

**University of Washington School of Medicine
Department of Pathology
Surgical Pathology Fellowship Program**

OVERALL GOAL

A one year surgical pathology fellowship designed to provide a rich and diverse experience in diagnostic surgical pathology and to engage the trainee in various facets of current anatomic pathology practice. The program provides the fellow with the experience necessary to successfully bridge to independent practice in either a community-based or academic environment, by building on core competencies achieved in earlier years of training. This level of professional growth is accomplished through an integration of several key elements: exposure to complicated surgical pathology cases; experience with teaching and supervision, both within the pathology residency program and within the broader UWMC medical community; practical application of laboratory management skills; responsibility for critical elements of program administration; and enhanced exposure to at least one subspecialty of their choosing.

OVERVIEW

Surgical pathology fellows at the UWMC have a varied experience throughout the year. For 10-12 weeks, fellows will rotate through multiple in-house subspecialty services. During this time they cover frozen sections, gross in cases, and sign out these cases with an attending pathologist. Fellows are expected to have more independence than the junior residents who are on the same rotation. As the fellows gain further experience and demonstrate increasing competence and confidence in gross and microscopic pathologic assessments, they will be granted increased responsibility. These rotations include Head and Neck/Thoracic, Bone and Soft Tissue, Gynecologic, Breast and Gastrointestinal Pathology.

For 10-12 weeks, fellows are responsible for evaluating incoming slide reviews and consult cases in multiple subspecialty services at UWMC, as well as attending the designated tumor boards for these services. They will work in close collaboration with the subspecialty fellows in this areas. The fellows will rotate among the following consult services: Head and Neck/Thoracic, Bone and Soft Tissue, Gynecologic, Breast and Gastrointestinal Pathology. During this time, fellows are also responsible for covering frozen sections during one morning per week.

For 6 weeks of the year (during the first half), fellows are responsible for supervising and mentoring the incoming first year anatomic pathology residents in their initial surgical pathology rotations. This includes grossing, writing up reports, and organizing their workflow, among others.

For 4 weeks of the year the fellows are on the Dermatopathology service; responsibilities including primarily evaluation of in-house cases and some consults. Opportunity to attend dermatology clinic is given.

During 8 weeks, fellows will rotate at HMC. This time will be divided between genitourinary in-house cases, genitourinary consults/slide reviews, neuropathology and cytopathology.

8 weeks of the year are devoted to elective time in which the fellow is expected to select an area in which to focus. Ideally this will include presenting conferences pertinent to the area, assisting junior residents on rotation in the area, going through study sets and performing a clinical-pathologic research project.

During 4 weeks, towards the end of the fellowship, the fellow will function as “Junior attending” in a subspecialty of their choosing (with prior faculty approval). In this rotation, they are responsible for the initial evaluation and diagnostic work-up of in-house cases, including supervision of the residents in this service, in transition for independent practice. The attending pathologist is expected to review and sign out these cases with the least amount of changes necessary.

Throughout the year, fellows are encouraged to participate in clinico-pathologic research projects in their areas of interest along with a faculty mentor. Intradepartmental funding opportunities may be available to execute these projects.

FELLOWSHIP PROGRAM ORGANIZATION

CLINICAL ROTATIONS AND EXPECTATIONS

The goals of the Surgical Pathology Fellowship are:

- Provide in depth experience in diagnostic anatomic pathology so that the trainee is well trained to practice general surgical pathology.
- Develop a subspecialty area of interest and expertise to include diagnostic and investigative expertise.
- To gain administrative experience in working with faculty, staff, junior residents and students in helping to manage an academic diagnostic anatomic pathology service.
- To gain experience in the education of junior residents, and graduated responsibility in order to prepare the fellows for practice in either private practice or academic surgical pathology.
- To expand on ACGME-defined competencies attained during earlier training in Anatomic Pathology.

The Surgical Pathology Fellowship consists of four key areas of responsibility: surgical pathology, diagnostic consultation, resident supervision and conference preparation. This shared responsibility demands that the fellow, as an integral component of the diagnostic services in Anatomic Pathology, provide accurate, timely, courteous and professional service to UWMC patients and family members, and other members of the patient’s treatment team. Every resident, fellow and attending pathologist in Anatomic Pathology is expected to strive for and to maintain excellence in patient care; teamwork is a critical element of quality care and is emphasized throughout the program. To attain this critical attention to quality, the fellow is assigned duties that include (but are not necessarily limited to):

- To provide backup coverage and/or arranging coverage when the service is at less than a full complement of residents.
- To answer questions from clinicians that less senior residents are unable to handle, or to refer clinicians to an appropriate attending or consultant.
- To review slides with less senior residents prior to sign-out when requested
- To answer questions from the technical and clerical staff (front desk, transcription, and histology, etc.) regarding policies and procedures that impact the service
- To provide backup for frozen section, and to assist junior residents when needed.

ROTATIONS

In-House Surgical Pathology (10-12 of 52 weeks at UWMC, 4 weeks at HMC- Medical knowledge, Patient Care)

- General surgical pathology training is a rotation with experience in frozen section evaluation, gross examination and dissection, microscopic evaluation and formulation of final diagnosis. Fellows are expected to be more independent than junior residents and to have cases in a final

form for attending review. They are expected to be nearly independent in evaluation of frozen sections and gross examination, and to have the knowledge to know when to ask for help.

Mentor (6 of 52 weeks - These duties encompass all of the essential competencies and do not easily segregate between competencies.)

- Evaluate ALL large gross specimens with junior residents in a specific subspecialty area; the fellow should assume co-responsibility for these specimens; this includes shared responsibility for both well-processed specimens and for errors. During the first 6 months of the year it is expected that the surgical fellow will closely supervise first year residents on anatomic pathology; they will be expected not only to supervise, but also to assist the first year resident with workload when necessary. The surgical pathology fellow will also be responsible for assisting first year residents with interpreting slides and case write-ups before they are presented to faculty. Fellows are expected to have the knowledge to know when to call for attending input on gross specimens, to do so on all complex specimens, and to foster a culture of active interactions between residents and attendings in the gross room.

Consult Surgical Pathology (10-12 of 52 weeks at UWMC, 4 weeks at HMC – All competencies)

- Orders pertinent immunohistochemistry and ancillary testing on consults pertinent to specific subspecialty areas.
- Prepares and presents subspecialty-specific tumor boards with assistance of the covering attending.

Dermatopathology (4 of 52 weeks - All competencies)

- Responsible for signout of dermatopathology specimens including evaluation of histories with expectation of increased independence compared to junior residents.
- Attend dermatology clinic.
- Present at dermatopathology conferences.

Junior Attending (4 of 52 weeks - All competencies)

- In the selected subspecialty area, serve as the primary contact for residents rotating through the service, being responsible for guidance of gross evaluation, histologic examination and ordering ancillary testing of all cases in the selected service. Teaching the rotating residents in this area is a key element of this rotation.
- Bring cases to the assigned attending when they are ready to be finalized, with the least amount of corrections necessary.

OTHER RESPONSIBILITIES

The following responsibilities are assigned equitably amongst the surgical pathology fellows; these responsibilities fall primarily within Practice-based learning, Interpersonal communications, Professionalism and systems based practice, though frozen sections also encompass patient care and medical knowledge.

1. Frozen section coverage:

Throughout the year fellows consults and elective cover frozen sections approximately 1 morning a week. They are responsible for communicating with surgeons, processing frozen sections and/or supervising the technician, interpreting frozen sections with an attending, communicating what they have done to the junior resident who will pick up the case and communicating results with the surgeon.

2. **Run the unknown "Blue Box" conference**

The responsible surgical pathology fellow is to assure that there are adequate numbers and varieties of cases in the conference, and that residents adequately prepare for conference. Case discussion and conference management are the responsibility of the fellow. Repeated encouragement of attendings and residents to save cases, active recording of interesting case numbers, and active reminders to the attendings to save cases are recommended methods to improve the conference. A mixture of challenging cases, good examples of easy cases, and important points of gross pathology are recommended. Several cases should be presented each week; the fellow should try to keep things moving! It is not necessary to have PowerPoint presentations, and in fact this slows the conference down. The fellows should not bog down things with long discussions of cases; this is NOT meant to be a lecture time.

- a. A strategy to incorporate a range of cases is to assemble a list of both common and uncommon lesions for each subspecialty area at the beginning of the academic year, in consultation with the relevant subspecialty attending. This list would be maintained throughout the academic year and checked off as cases are presented. Multiple examples of given lesions might be included.
- b. Schedules the Blue Box talks by residents and faculty. These are to be limited to 10! Minutes. They should be brief case presentations that can be used to illustrate various points, not in depth discussions. Senior residents should set the example in presenting these cases!

3. **Be primary liaison between residents and faculty/staff.**

The fellow should let faculty know when problems or complaints are cropping up among residents, residents and faculty, residents and staff, reporting issues in a professional manner and with good judgment.

CALL RESPONSIBILITIES

Call is taken once a week during the 10-12 weeks that the fellows cover the in-house surgical pathology services, and during their mentorship rotation (as support for the first year residents, including their weekend call). There is no call coverage during consult or Junior attending rotations. Faculty members are on call with the resident/fellow and review all frozen sections before a diagnosis is rendered. Fellows are expected to be more independent than residents in the workup of frozen sections, gross pathology cases and final diagnoses, and they may call preliminary diagnoses to clinical colleagues. Immediate feedback is given for every call by the involved faculty member. If specific areas requiring improvement are identified, additional feedback may also be given by the fellowship director or director of surgical pathology as appropriate.