated: Yes No

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: Method Date</th>
<th>Outcome of reassessment: Competency/Learning demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes No</td>
</tr>
</tbody>
</table>

Signatures
Resident: ____________________________ Date: ___________

Supervising Resident/Staff: ____________________________ Date: _____