

Expectations by Rotation Level

| Rotation | Expectations |
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| 1 | <ul style="list-style-type: none"> • The resident will be familiar with the normal histology for the organ system prior to beginning the rotation. • The resident will review the operating room schedule for each day and be familiar with the clinical history and expected specimens. • The resident will learn the proper gross dissection of the common specimens encountered for the subspecialty / subspecialties. The resident will dictate gross descriptions in the format outlined in the grossing manual templates. The resident will edit gross descriptions prior to reviewing the case with faculty at sign-out. Upon completion of the first rotation, gross descriptions should require minimal editing by the faculty. Resident should achieve competency for at least simple specimens within the subspecialty on the competency checklist. • The resident will learn which specimens require CAP protocols and be familiar with the information included in those protocols. The resident will assure that the protocol is included in the Working Draft for each relevant case. • The resident will dictate (or write, or enter in Hot Seat) microscopic descriptions and final diagnoses. The number and complexity of the specimens dictated will be determined by the attending in accordance with the resident's competence level. Cases that might require substantial editing should not be submitted to Transcription prior to review with attending. • The resident will arrive at sign-out with the appropriate background information for each case (additional clinical history, imaging studies, prior slides, etc). This may be either obtained from the electronic medical record or by communication with the clinician or surgeon. |
| 2 | <ul style="list-style-type: none"> • The resident will learn to gross more complex specimens (with the aid of the attending if necessary). Resident should achieve competency for moderately complex specimens within the subspecialty on the competency checklist. • The resident will complete CAP protocols in their entirety. The attending may be consulted prior to final sign-out if there are questions or ambiguities to be addressed in the completion of the template. • The resident may call clinicians / surgeons for clarification of information or to deliver preliminary results at the discretion of the attending. |
| 3 | <ul style="list-style-type: none"> • The resident should demonstrate mastery of the gross dissection of most specimens within the subspecialty. Resident should achieve competency for complex specimens within the subspecialty on the competency checklist. |

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| | <ul style="list-style-type: none">• The resident should dictate gross and microscopic examinations that are accurate and complete, incorporating templates as appropriate.• The resident will review and dictate consult specimens if directed to do so by the attending. |
| 4 (and beyond) | <ul style="list-style-type: none">• The resident should be able to dictate gross and microscopic descriptions that require minimal editing by the attending.• When appropriate, the resident should also dictate Comments in the final report that clarify the diagnosis, explain the differential diagnosis, etc. |

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