



SURGICAL PATHOLOGY FELLOWSHIP PROGRAM MANUAL

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GOALS AND OBJECTIVES

The aim of the Surgical Pathology Fellowship is to assure competency in general surgical pathology through mandatory rotations in all subspecialty areas; to provide flexibility for advanced study in subspecialties determined by the Fellow; to develop habits of inquiry and critical thinking through a required research project; to advance the Fellow's knowledge of systems issues through required participation in a QI project; and of most importance, to further advance the Fellow's medical knowledge, build the Fellow's professional confidence, and develop the Fellow's skills as an educator, by having the Fellow serve in a variety of teaching roles.

The Fellow will be evaluated on the six core competencies of Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Systems Based Practice, Interpersonal Skills and Communication, and Professionalism, through self, peer, staff and faculty evaluations (see below under evaluations and attachments).

The Fellow will complete mandatory rotations in all subspecialty areas, as aforementioned; this comprises 9 2-week rotations (see details below under Rotations/Electives). The Fellow, if deemed competent, will advance to a teaching role after these mandatory core rotations. The benefit of being in a one-on-one teaching role needs to be balanced against the benefit of additional experience in the subspecialties most needed by the Fellow. This will be accomplished by requiring that a minimum of 5 2-week rotations during the 2nd block be in a teaching role with a junior resident, with the flexibility to select the remaining 3 2-week cycles according to need for additional experience, regardless of whether a junior resident is on that service or not. Additional opportunities for the Fellow to be in a teaching role are addressed below. The Fellow will have 6 2-week elective rotations. The final 4 weeks of the year are vacation time.

The Fellow will complete a Quality Assurance Project and present this in the spring. The Fellow will perform a research project with the expectation that the project be submitted for presentation or publication during or shortly after the end of the Fellowship year.

The Fellow will prepare and present 3 themed hour-long conferences at the Surgical Pathology Unknowns Conference; this is felt to be of more educational value than a larger number of isolated case presentations. The Fellow will serve in a leadership role in Surgical Pathology Unknowns Conference by routinely being the individual who drives the slides and leads the residents in discussion of the cases.

In order to develop competence and confidence presenting in interdisciplinary conferences, the Fellow will have a longitudinal experience with a single tumor board, as this develops familiarity with subject matter and clinical decision making in that clinical discipline as well as building a relationship with clinical colleagues in a particular discipline. The Fellow will be allowed to choose a tumor board if he or she enters the program with a subspecialty interest. Otherwise, the Fellow will be assigned to the GU tumor board, as this is a good clinical group to work with, the cases are interesting and

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varied, the preparation time is not unmanageable, and it is a real time patient management conference.

Another aspect of the Fellow's training in the area of education is program review. The Fellow will participate with the Fellowship Committee in the annual review of the Fellowship Program to offer insight, perspective, and suggestions for improvement.

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DEPARTMENTAL POLICIES

Leave of Absence

Approval for vacation time will be coordinated between the fellow requesting vacation and the Program Director and communicated to the Fellowship Coordinator for record keeping. In order to provide optimal patient care, fellows will have to arrange for appropriate service coverage per rotation-specific policies. In order to allow some flexibility associated with transitions in June, vacations are generally restricted during that month.

All requirements of the residents' respective Board must be satisfied. Board requirements will take precedence over institutional leave of absence policies, when applicable. Specific specialty Board information can be accessed through the PSHMC internet, the Graduate Medical Education office, or the Program Office. (Institutional Requirements: II.D.h.2.a&b)

Vacation and Continuing Medical Education (CME)

Resident is granted 20 working days of paid leave each year in keeping with program or departmental policy. The total amount of leave includes both vacation and CME paid time off. These days should also be used for interviewing and relocation.

Medical/Parental/Family Leave

A resident may request a maximum of twelve weeks of family leave. The first six weeks minus any vacation leave already used will be with full pay and benefits, and will include any remaining vacation leave for the contract period. The remainder of the twelve weeks will be without pay; however benefits will be billed at the employee rate. If the period of leave bridges two consecutive contract periods, the amount of paid and unpaid leave will be allocated proportionately, including available vacations days.

Personal Leave

A personal leave may be granted to Resident upon review of the circumstances by the Program Director. All eligible vacation time for that year must be used during this period. The period of personal leave time that is not covered by vacation time will be unpaid.

Professional Leave

A professional leave of absence may be granted to Resident upon review of the circumstances by the Program Director. All eligible vacation time for the academic year must be used during this period. The period of professional leave that is not covered by vacation time will be unpaid.

Effect of Leave

All requirements of the residency training program must be fulfilled prior to the completion of training. The Program Director is responsible to notify the Resident as to the effect of leave on their training timeline. Residents may be required to extend their length of training to meet all residency program requirements. The Residency Review Committee for the residency program and the Residency Program Director determine the length of training and training to be completed following a leave of absence. All requirements of the residents' respective Board must be satisfied. Board requirements will take precedence over institutional leave of absence policies, when applicable. Specific specialty Board information

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can be accessed through the PSHMC internet, the Graduate Medical Education office, or the Program Office. (Institutional Requirements: II.D.h.2.a&b).

Meetings

Professional meetings serve a variety of important functions including provision of education about medical practice, current research, administrative issues and compliance issues. They also offer excellent opportunities for networking that can be invaluable for choosing future employment.

Travel expenses associated with attendance at professional meetings are eligible to be reimbursed from the annual fellow stipend (see below). For fellows who are presenting posters or podium presentations at meetings, additional financial support can be requested from the Pathology Research Award Program. If the fellow's attendance at a meeting is contingent upon obtaining this additional support, then approval of the additional funding must be obtained from the Pathology Research Award Program Committee prior to submitting an abstract or agreeing to make a presentation.

Annual Fellow Stipend

Each fellow receives an annual stipend that can be applied towards expenses such as travel, books, subscriptions, professional association fees, and professionally-related software. No more than 50% of the stipend may be applied to Medical Board examinations or review courses. The amount of the stipend will be determined annually. All expenditures from these funds must be approved by the Program Director. Reimbursement of expenses additionally requires completion of all staff, rotation, and program evaluations, and all mandated ACGME Core Competency Lectures from review period.

Supervision - Institutional

PURPOSE: To ensure that the Penn State Hershey Medical Center's graduate medical education program has defined a process for supervision by a licensed independent practitioner with appropriate clinical privileges of each participant in the program(s) for which they are providing patient care services, and to provide effective communication between the committee(s) responsible for graduate medical education, the medical staff and governing body.

POLICY STATEMENT: All post-graduate medical education trainees at the Penn State Hershey Medical Center are supervised by an attending physician who also has clinical privileges in the area they are supervising. The description of the role, responsibilities, and patient care activities of each resident are program-specific but are documented for each residency-training program and are available for faculty for review. These documents are maintained in the residency directors' offices that are on site at the Penn State Hershey Medical Center. Each program has a mechanism in place to make decisions about the promotion of trainees in that particular program, such as a Clinical Competence Committee. All house officers at the Penn State Hershey Medical Center have training licenses and are permitted to write patient care orders.

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The Penn State Hershey Medical Center assures regular communication between the Graduate Medical Education Committee (GMEC) and the Medical Staff Executive Committee through the appointment of the Co-Chair of the GMEC to the Medical Staff Executive Committee. In addition, the Chief Medical Officer and the Chief Operating Officer also serve on the GMEC. These dual appointments result in effective communication about patient safety and quality of patient care provided by, as well as the related educational and supervisory needs of post-graduate trainees.

All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Resident must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

The GMEC is responsible for monitor the residency programs supervision of residents and ensure that supervision is consistent with: a) the provision of safe and effective patient care; b) educational needs of residents; c) progressive responsibility appropriate to residents' level of education competence, and experience; and d) the applicable common and specialty/subspecialty-specific program requirements.

Supervision – Surgical Pathology

The Fellow will be supervised at all times by the attending pathologist on service, with oversight by the Fellowship Director and Fellowship Committee. The degree of direct vs indirect supervision will change over the course of the fellowship, with less direct supervision and more indirect as the Fellow progressively earns a greater degree of autonomy. Methods of supervision include observation, review of reports, and checklists. The Program Director will meet with the Fellow quarterly to review goals, accomplishments and evaluations. A Progress Report will be generated and shared with the Fellow and the Fellowship Committee.

Moonlighting

Moonlighting is defined as voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Residents may not provide physician services to other healthcare institutions for remuneration outside the scope of their educational activities and regularly assigned duties of the training program unless prior and specific written notification detailing such activities is given to and written consent for such activities is obtained from the Program Director. Moonlighting shall not be approved if the Program Director believes such activities may interfere with the Residents ability to perform his/her obligations and duties in the Residency Program. The Program Director's determination in this regard shall be final and does not fall within the scope of the Grievance Procedure.

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In the event that the resident works outside the scope of the educational activities and regularly assigned duties, professional liability insurance coverage is not provided by Penn State Hershey Medical Center. The Resident must provide evidence of a valid unrestricted license to practice medicine in the appropriate state or jurisdiction. It is the responsibility of the institution hiring the resident to determine that appropriate licensure is in place, adequate liability coverage have been obtained by the Resident, and that the Resident is appropriately credentialed to carry out assigned duties.

Professional and patient care activities that are external to the educational program may be inconsistent with sufficient time for rest and restoration to promote the resident's educational experience and safe patient care.

1. Residents are not required to engage in moonlighting activities for the institution.
2. All moonlighting activities (both internal and external) must be counted towards the 80-hour maximum weekly hour limit.
3. PGY-1 residents are not permitted to moonlight.
4. The prospective, written statement of permission from the Program Director will be placed in the resident file.
5. Resident will be monitored by Penn State Hershey Medical Center and the Program Director for the effect of these activities upon performance and adverse effects may lead to withdrawal of permission.

Duty Hours

The Duty Hour Policy is in compliance with the policies of the ACGME and the Penn State Milton S. Hershey Medical Center as stated below. Duty hour assignments must be logged by the Resident/fellow daily in New Innovations.

1. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.
2. Residents must not be scheduled for more than 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting. Individual programs may request an increase in the 80 hour per week limit of up to 10 percent, additionally, if they can provide a sound educational rationale.
3. Residents must have at least one full (24-hour) day out of seven free of all educational and clinical patient care duties, averaged over four weeks, inclusive of in-house and at home call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

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4. Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
5. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. (In rare circumstances the resident may remain beyond their scheduled duty period to provide care to a single patient. Each such instance must be documented in writing by the resident and the Program Director.)
6. Residents should have 10 hours (and a minimum of 8 hours) free of duty between scheduled duty periods.

On-Call

The objective of on-call activities is to provide the fellow an opportunity to act in a supervisory role with a resident (PGY1-4) in a high stakes situation of a rush specimen or frozen section. An attending pathologist will also be on-call when the fellow is on-call. The fellow does not have any call responsibilities on the autopsy service. The fellow will be on-call 12 evenings and 2 weekends over the entire year. The following definitions and policies apply to all PGY's throughout the institution.

In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

1. In-house call must occur no more frequently than every third night, averaged over a four-week period.
2. Residents must not be scheduled for more than six consecutive nights of night float.
3. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
4. Residents may not assume responsibility for new patients after 24 hours of continuous duty.
5. At-home call (pager call) is defined as call taken from outside the assigned institution.

The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

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The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Case Hand-Off

During any rotation in which the Fellow is grossing specimens, communication must occur between the Fellow and the resident coming on service for any specimens that the Fellow grosses but will not sign out due to switching to another subspecialty rotation. This communication can be verbal, by email, or hand-written, and must be detailed enough regarding clinical history and grossing that the resident taking the case over is prepared to sign it out.

When the Fellow switches from one subspecialty service to another and has incomplete cases for which he/she has already reviewed the slides and possibly prepared a preliminary report, the Fellow will communicate the status of the case to the attending and make off all materials available at the time of hand-off to the attending. If recuts, levels, special stains or other ancillary tests have been ordered by the Fellow, the order should specify delivery of the stains or results to the attending.

At all times, except when away on vacation or a meeting, the Fellow will be available for any questions related to hand-off cases.

Fellow Evaluations

Evaluation of the Fellow by Faculty

Fellow will be evaluated monthly by all pertinent faculty through New Innovations. Written objective evaluation of fellow will be conducted three times throughout the academic year by the Program Director. The fellow will be evaluated according to the ACGME Core Competencies (patient care, medical knowledge, practice-based learning and improvement, systems-based practice, professionalism, interpersonal skills and communication) and other factors deemed necessary or desirable to complete the requirements of the program. The final summative written evaluation is entered in the fellow's file, and significant deficiencies as well as areas of particular strength are noted.

(See example, Appendix A)

Evaluation of the Fellow by Others

Peer evaluations of the Fellow are solicited bi-annually via Survey Monkey. These include other residents and fellows that interact with the Surgical Pathology Fellow.

(See example, Appendix B)

360 evaluations of the Fellow are solicited bi-annually via Survey Monkey. These include any secretarial and/or technical staff that interacts with the Fellow.

(See example, Appendix C)

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The Fellow is required to complete a Self Evaluation through New Innovations bi-annually. The self evaluation will be the same evaluation as the Faculty Evaluation of the Fellow, but completed by the Fellow about the Fellow.

The evaluation process is intended to establish standards for the Fellow's performance and to indicate the Fellow's ability to proceed to higher levels of training and responsibility. The process will, to the extent reasonably possible, provide early identification of deficiencies in the Fellow's knowledge, professional skills or character, and to the extent reasonably possible, allow remedial action to enable the Fellow to satisfactorily complete the requirements of the program. Evaluations will be competency-based (as noted above). If performance is not satisfactory, individuals will be notified no later than the first day of the ninth month (e.g., by March 1st for a Fellow starting July 1st or 120 days prior to the end of the contract year).

Evaluation of the Faculty by Fellow

The Surgical Pathology Fellowship is accredited for only one position per year. In keeping with ACGME policies that the Fellow should be able to evaluate the faculty anonymously, the Fellow completes the "Pathology Resident Evaluation of Faculty" along with the Residents in our AP/CP Residency (core program) on a quarterly basis. (See example, Appendix D)

Evaluation of the Program (rotation) by Fellow

The Surgical Pathology Fellowship is accredited for only one position per year. In keeping with ACGME policies that the Fellow should be able to evaluate the program anonymously, the Fellow completes the "Pathology Resident Evaluation of Rotation" along with the Residents in our AP/CP Residency (core program) on a quarterly basis. (See example, Appendix E)

Suspension, Dismissal, or Disciplinary Action

Suspension

Penn State Hershey Medical Center may suspend participation of Resident in Program, for cause for failure to fulfill any obligation of the "Resident Agreement", including but not limited to, those specified in this policy. If the suspension is for a period of fifteen (15) days or more, Resident shall be afforded the procedures set forth in this policy.

Dismissal for Cause

Resident may be dismissed for cause during the period of appointment. Examples of cause for dismissal include, but are not limited to, the following:

1. Failure of Resident to meet the performance or conduct standards of the Residency Program;
2. Violation of the rules and regulations of Penn State Hershey Medical Center or a violation of the directions of the Program Director or of the director or coordinator of the service to which Resident is assigned;
3. Abuse or assault of any patient, colleague or teacher;

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4. Refusal of rehabilitation for substance abuse;
5. Any conduct which is or would be detrimental to Penn State Hershey Medical Center operations, activities or interests;
6. Any breach of the "Resident Agreement"
7. Deficiencies in maintaining current medical records, including discharge summaries;
8. Lack of evidence of continuing self-education;
9. Persistent strife in professional relations; or
10. Lack of progress in developing acceptable clinical judgment.

Dismissal Procedure

If the Program Resident Assessment Committee/Advisory Committee or its designate makes the decision that Resident shall not continue in the Program, the Department Chair shall notify Resident in writing immediately. The dismissal notice shall include a summary of the specific charge(s) and shall advise Resident of the right of appeal.

Appeal

Appeal of a dismissal or suspension of fifteen (15) days or more may be filed within seven (7) days of receipt of the dismissal or suspension notice by submitting a written notice of appeal to the Department Chair. If an appeal is filed, the dismissal will be suspended pending conclusion of the appeal; provided, that when the cause of dismissal creates reasonable grounds to believe that there is a threat to the safety of patients, Resident, or other persons or property, or a threat to disrupt the essential operations of the Medical Center, the Department Chair may direct that all or part of Resident's duties be suspended pending conclusion of the appeal. While a dismissal is pending appeal, Resident will receive stipend and benefits. Failure to file written notice of appeal within seven (7) days of receipt of the dismissal or suspension notice shall constitute a waiver of Resident's opportunity to resort to the Appeal Board and Review procedure.

1. Appointment of Appeal Board

Upon receipt of an appeal, an Appeal Board will be appointed by the Senior Vice President for Health Affairs and Dean, consisting of the following: Vice Dean for Educational Affairs (presiding), the Chief Medical Officer of The Milton S. Hershey Medical Center, a senior resident in the same program as the appealing Resident, a resident designated by the Resident Council, and two senior members of the teaching faculty of the Medical Center.

2. Opportunity to Present Statements

The Appeal Board shall provide Resident an opportunity to present oral and written statements by Resident and other persons in support of the appeal. The Department Chair, or a designee, shall be responsible for presenting evidence in support of the

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dismissal. Specific procedures applicable to the appeal shall be adopted by the Appeal Board and furnished to the resident and the Department Chair.

3. Recommendation

The recommendation of the Appeal Board shall be submitted to the Chief Executive Officer, Senior Vice President for Health Affairs, and Dean, College of Medicine, who shall make the final decision with respect to the resident's continuation in the program.

Grievance and Due Process

Any Resident (or fellow) serving in an ACGME-accredited program at Penn State Milton S. Hershey Medical Center ("Medical Center") can seek resolution of grievances under this policy. "Grievance" means (a) any difference or disagreement between a Resident and a representative of the Medical Center relating to the Resident's participation in his or her residency program; and (b) a Resident's disagreement with non-renewal of the Resident's contract or non-promotion. This policy does not apply to appeals from (a) a suspension for a period of 15 days or more, or (b) termination from the residency program during the appointment period. The procedure is as follows:

1. Resident to Program Director and/or Department Chair – A Resident should first present the grievance to the Program Director and/or Department Chair in which the resident's training program primarily resides. Issues can best be resolved at this stage and every effort should be made to affect a mutually agreeable solution.
2. Resident to Ombudsperson – In situations when the concern relates to the Department Chair or Program Director, and Resident believes that it cannot be presented to the Department Chair or Program Director, Resident may present the grievance directly to the Ombudsperson for guidance. The GME Office will assist the resident in identifying an Ombudsperson.
3. Resident to Vice Dean for Educational Affairs and/or Associate Dean for Graduate Medical Education – If, after discussion with the Department Chair or Program Director (and/or Ombudsperson), the grievance is not resolved to the satisfaction of Resident, Resident has the option to present the grievance to the Vice Dean for Educational Affairs, who may delegate consideration of the grievance to the Associate Dean for Graduate Medical Education. The Vice Dean (or Associate Dean) shall meet with the Resident and consult with appropriate representatives of the program as part of consideration of the grievance. In the event a mutually agreeable resolution of the grievance is not possible, the Vice Dean (or Associate Dean) shall render any necessary decision to resolve the grievance and his/her decision will be final.

The grievance policy shall be utilized for academic or other disciplinary actions taken against resident that could result in non-renewal of resident agreement or non-promotion of resident to the next level of training, or other actions that could significantly threaten intended career development. The grievance policy shall also be used for adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

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Suspensions of 15 days or more, or termination from the program during the appointment period, may be appealed in accordance with the provisions of the Resident Agreement relating to suspension and dismissal.

Insurance

Medical, dental and vision insurances are available. Fellows are required to pay a payroll-deducted co-premium to participate. Medical malpractice (professional liability) insurance is provided for the services performed by fellows as part of their training in at the Penn State Hershey Medical Center. Group Term Life Insurance and Long-Term Disability Insurance plans are available.

Uniforms

Scrubs and Lab Coats are provided free of charge; laundry service is available through Support Services Linen Service for these uniforms.

Miscellaneous

See Resident Benefit Summary for details regarding other benefits for Penn State Milton S. Hershey Medical Center Residents and Fellows.

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ROTATIONS/ELECTIVES

The clinical practice of the Anatomic Pathology Division of the Penn State Milton S. Hershey Medical Center is a subspecialty practice model. Resident rotations and electives also are subspecialty-based.

The Surgical Pathology service encompasses a wide variety of adult and pediatric, medical and surgical, inpatient, outpatient, and consultative material that is submitted for pathologic evaluation and diagnosis. The Fellow's training will include review and interpretation of all of these types of case materials. It will consist of an introductory period followed by assumption of increased responsibility and independence on the Surgical Pathology service. During the introductory period, the Fellow will be expected to grossly examine and section complicated specimens, independently review and interpret all of the slides from these cases, and then review all of the cases with the attending pathologist on service. The Fellow should be able to dictate gross and microscopic descriptions that require minimal editing by the attending. When appropriate, the Fellow should also dictate Comments in the final report that clarify the diagnosis, explain the differential diagnosis, etc.

The Fellow will rotate once through each of the subspecialty services in this manner. A key question in the faculty evaluation of the Fellow at the end of each rotation is whether the Fellow is ready for an advanced level of autonomy. If the Fellow is deemed ready for advancement after the initial core rotations, the Fellow will be given increased responsibility as described below. If not, the Fellow will continue as described above. Under exceptional circumstances the Fellow may advance before completing the entire set of core rotations.

After the introductory period, when assigned to the Surgical Pathology service, the Fellow will function in a teaching role in a manner similar to a junior faculty member, with the exception of issuing final reports. The Fellow will review specimens in the Gross Room and slides at the microscope with residents and students assigned to the Surgical Pathology service, and play an instructional role similar to that of an attending pathologist. The residents and students will be expected to review the cases before signout, prepare a preliminary diagnosis, and be ready to discuss the cases with the Fellow, as they would with a faculty member. The Fellow will sit with the residents and students at the microscope, where the Fellow will review the resident's or student's diagnosis, give feedback about it to the resident or student, discuss the important pathologic features of the cases, the differential diagnosis, the approach to case workup including other diagnostic procedures (immunohistochemistry, immunofluorescence, electron microscopy, flow cytometry, molecular procedures) and staging if appropriate, the pathobiology of the disease process(es) represented, and the relationship to clinical variables such as presentation, treatment responsiveness, and outcome. In this educational role, the Fellow will be supported by the attending pathologist concurrently assigned to the service. The Fellow will be free to review slides or gross specimens with the attending pathologist, discuss case evaluation, or any other questions. For difficult or interesting cases, the attending pathologist will meet with the entire team of residents, Fellow and students to review these cases together. All frozen sections performed by the fellows will continue to be reviewed by the pathologist on service, at the time they are performed.

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The residents and students will have primary responsibility for gross examination and sectioning of specimens, but can consult the Fellow to review specimens together if they have any questions. If the Fellow is uncertain, he/she will ask the attending pathologist to join the group so that all can review the gross specimen together. The Fellow will direct case evaluation and interpretation, and will have latitude to order whatever histochemical, immunohistochemical, immunofluorescence, ultrastructural, cytometric, or molecular procedures are indicated. An on-site immunohistochemistry lab offers a very broad array of antibodies for use in case evaluation. Immunofluorescence, electron microscopy, flow cytometry, and molecular procedures supporting diagnosis of hematologic and lymphoid disorders are available on-site as well. In situ hybridization procedures for Her2/neu, diagnosis of viral infections, and chromosomal changes associated with bladder cancer are under development and expected to be available by July, 2007. Fellows will be responsible for reviewing and interpreting the results of these procedures. They will also be welcome to participate in the technical performance of these procedures if they wish.

Correlative clinical and laboratory information will be easily accessible to the Fellow from the electronic medical record (Power Chart) and from submitting physicians. We have a large sophisticated clinical laboratory that provides very extensive clinical pathology testing, and the results of this testing are easily accessible via the electronic medical record for correlation with surgical pathology findings. The Fellow will also have easy access to clinical documents, radiology reports, operative notes, and other patient care-related documents via the electronic medical record, for correlation with pathologic results. Telephonic communications between the Fellow and submitting physicians will be encouraged for purposes of obtaining clinical information and communicating new diagnoses of malignancy or unusual diagnoses. At this institution, there is a high level of cooperation and collegiality between pathologists and clinicians, which is expected to facilitate clinicopathologic correlation for Fellows. The Fellow will be expected to play an important role as a consultant to other members of the medical staff, other health professionals, residents, and students. He/she will be available to discuss his/her cases and the disease processes represented, provide clinical and radiologic correlation, evaluate treatment effects, and participate in interdisciplinary conferences and committees with other medical staff.

After the Fellow has completed his/her evaluation of a case, the Fellow will prepare a final report. The report and slides will then be given to the attending pathologist on service, for review and finalization of the report. All discrepancies with the Fellow's interpretation will be discussed by the Fellow and the attending pathologist, and slides will be reviewed together. The Fellow can also consult any other pathologist in the department, about any case that the Fellow has questions about or wishes to obtain another opinion about. Both PSHMC and outside (non-PSHMC) cases will be handled in this manner. For consultation cases referred by non-PSHMC physicians, the Fellow may be asked to contact the referring physician to communicate the diagnosis or obtain clinical information. We receive a large number of referral cases for consultation, and due to patient referral, which enriches the quality of material that the Fellow will see.

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MANDATORY CORE ROTATIONS: Objectives

Breast Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of breast diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon breast diseases, including benign and malignant breast neoplasms, fibrocystic changes and hyperplasia.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry and molecular testing for evaluation of breast diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to breast pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic breast diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships among anatomic pathology findings, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of breast diseases
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professionals

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students.

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Cardiovascular Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of cardiovascular diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon cardiac diseases, including cardiovascular disease, transplant pathology, benign and malignant cardiac neoplasms, congenital anomalies, metabolic conditions, and infectious and inflammatory diseases.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use histochemistry and electron microscopy for evaluation of cardiac diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to cardiac pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic cardiac diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between normal development, anatomic pathology findings, radiology, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, cytogenetics, molecular testing) in evaluation of cardiac diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in “lifelong” learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist’s role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients’ families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients’ families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Dermatopathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of skin diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon dermatologic diseases, including benign and malignant neoplasms, hyperplasia and preneoplastic changes, infectious and inflammatory disease, drug and other hypersensitivity reactions, vascular pathology, transplant related pathology, and cutaneous manifestations of systemic disease.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical findings.
- Appropriately use stains for microorganisms, histochemical staining, immunohistochemistry, electron microscopy, and immunofluorescence for evaluation of dermatologic diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to dermatopathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic dermatologic diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between anatomic pathology findings, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of clinical history, physical examination, ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of dermatologic diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Frozen Sections

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective intraoperative consultation. The Fellow is expected to:

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- Understand the nature of the information needed by the surgeon intraoperatively.
- Examine a gross specimen and select appropriate section(s) for frozen section.
- Be technically proficient in preparing cytologic smears, touch and squash preps, and scrape preps.
- Be technically proficient in cutting and staining a frozen section.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Communicate results to surgeon in a clear unambiguous manner.
- Be swift and efficient in the entire FS process.
- Understand the utilization of ancillary diagnostic testing and triage specimen as indicated.

Medical Knowledge:

The Fellow must demonstrate knowledge about the broad spectrum of pathology that might be encountered in this context. The Fellow is expected to:

- Recognize, compare and contrast the gross characteristics of common and uncommon benign and neoplastic conditions in all organ systems.
- Be able to articulate and recognize microscopic characteristics that differentiate benign from malignant conditions in all organ systems on frozen sections and other types of preparations used in intraoperative evaluation.
- Be able to articulate and recognize microscopic characteristics that differentiate the major forms of malignancy in all organ systems on frozen sections and other types of preparations used in intraoperative evaluation.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

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- Prepare FS efficiently to avoid unnecessary operative and anesthesia time.
- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students
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- The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:
 - Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care.
 - Advocate for quality patient care.

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Communicate with surgeon if necessary to clarify the reason for performing a frozen section or intraoperative consultation.
- Communicate results quickly and accurately.
- Be respectful in interactions with perioperative staff.
- Collaborate with gross room staff and other residents to accomplish work in gross room when not actively involved in a FS.
- Provide accurate communication of pathology information using non-verbal and verbal skills.
- Work effectively as a team with other health care professionals and other staff.

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices.
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff.
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff.
- Attend all required conferences and actively participate in them to enhance individual and group learning.
- Demonstrate a commitment to excellence and on-going professional development.
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies.

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- Demonstrate ability to identify deficiencies in peer performance.
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Gastrointestinal Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of GI diseases. The Fellow is expected to:

Recognize and correctly interpret the pathology of common and uncommon GI/liver diseases, including benign and malignant GI and hepatic neoplasms, inflammatory bowel disease, congenital and vascular abnormalities, infections, transplant pathology, and toxic/metabolic liver disease.

- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry, electron microscopy, flow cytometry and molecular testing for evaluation of GI/liver diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to GI/liver pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic GI/liver diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between anatomic pathology findings, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of GI/liver diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in “lifelong” learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist’s role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients’ families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients’ families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Genitourinary Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of genitourinary diseases.

The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon genitourinary diseases, including benign and malignant genitourinary neoplasms, hyperplasia, malformations, traumatic injury, and infectious and inflammatory diseases.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry and molecular testing for evaluation of genitourinary diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to genitourinary pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic genitourinary diseases through reading of textbooks and primary literature

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- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between normal development, anatomic pathology findings, radiology, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, cytogenetics, molecular testing) in evaluation of genitourinary diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon

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- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Gynecologic Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of Gynecologic diseases.

The Fellow is expected to:

Recognize and correctly interpret the pathology of common and uncommon gynecologic diseases, including benign and malignant gynecologic neoplasms, hyperplasia, infections, and cyclic changes.

- Formulate appropriate differential diagnoses based on the histologic findings.

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- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry and molecular testing for evaluation of gynecologic diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to gynecologic pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic gynecologic diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between anatomic pathology findings, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of gynecologic diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.

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- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Head and Neck Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of head and neck diseases.

The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon head and neck diseases, including benign and malignant head and neck neoplasms, infectious and inflammatory conditions, and congenital abnormalities.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry and molecular testing for evaluation of head and neck diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to head and neck pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic head and neck diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between anatomic pathology findings, radiologic findings, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of head and neck diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.

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- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff

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- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation Review and sign "Expectations for Surgical Pathology Rotations" form.
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Musculoskeletal Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of breast diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon musculoskeletal diseases, including benign and malignant musculoskeletal neoplasms, congenital anomalies, metabolic conditions, trauma, and infectious, degenerative and inflammatory diseases.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use histochemistry, immunohistochemistry, and molecular pathology studies for evaluation of musculoskeletal diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to musculoskeletal pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic musculoskeletal diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between normal development and repair, anatomic pathology findings, radiology, pathophysiology, and patient signs and symptoms
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, cytogenetics, molecular testing) in evaluation of musculoskeletal diseases

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- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families

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- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Neuropathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of neuropathology diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon neuropathologies, including benign and malignant neoplasms, infectious and inflammatory conditions, and vascular abnormalities.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use enzyme histochemistry, stains for microorganisms, immunohistochemistry, electron microscopy, and molecular testing for neuropathologic diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

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Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to neuropathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic neuropathologic diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between anatomic pathology findings, radiologic findings, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical, enzyme histochemistry and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of neuropathologic diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

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Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Pediatric Pathology

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to

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provide appropriate and effective consultation about the pathology of pediatric diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon pediatric diseases, including benign and malignant pediatric neoplasms, congenital anomalies, metabolic conditions, and infectious and inflammatory diseases.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry and molecular testing for evaluation of pediatric diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to pediatric pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic pediatric diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between normal development, anatomic pathology findings, radiology, pathophysiology, patient signs and symptoms, and effects of therapies
- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, cytogenetics, molecular testing) in evaluation of pediatric diseases
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

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Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner
- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

- Demonstrate commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices
- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development

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- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

Pulmonary Pathology

This rotation is designed to provide an in-depth exposure to the pathology of pulmonary diseases. It utilizes a teaching set, active in-house cases, conferences, and reading materials to build the Fellow's familiarity with this group of diseases. The specific categories of pulmonary diseases focused on during the rotation are chosen to meet the Fellow's individual needs.

Patient Care:

The Fellow must demonstrate a satisfactory level of diagnostic accuracy and the ability to provide appropriate and effective consultation about the pathology of lung diseases. The Fellow is expected to:

- Recognize and correctly interpret the pathology of common and uncommon pulmonary diseases, including common lung neoplasms, obstructive and interstitial lung diseases, vascular abnormalities, infections, and pleural processes. As the resident progresses, greater attention will be given to the differential diagnosis of more unusual processes, including lymphoid processes, collagen vascular diseases, lung transplant pathology, unusual infections and tumors, angiotides, congenital abnormalities, etc.
- Formulate appropriate differential diagnoses based on the histologic findings.
- Correlate pathologic lesions with clinical and radiographic findings.
- Appropriately use immunohistochemistry, electron microscopy, flow cytometry and molecular testing for evaluation of lung diseases.
- When acting in a teaching role, the Fellow is expected to assure that the resident or student has appropriately grossed the specimen(s), reviewed priors, proof-read the dictation, and organized the case prior to sign-out.

Medical Knowledge:

The Fellow must demonstrate knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to lung pathology. The Fellow is expected to:

- Expand existing knowledge of the spectrum of neoplastic and non-neoplastic lung diseases through reading of textbooks and primary literature
- Identify specific morphologic changes in tissues, and their significance
- Understand the relationships between anatomic pathology findings, pathophysiology, patient signs and symptoms, and effects of therapies

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- Understand the utilization of ancillary diagnostic testing (immunohistochemical and special stains, electron microscopy, flow cytometry, molecular testing) in evaluation of lung diseases.
- When acting in a teaching role, the Fellow is expected to be able to assess the resident's level of medical knowledge and transfer new knowledge to the resident and students on service.

Practice-based Learning and Improvement:

The Fellow must be able to demonstrate the ability to evaluate and improve his/her clinical practices based on new and evolving scientific evidence, self-evaluation, and feedback from others. The Fellow is expected to:

- Apply current medical knowledge and recent literature to current cases
- Utilize library, web-based, and other educational sources to evaluate cases
- Prepare clinical cases in an optimal timeframe
- Utilize performance evaluations to improve practice
- Acquire skills to engage in "lifelong" learning through appraisal and assimilation of scientific studies related to specific breast pathology problems
- Raise his/her knowledge base above what it was at the end of his/her PGY 4.
- Through candid self-appraisal, identify any areas of weakness and correct these to assure competency for independent practice following Fellowship.
- When acting in a teaching role, the Fellow is expected to facilitate learning of medical students, residents and fellows, and other health care professional

Systems-based Practice:

The Fellow must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide optimal pathology services. The Fellow is expected to:

- Demonstrate judicious use of health care resources without compromising patient care
- Understand the pathologist's role and professional practices in relation to other health care professionals
- Demonstrate ability to access and utilize the resources, providers, and systems necessary to provide optimal care
- Advocate for quality patient care
- Participate as a junior attending in interdisciplinary conferences and tumor boards.
- When acting in a teaching role, the Fellow is expected to take advantage of opportunities to share systems issues with residents and students

Interpersonal and Communication Skills:

The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with other health care providers, patients, and patients' families. The Fellow is expected to:

- Have an advanced mastery of the diagnostic and descriptive lexicon
- Exhibit effective listening skills and the ability to follow standard operating procedures and verbal instructions
- Interact with departmental and extradepartmental personnel, including healthcare professionals, administrators, and other staff in an appropriate manner

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- Provide effective and professional consultation to other health care professionals demonstrating care and respect for them, and sustain ethically sound professional relationships with colleagues, staff, patients, and patients' families
- Participate as a junior attending in interdisciplinary conferences and tumor boards; present pathology material organized, coherent fashion, with well-constructed audiovisual materials, requiring little intervention from the pathology attending
- When acting in a teaching role, the Fellow is expected to model good written and verbal communication skills to residents and student in the construction of reports and in verbal interactions with colleagues and clinicians

Professionalism:

The Fellow must demonstrate a commitment to fulfilling professional responsibilities and ethical principles and sensitivity to a diverse patient population. The Fellow is expected to:

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- Demonstrate respect, compassion and integrity in all interactions with patients, their families, faculty, other trainees, technologists, and other staff
- Demonstrate sensitivity and responsiveness to the ethnicity, diversity, age, gender, sexual orientation, and disabilities of patients, colleagues, and staff
- Attend all required conferences and actively participate in them to enhance individual and group learning
- Demonstrate a commitment to excellence and on-going professional development
- Demonstrate adherence to guidelines and regulations set forth by regulatory and accrediting agencies
- Demonstrate ability to identify deficiencies in peer performance
- Discuss expectations for Surgical Pathology rotations with attending pathologists at beginning of each rotation
- Review and sign "Expectations for Surgical Pathology Rotations" form
- When acting in a teaching role, the Fellow is expected to discuss expectations for the rotation with the residents and students on service.
- The Fellow should be aware of his/her position as a potential role model for residents and students and act in a manner befitting this role.

ELECTIVES

In addition to the required rotations, a number of sub-specialty electives may be available for the Fellow; these must be coordinated with the faculty supervisor of each elective . They are as follows:

- Breast Pathology Elective
- Dermatopathology Elective
- Gastrointestinal and Liver Pathology Elective
- Gynecologic Pathology Elective
- Hematopathology Elective
- Lancaster General Health Community Practice Elective
- Lead Resident in Surgical Pathology Elective
- Neuropathology Elective
- Orthopaedic (MSK) Pathology Elective

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- Pulmonary Pathology Elective
- Renal Pathology Elective

Details regarding covered material for each elective may be obtained from the Pathology Residency webpage at:

<http://www.pennstatehershey.org/web/pathology/education/residency/manual/anatomic>

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SURGICAL PATHOLOGY FELLOW SUGGESTED READING LIST

The following list includes general surgical pathology and subspecialty texts. The Fellow is expected to consult current peer-reviewed medical literature on a case by case basis and in preparation for conference presentations.

General Surgical Pathology:

- Rosai and Ackerman: *Surgical Pathology*, 10th Edition, Mosby, 2011.
- Sternberg's *Diagnostic Surgical Pathology*, 5th Edition, Lippincott, Williams and Wilkins, 2009.
- *AFIP Fascicles*, 4th Edition, by organ system.
- Mills: *Histology for Pathologists*, 3rd Edition, Lippincott, Williams and Wilkins, 2006.

Pediatric:

- Enid Gilbert-Barnes: *Potter's Pathology of the Fetus, Infant and Child*, 2nd Edition, Mosby, 2007.
- Benirschke & Kaufmann: *Pathology of the Human Placenta*, 4th Edition, Springer, 2000.
- Sebire, Malone, Ashworth, and Jacques: *Diagnostic Pediatric Surgical Pathology*, Churchill Livingstone, 2010.
- Stocker and Dehner: *Pediatric Pathology*, 2nd Edition, JB Lippincott, 2001.

Hematopathology:

- Swerdlow SH, et al: *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues*, 4th Edition, IARC Press, 2008.
- Kjeldsberg and Perkins: *Practical Diagnosis of Hematological Disorders*, 5th Edition, ASCP Press, 2010.
- Glassy EF, ed: *Color Atlas of Hematology: An Illustrated Field Guide Based on Proficiency Testing*, CAP, 1998.
- Jaffe, et al: *Hematopathology*, Elsevier, 2011.
- Foucar, et al: *Bone Marrow Pathology*, 3rd Edition, ASCP Press, 2011.
- O'Malley, al: *Benign and Reactive Conditions of Lymph Node and Spleen*, *AFIP Fascicle 7*, ARP, 2009.
- Foucar, et al: *Non-Neoplastic Disorders of Bone Marrow*, *AFIP Fascicle 6*, ARP, 2008.
- Williams, Beutler, Erslev, Lichtman: *Hematology*, 3rd Edition, McGraw-Hill.

Pulmonary:

- Dail and Hammar: *Pulmonary Pathology*, 3rd Edition, Springer-Verlag, 2008.
- Bryan Corrin and Andrew G. Nicholson: *Pathology of the Lungs*, 3rd Edition, Churchill Livingstone (Elsevier), 2011.
- Kevin O. Leslie and Mark R. Wick: *Practical Pulmonary Pathology: A Diagnostic Approach*, Churchill Livingstone, 2011.

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

ENT:

- Thompson and Wenig: *Diagnostic Pathology: Head and Neck*, Amirsys, 2011.
- Nikiforov: *Diagnostic Pathology and Molecular Genetics of the Thyroid: A Comprehensive Guide for Practicing Thyroid Pathology*, Lippincott, Williams and Wilkins, 2009.
- Barnes: *Surgical Pathology of the Head and Neck*, 2nd Edition (revised and expanded), Marcel Dekker, 2001.

Cardiovascular:

- Burke and Tavora: *Practical Cardiovascular Pathology*, Lippincott, Williams and Wilkins, 2010.
- Virmani, Atkinson, and Fenoglio: *Cardiovascular Pathology*, Vol. 23 in the Series, Major Problems in Pathology, Saunders, 1991.

Bone and Soft Tissue:

- Fletcher, Unni and Mertens: *WHO Classification of Tumors: Tumors of Soft Tissue and Bone* IARC, 2006 (highly recommended).
- Weiss and Goldblum: *Enzinger and Weiss' Soft Tissue Tumors*, 5th Edition, Mosby, 2007.
- Bullough and Vigorita: *Atlas of Orthopaedic Pathology with Clinical and Radiologic Correlations*, University Park Press, 1985.

Gastrointestinal:

- Odze and Goldblum. *Surgical Pathology of the GI Tract, Liver, Biliary Tract and Pancreas*, Saunders, 2009.
- MacSween: *Pathology of the Liver*, 5th Edition, Churchill Livingstone, 2007.
- Bosman, Carneiro and Hruban, *WHO Classification of Tumours of the Digestive tract*, 4th Ed., Stylus Pub Ltd., 2011.
- Lack: *Pathology of Pancreas, Gallbladder, Extrahepatic Biliary Tract and Ampullary Region*, Oxford University Press, 2003.
- Lefkowitz: *Scheuer's Liver Biopsy Interpretation*, 8th Edition, Saunders, 2010.

Breast:

- Rosen: *Breast Pathology*, 3rd Edition, Lippincott, Williams and Wilkins, 2008.
- Tavassoli and Devilee, *WHO Pathology and Genetics: Tumors of the Breast and Female Genital Organs*, 5th Ed., IARC, 2003.

Cytopathology:

- Gray W, Mckee GT: *Diagnostic Cytopathology*, 3rd Edition, Churchill Livingstone, 2010.
- Cibas ES and Ducatman BS: *Cytology: Diagnostic Principles and Clinical Correlates*, 3rd Edition, Saunders, 2009.
- Solomon D and Nayar R: *The Bethesda System for Reporting Cervical Cytology*, 2nd Edition, Springer-Verlag, 2004.
- Ali S and Cibas E: *The Bethesda System for Reporting Thyroid Cytopathology*,

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

- Springer, 2010.
- Layfield: *Cytopathology of Bone and Soft Tissue Tumors*, Oxford Press, 2002.
- **Neuropathology:**
- Richard Prayson: *Neuropathology: A Volume in the Foundation in Diagnostic Pathology Series*, Elsevier, 2005.
- AFIP Fascicle 7, *Tumors of the Central Nervous System*, 2007.
- Louis, Ohgaki, Wiestler and Cavenee: *WHO Classification of Tumours of the Central Nervous System*, 4th Edition, IARC, 2007.
- Burger: *Smears and Frozen Sections in Surgical Neuropathology: A Manual*.
- Burger PC, Scheithauer BW: *Diagnostic Pathology: Neuropathology*, Amirsys (new).

Dermatopathology:

- Barnhill: *Textbook of Dermatopathology*, 3rd Edition, McGraw Hill, 2010.

Female Reproductive:

- Kurman: *Blaustein's Pathology of the Female Genital Tract*, 6th Edition, Springer, 2011.

Urologic:

- Amin: *Diagnostic Pathology: Genitourinary*, Amirsys, 2010.
- Epstein: AFIP volume 1, *Tumors of the Kidney, Bladder and Other Related Urinary Structures*.
- Epstein: AFIP volume 14, *Prostate, Seminal Vesicle, Penis, Scrotum*.
- Epstein and Netto: *Biopsy Interpretation of the Prostate*, Lippincott, Williams and Wilkins, 2007.
- Bostwick: *Urological Surgical Pathology*, 2nd Edition, Elsevier, 2008.
- Zhou M and Magi-Galluzzi C: *Genitourinary Pathology: A Volume in Foundations in Diagnostic Pathology Series*, Churchill Livingstone, 2006.

Renal:

- Zhou XJ, Laszik Z, Nadasdy T, D'Agati V, Silva FG: *Silva's Diagnostic Renal Pathology*, Cambridge University Press, 2009.
- Fogo and Kashgarian: *Diagnostic Atlas of Renal Pathology*, Saunders, 2005.
- AFIP non-tumor fascicle #4 – Non-Neoplastic Kidney Diseases.

Autopsy Pathology:

- Finkbeiner W, Ursell P, Davis R: *Autopsy Pathology: A Manual and Atlas*, Churchill Livingstone, 2004.
- Dolinak, Matshes, and Lew: *Forensic Pathology: Principles and Practices*, Elsevier, 2005.
- Ludwig: *Handbook of Autopsy Practice*, 3rd edition, CAP, 2002.
- Collins: *Special Autopsy Dissections*, CAP, 2001.

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

SCHEDULE

The Surgical Pathology Fellow's schedule will be coordinated and integrated with the Anatomic Pathology Residents schedule and format. This includes 13 rotations per academic year, each rotation containing two 2-week blocks. Each 2-week block will be filled with a required rotation or an elective chosen by the fellow and approved by the Unit Leader for that sub-specialty.

Additionally, the fellow will be required to attend all pertinent Interdisciplinary Conferences and Tumor Boards (see chart on next page) and Journal Club (held quarterly; only 2 out of the 4 are AP), as well as other Surgical Pathology-related resident conferences, including but not limited to:

- Surgical Pathology Unknowns Conference (weekly)
- Gross Pathology Conference (weekly)
- Core Curriculum Didactic Lecture Series (2-3x/week)

The Fellow will also be required to attend the monthly ACGME Core Competency Lecture Series held on the first Thursday of every month by the Penn State Milton S. Hershey Medical Center Graduate Medical Education office.

SURGICAL PATHOLOGY FELLOWSHIP MANUAL

List of Conferences

Conference	Occurs	Room
Adult Sarcoma Conference	2nd Mon @ 5 p.m.	T4007
Breast Tumor Conference	Every Thurs @ 11 a.m.	T4007
Derm Grand Rounds	1st Thurs @ 8 a.m. (9/12 mo/yr)	Aud or Lect Rm
Derm Patient Conference	3rd Thurs of Month @ 1:00 p.m.	Derm
(Derm) Melanoma and Skin Tumor Board	Last Tues of Month @ 5 p.m.	T3007
Derm Consult Conference	4th Thurs of Month, 4x/yr	Derm
ENT Tumor Board	1 st , 2 nd , and 3 rd Thurs @ 4 p.m.	T4007 (1 st /3 rd) C7702 (2 nd)
GI Fellows Conference	4 th Wed @ 4 p.m.	C7702
GI Tumor Board	Last Fri @ 7 a.m. 2nd Tues @ 4 p.m.	C7702 T3007
GU Tumor Board	2nd and 4th Thurs @ 7 a.m.	C7702
GYN Tumor Board	2nd and 4th Fri @ 11 a.m.	C7702
Hematologic Malignancy Conference	Every Wed @ 5 p.m.	T4007
Liver Transplant Conference	1 st and 3rd Wed @ 11:30 a.m.	C7702
MSK Conference	1 st /3 rd Tues @ 7 a.m.	C7702
Neuromuscular Path Conf	1st and 3rd Tues @ 7:15 a.m.	C3621
1 st Tues NM Slide Review Staff Conf	1 st Tuesday @ 8:00 a.m. (follows NM Path Conf)	C7602
Ophthalmology Pathology	4 th Monday @ 7 a.m.	C7702
Pediatric GI Conference	2 nd Monday @ 4 p.m.	C7702
Pediatric Neuro-Oncology	1 st Thurs @ 7:30 a.m.	C7702
Pediatric L/L Conference	1 st Thurs @ 2:00 p.m.	C6618
Pediatric Tumor Board	1 st /3 rd Fri @ 1 p.m.	T3007
Pulmonary Conference	2 nd Fri @ 7:30 a.m.	C7702
Renal Biopsy Conference	3 rd Tues @ 4 p.m.	C7702
Renal Transplant Conference	2 nd /4 th Fri @ noon	C7602

Faculty Evaluation of Surgical Pathology Fellow



[Subject Name]
 [Subject Status]
[Subject Rotation]
 [Evaluation Dates]

Evaluator

[Evaluator Name]
 [Evaluator Status]

Assess the fellow based on your interactions and personal observations during the period of evaluation, using your past and current experience with Pathology fellows at this and other institutions. The sentences are meant to guide your interpretation of the fellow's work.

- Choose numbers between 1-5 according to the descriptions
- Choices 1-2 require further explanation; Choices 3-5 do not require any further comments
- You may choose numbers between the paragraphs to modify your assessment
- Not applicable (N/A) is a choice available to the evaluator, where appropriate

This evaluation will be incorporated into summary evaluations and will become a part of the fellow's permanent file. The summary evaluations are available for review by the fellow and attending staff. You, the evaluator, should discuss the evaluation with the fellow.

Patient Care

Questions 1 and 2 - The Fellow should be evaluated on preparing the specimen and assembling the information for diagnostic sign-out. This may be a result of the Fellows' personal work or a result of his/her supervision of a junior resident.

1

Specimen Grossing

1 = The gross specimens, including specimens for frozen section, were neglected/not approached in a timely fashion. Fixation was inadequate. The gross specimens were poorly/inaccurately oriented/not clearly or correctly inked. The dissections did not demonstrate the relevant pathology and could not be reconstructed. Lymph node dissections were inadequate and tissue was not submitted for clearing or node redissection. The sections chosen did not demonstrate the relevant pathology. Tumor was not collected for tissue bank or certified protocols OR electron microscopy OR flow cytometry. Fellow had to be reminded to attend to this procedure.

2

3 = The gross specimens, including specimens for frozen section, were approached in a timely fashion. Fixation was timely and adequate. All but the most complex specimens were accurately, clearly and completely oriented and correctly inked with some assistance from the attending and after consulting dissection manuals. The dissections demonstrated the major pathology. Lymph node dissections were adequate to the AJCC specifications. The sections demonstrated the major pathologic findings. Tumor was collected for tissue bank/protocols/EM/Flow cytometry with no prompting from the attending and little assistance.

4

5 = The gross specimens, including specimens for frozen section, were approached promptly. Fixation was timely, adequate and correct for the desired analysis, including EM/Flow cytometry/immunofluorescence. The specimens, including the most complex, were accurately, clearly and completely oriented and correctly inked. The dissections demonstrated the major and minor pathologic features and could be used for teaching demonstrations. Most dissections were accomplished independently, but assistance was requested as appropriate. Lymph node dissections met AJCC specifications. The sections demonstrated



for AJCC forms OR pathology relevant to primary and secondary disease processes. Tissue was collected for tissue bank/protocols/EM/Flow cytometry with no prompting or assistance from the attending and the judgment used in this process was sound and defensible.

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000

Patient Care (cont'd)

2 Assembling information for diagnostic sign-out

1 = The Fellow is unaware of clinical context in which the specimens have been obtained: (s)he has not read the clinical history provided on the accompanying paperwork, has not accessed Powerchart for laboratory values, history or relevant radiologic studies. (S)he is not aware of/has not obtained the relevant old slides and reports and does not make them available to the attending during frozen section/final sign out or does so only upon request.

2

3 = The Fellow knows the clinical context in which specimens have been obtained: (s)he has read the clinical history provided on the accompanying paperwork, has accessed Powerchart for laboratory values, history or relevant radiologic studies. (S)he is aware of/has obtained the relevant old slides and reports and has them immediately available to the attending during frozen section/final sign out.

4

5 = The Fellow knows the clinical context in which specimens have been obtained. (S)he has integrated this information and uses it to anticipate the clinically relevant questions and to direct dissection and further analysis of specimens. (S)he is aware of/has obtained the relevant old slides and reports, has previewed them and has them immediately available to the attending during frozen section/final sign out.

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000

Clinical Reasoning

Questions 3 and 4 - The Fellow should be evaluated on evaluation of patient specimens and understanding pathological processes.

3 Evaluation and understanding of histopathologic changes

1 = The Fellow does not independently recognize the major histopathologic features presented in the specimen. The differential diagnosis based on his/her impression may be unifaceted, disordered or wrong. (S)He does not use the literature as a resource.

2

3 = The fellow recognizes the major histopathologic features and generates a differential diagnosis from them that includes the most likely diagnosis. (S)He orders the differential diagnoses in the context of the clinical

information. Uses the medical literature appropriately. Builds on knowledge of previous cases to formulate diagnoses. Interprets common special stains/studies correctly.

4

5 = The fellow recognizes the major and minor histopathologic features. The differential diagnoses may be extensive but is well-prioritized and reflects knowledge of the clinical context. Reads and applies the medical literature. Recognizes subtleties in interpretation of diagnostic studies.

1

2

3

4

5

N/A

Comments

Remaining Characters: 5,000

Clinical Reasoning (cont'd)

4

Case evaluation

1 = The Fellow reports findings but does not formulate a plan for further evaluation. Is unfamiliar with common tools for evaluation or applies them by rote without considering the differential diagnosis. Does not apply results of special studies in context. Final diagnoses frequently wrong or incomplete. Does not seek consultations.

2

3 = The Fellow formulates an evaluation plan based on the differential diagnosis. Additional evaluation tools are ordered appropriate to the differential diagnosis and common ones are interpreted accurately. Final diagnosis is usually correct and complete. Seeks consultations appropriately.

4

5 = The Fellow formulates an evaluation plan based on the differential diagnosis and current literature and it is sensitive to cost-benefit considerations. (S)He recognizes subtleties in interpretation of diagnostic studies. Can formulate an further evaluation plans based on results of the initial studies. Final diagnoses are correct most of the time and include all elements of AJCC reporting. Seeks consultations after consulting literature, providing appropriate information to consultant (i.e. attending pathologist).

1

2

3

4

5

N/A

Comments

Remaining Characters: 5,000

Interpersonal and Communication Skills

Questions 5 and 6 - The Fellow must be able to demonstrate interpersonal and communication skills that result in effective information exchange and learning with professional associates.

5

Written reports

1 = Inadequate content and poor organization of written reports. Gross descriptions are inaccurate; lack documentation of measurements, orientation or sectioning. Templates not used or not completed. Microscopic descriptions not given or not informative. Final diagnoses are inaccurate or incomplete. Report does not address pertinent clinical issues. Language is grammatically incorrect, confusing, sloppy.

2

3 = The Fellow describes the gross specimen accurately, including relevant measurements and descriptions of orientation, inking and sectioning. Relevant templates are completed accurately. Microscopic descriptions are informative. Final diagnoses are accurate. Major pertinent clinical issues are addressed. Language is grammatically correct and comprehensible.

4

5 = The Fellow provides gross descriptions that convey the pertinent findings clearly, completely and accurately. Templates are complete. Proofreading has been completed before submission of report to attending. Additional blocks and results of special techniques have been documented. The pertinent clinical issues have been addressed and references have been cited as needed. Consultation letters, where needed, are concise, accurate, comprehensible and include relevant laboratory data.

1



2



3



4



5



N/A



Comments

Remaining Characters: 5,000

Interpersonal and Communication Skills (cont'd)

6

Verbal communications

1 = Difficult to understand. Provides inaccurate information. Does not relay information in a timely fashion. Is disrespectful, confrontational, demeaning. Does not return phone calls or pages in timely fashion.

2

3 = Communicates clearly, accurately and respectfully with clinicians, faculty, residents, secretarial and technical staff. Returns phone calls/pages promptly.

4

5 = Communicates clearly, accurately and respectfully in interactions. Willingly addresses concerns of gross room, histology, secretarial and resident staff. Confidently addresses clinicians' concerns and seeks information from them.

1



2



3



4



5



N/A



Comments

Remaining Characters: 5,000

Professionalism

Question 7 - The Fellow must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

7

Professional behavior

1 = The Fellow is disrespectful of patients or co-workers; lacks compassion, integrity, honesty. Fails to acknowledge errors. Does not accept responsibility for actions. Does not conform to employment

requirements, including diversity training, corporate compliance training, dress code compliance, safety precautions. Misses or is late for scheduled activities. Fails to complete cases or fails to complete them in a timely fashion.

2

3 = The Fellow is respectful of patients and co-workers. Is honest and accepts responsibility for actions and work. Accepts constructive criticism well. Adheres to employment requirements, including diversity training, dress code compliance, safety precautions, and patient confidentiality. Is punctual. Completes assignments in timely fashion.

4

5 = The Fellow completes tasks beyond assignments, including providing teaching assistance to junior residents and technologists. Has excellent time management abilities. Always demonstrates integrity, respect and honesty. Willingly acknowledges errors.

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000

Practice-Based Learning and Improvement

Question 8 - The Fellow must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and learning with professional associates.

8

Practice-Based Learning and Improvement

1 = The Fellow fails to acknowledge errors. Does not accept responsibility for actions. Misses or is late for conferences. Contributions to conferences are minimal and not at graduate level. Fails to complete cases or fails to complete them in a timely fashion.

2

3 = The Fellow is honest and accepts responsibility for actions and work. Accepts constructive criticism well and seeks feedback about work. Builds on prior experiences to improve and supports opinions with literature. Attends scheduled activities and participates in conferences. Completes assignments in timely fashion.

4

5 = The Fellow is honest and accepts responsibility for his(her) work and for those under his (her) supervision. (S)he seeks feedback from colleagues and incorporates it for improvement. Actively pursues relevant literature and assimilates information in diagnostic settings. Is a leader at conferences.

1 2 3 4 5 N/A

Comments

Remaining Characters: 5,000

Systems-Based Practice

Questions 9, 10, and 11 - The Fellow must demonstrate an awareness of and responsiveness to the larger

context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

9 Systems-Based Practice

1 = The Fellow does not understand specimen handling. The fellow is not aware or disregards the processes of accessioning, transcription or histologic handling of samples. Promises unrealistic turn-around times or is unconcerned for need for overtime approval. Creates unsafe conditions for him(her)self and others in the gross room. Fails to use established protocols for specimen handling. Does not relate diagnostic result to therapeutic choices or other clinical needs.

2

3 = The Fellow understands specimen handling and works within the guidelines to optimize appropriate turn around time. Is aware of special protocols OR seeks literature or consultative support for special processing. Balances needs for diagnostic materials and research materials.

4

5 = The Fellow is adept at specimen handling, recognizes potential conflicts or issues of concern and has a logical plan for resolving them. Prepares ahead for special case needs by consulting literature, patient chart or clinicians as necessary. Includes the safety and employment needs of technical/secretarial/medical staff in assessing requests. Participates in quality control activities.

1



2



3



4



5



N/A



Comments

Remaining Characters: 5,000

Overall assessment

10 Academic/Scholarly Activities

Please comment on your interactions with the Fellow with regard to:

- publications/research
- student/resident teaching
- technologist teaching

Remaining Characters: 5,000

Overall assessment (cont'd)

11 Graduated responsibility

Is the Fellow ready to advance to a teaching role in this subspecialty?

1 = No

2

3 = Yes, for straight-forward cases, with attending directly signing out with resident on more complex cases

4

5 = Yes, for all but most unusual or complicated cases

1



2



3



4



5



Comments

Remaining Characters: 5,000

Overall Comments:

Remaining Characters: 5,000

[Return to Questionnaire List](#)

Peer Evaluation of Surgical Pathology Fellow

Peer Evaluation of Surgical Pathology Fellow

Academic Year: (Indicate if you worked with this individual either July-Dec or Jan-June or check both boxes if you worked with them in both parts of the year)

July - December

January - June

Rate the Pathology Fellow only if you worked closely enough with him or her to do so. Do NOT rate any fellows with whom you have not directly interacted. From the choices below, please select the closest estimate of your total work interaction with the fellow during the review period:

- Have not interacted with fellow for an adequate amount of time to justify evaluating him/her
- One time only
- Once or twice per month
- Once or twice per week
- Daily

Please rate on a scale of 1 (strongly disagree/never apparent), 2 (disagree/seldom apparent), 3 (neutral/sometimes apparent), 4 (agree/usually apparent), 5 (strongly agree/always apparent). Check the appropriate option. If you are unable to evaluate in a category, or if that category is not applicable, check N/A.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
ATTITUDE: Displays a positive and collegial attitude; treats the staff with respect	<input type="radio"/>					
COMPLIANCE: Complies with policies & procedures required for the operation of the area	<input type="radio"/>					
PROFESSIONALISM: Demonstrates a professional manner,						

addressing all patient care issues in an appropriate and timely manner. Maintains staff & patient confidentiality.

DOCUMENTATION:

Writes legibly; completes documentation on time; provides patient care plans

EDUCATION: Helps to educate staff; willing to explain new tests; answers questions

LEADERSHIP: Acts as a leader when appropriate & serves as a role model

ORGANIZATION:

Functions in an efficient, organized manner when present in the work area

COMMUNICATION:

Communicates clearly and appropriately with staff and patients

Comments:

Done

Staff Evaluation of Surgical Pathology Fellow

Staff Evaluation of Surgical Pathology Fellow

Academic Year: (Indicate if you worked with this individual either July-Dec or Jan-June or check both boxes if you worked with them in both parts of the year)

July - December

January - June

Rate the Pathology Fellow only if you worked closely enough with him or her to do so. Do NOT rate any fellows with whom you have not directly interacted. From the choices below, please select the closest estimate of your total work interaction with the fellow during the review period:

- Have not interacted with fellow for an adequate amount of time to justify evaluating him/her
- One time only
- Once or twice per month
- Once or twice per week
- Daily

Please rate on a scale of 1 (strongly disagree/never apparent), 2 (disagree/seldom apparent), 3 (neutral/sometimes apparent), 4 (agree/usually apparent), 5 (strongly agree/always apparent). Check the appropriate option. If you are unable to evaluate in a category, or if that category is not applicable, check N/A.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
ATTITUDE: Displays a positive and collegial attitude; treats the staff with respect	<input type="radio"/>					
COMPLIANCE: Complies with policies & procedures required for the operation of the area	<input type="radio"/>					
PROFESSIONALISM: Demonstrates a professional manner,	<input type="radio"/>					

addressing all patient care issues in an appropriate and timely manner. Maintains staff & patient confidentiality.

DOCUMENTATION:

Writes legibly; completes documentation on time; provides patient care plans

EDUCATION: Helps to educate staff; willing to explain new tests; answers questions

LEADERSHIP: Acts as a leader when appropriate & serves as a role model

ORGANIZATION:

Functions in an efficient, organized manner when present in the work area

COMMUNICATION:

Communicates clearly and appropriately with staff and patients

Comments:

Done

Pathology Resident Evaluation of Faculty



[Subject Name]
[Subject Status]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Status]

Scale: 5=excellent; 4=good; 3=average; 2=fair; 1=poor; N/A or no info

1

Interest/enthusiasm for teaching

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

2

Time spent in teaching

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

3

Organization of thought and approach to case material

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

4

Fosters/encourages resident interest in pathology

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

5

General availability to the resident

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

6

Quality of teaching in sign out or work rounds

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

7

Provides up to date references/reading material recommendations

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

8

Fosters/encourages resident interest in research

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

9

Value as a role model

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

10

Provides feedback on resident performance

Excellent Good Average Fair Poor N/A

○ ○ ○ ○ ○ ○
Comments

Remaining Characters: 5,000

11

Overall effectiveness as a teacher

Excellent Good Average Fair Poor N/A
○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

12

Knowledge of literature, ability to stimulate and direct reading and learning

Excellent Good Average Fair Poor N/A
○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

13

Suggest one factor that would add to this faculty member's effectiveness

Comments

Remaining Characters: 5,000

[Return to Questionnaire List](#)

Pathology Resident Evaluation of Rotation



[Subject Name]
 [Subject Status]
 [Subject Employer]
 [Subject Program]
[Subject Rotation]
 [Evaluation Dates]

Evaluator

[Evaluator Name]
 [Evaluator Status]
 [Evaluator Employer]
 [Evaluator Program]

1

Adequacy of facilities and equipment

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

2

Cooperation of ancillary staff

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

3

Opportunity to gain bench experience

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

4

Availability of appropriate procedure manuals, textbooks, etc.

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

5

Opportunity to learn laboratory management & quality control

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

6

Value of conferences

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

7

Appropriate number of conferences

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

8

Adequacy of personal supervision by attending/s

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

9

Adequate feedback

Excellent Good Average Fair Poor N/A

Comments

Remaining Characters: 5,000

10

Opportunity to get involved in a research project

Excellent Good Average Fair Poor N/A

○ ○ ○ ○ ○ ○
Comments

Remaining Characters: 5,000

11

Appropriate clinical correlation and exposure

Excellent Good Average Fair Poor N/A
○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

12

Overall rating of the rotation

Excellent Good Average Fair Poor N/A
○ ○ ○ ○ ○ ○

Comments

Remaining Characters: 5,000

13

What changes, if any, would you make in the format of the rotation?

Comments

Remaining Characters: 5,000

14

Indicate strengths and weaknesses of the rotation

Comments

Remaining Characters: 5,000

[Return to Questionnaire List](#)