

# **Oncologic Surgical Pathology Fellowship**

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## Oncologic Surgical Pathology Fellowship

H. Lee Moffitt Cancer Center  
Division of Anatomic Pathology  
12902 Magnolia Drive  
Tampa, Florida

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### Description:

This fellowship program is designed to provide training in all aspects of pathology of neoplastic diseases. The fellows will gain experience in diagnostic surgical pathology of different tumors and applications of diagnostic techniques to the study of neoplastic lesions. This training will enhance the fellows' diagnostic skills and prepare them for both academic and community practice.

### Location:

Currently there are two one year fellowship positions available and are based at the H. Lee Moffitt Cancer in Tampa, Florida. The expected starting time is July 1<sup>st</sup>. However other dates will be also considered.

H. Lee Moffitt Cancer Center is a Comprehensive Cancer Center designated by National Cancer Institute and located at the campus of the University of South Florida, Tampa, Florida. There are approximately 16000 surgical cases, 9000 consultations/reviews, 11000 cytology cases, 500 cytology consultations and reviews, 1400 FNA and 1500 bone marrow cases.

## **Responsibilities:**

The fellows will assume progressive responsibility during the assigned rotations. This will be based on their level of training, interests and performance decided by each attending pathologist.

## **Surgical bench:**

- Frozen sections, grossing and dictation of surgical pathology cases in a timely manner under the supervision of the attending pathologists.
- For grossing instruction, please refer to the departmental gross manual and procedures.

## **Frozen Section:**

- Fellows should be familiar with the operation of cryostats and staining techniques at the H. Lee Moffitt Cancer Center & Research Institute.
- The fellow is expected to be present and available for all frozen sections on the day of grossing & frozen section call.

**STAT** and **RUSH** specimens should be reviewed and discussed with the pathologist and dictated as **RUSH**, immediately, and the result should be communicated to the Attending physician with documentation of time, date and person contacted.

**Biopsy** specimens should be looked at, reviewed with the attending pathologist, dictated and signed on the same day they are received.

**Complex specimens** should be looked at, reviewed with the attending pathologist and dictated within 2-3 days. The microscopic description should include the Key Pathologic Findings and AJCC tumor staging (Pathologic stage) if applicable.

## **Tissue bank:**

- In cases with adequate tissue for diagnosis, a part of tumor tissue will be submitted for tissue bank as soon as possible (within 15 minutes).

## **Stains:**

- All of the stains performed including the block number (A1, B6,) and statement of adequacy of controls should be mentioned in the report.

## **Consult cases:**

- Review and dictate consult and review cases under the supervision of the attending pathologist in a timely manner.
- **STAT** and **RUSH** specimens should be reviewed and discussed with the pathologist and dictated as **RUSH**, as soon as possible and the result should be communicated to the attending physician with documentation of time, date and person contacted.

*Note:*

Cases in which the paraffin blocks are needed for additional studies and stains, consult with the attending pathologist, and ask for the appropriate paraffin block or unstained slides from outside facility. This should be properly followed up when the block or unstained slides are received including ordering the required stains and studies.

**Electives:**

- Electives are available in different fields of pathology including Cytopathology, Neuropathology, Soft tissue pathology, Gastrointestinal pathology, Thoracic pathology, Genitourinary pathology, Breast Pathology, Gynecologic pathology, Head & Neck pathology, Dermatopathology, General surgical pathology, Molecular Pathology as well as basic and transitional research in any of the above fields.

*Note:*

Electives should be arranged ahead of time for the purpose of scheduling.

**Research:**

The fellow is encouraged and expected to conduct at least one research project with presentation at a national pathology meeting and publication in one of the peer reviewed journals.

**Teaching:**

The fellow will be involved in the teaching of residents and medical students rotating at the H. Lee Moffitt Cancer Center.

**Mentoring:**

Formal mentoring is encouraged, as the Fellow can be assigned to a Program Faculty other than the Program Director for one-on-one interaction on specific topics.

**Evaluation:**

Faculty members will evaluate the fellow periodically and after completion of each rotation. See attached evaluation form. Fellows are required to complete the faculty evaluation forms as they are requested. Any issue regarding this, can be discussed with the program director.

**Conferences:**

The fellow will participate in and will present in the weekly resident unknown conference including the gross pathology conference, as well as in Pathology Grand Rounds.

***Required conference attendance:***

Fellows pathology weekly conference	Mondays	12:00 to 1:00 PM
Pathology weekly lecture series	Tuesdays	12:00 to 1:00 PM
GME Lecture Series (August-Sept)	Wednesdays	12:00 to 1:00 PM

*Note:*

When on call for frozen section during the surgical bench rotation, coverage should be obtained from the pathology assistants for the time of conference in advance.

The Monday conferences are in combination of Journal clubs and slide seminars (OUST). During COVID19, the conferences will be via Zoom. The Tuesday conferences are in combination of lecture series in pathology, medical management, QA/s and M&M. The schedule of both conferences are published and distributed to fellows and faculties in advance.

**Vacations:**

A total of 25 PTO days are offered. This includes vacation, sick days, and holidays. This time should be requested in advance for the purpose of departmental scheduling. Administrative leave is offered for presentation of research activity (abstract and paper presentation) in the national meetings.

*Note:*

Coverage for the leave days/hours should be obtained in advance and appropriate parties such as pathology office staff, gross & frozen section room staff and the hospital switch board for after hour periods should be notified. The leave form should be approved and signed by appropriate authorities prior to leave.

**Pager:**

Each fellow will receive a digital pager. The pager should be on during the entire working day and during the on call periods. Pages should be answered immediately.

Pager codes: **999** = Frozen section, go to the frozen section room immediately.

Note: If paged to 999 and you are not in the hospital; please call the frozen section room (745-2930).

**Lab coat:**

H. Lee Moffitt Cancer Center will provide each fellow with white lab coats.

**Insurance**

Medical liability insurance, disability insurance, and health insurance will be provided by H. Lee Moffitt Cancer Center.

**Book fund:**

Each fellow will receive book fund allowance and travel reimbursement for approved meetings.

**Requirements:**

Completion of Pathology residency program with board certification or eligibility in Anatomic Pathology or Anatomic and Clinical Pathology.

Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification.

**Stipend:**

Support will be commensurate with the level of training and bylaws of H. Lee Moffitt Cancer Center.

**Rotations:**

The fellow will spend the entire 12 month rotations at the Moffitt Cancer Center and Research Institute.

10 months	Consult services and surgical bench
2 months	Electives (optional)

**Rotation specific objectives and goals**

The fellowship program is designed to provide training in all aspects of tumor pathology in order to gain experience and expertise in histologic diagnosis and applications of advanced diagnostic techniques including the proper use of immuno-histochemical stains as well as other appropriate techniques. This fellowship will increase the skills, diagnostic abilities and competency of the fellow to practice in an academic center and/or a community hospital setting. This will include the gross inspection and dissection, frozen section selection and interpretation as well as complete evaluation of the surgical and consult cases assigned to the fellow and under direct supervision of the attending and participating faculty members.

Electives are available in different areas of tumor pathology as described below.

Fellows will also be required to be involved in departmental basic and transitional research activities and will actively participate in the teaching of medical students, pathology residents and visiting physicians.

At the end of the fellowship the fellows are expected to:

- 1) Be able to describe and gross all types of pathology gross specimens including appropriate selection of the tissue selection for frozen section, tissue banking and permanent sections.
- 2) Be able to diagnose and have a differential diagnosis of the neoplastic lesions under the microscope.
- 3) Be able to practice cost effectively using the diagnostic techniques including the immunohistochemical stains to reach appropriate diagnoses.
- 4) Be able to diagnose the frozen section material accurately and independently.
- 5) The fellows will be evaluated regularly and will be notified of any deficiencies.

# Rotation Descriptions

## Bone & Soft Tissue Pathology

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Rotation Director: Evita Henderson-Jackson, MD

Teaching Faculty: Marilyn Bui, MD, PhD

### Goals and Objectives

#### A. Patient Care and Procedural Skills

- Proficient at grossing widely diverse and complex bone and soft tissue specimens
- Efficiently dictates complete, logical and succinct gross descriptions
- Demonstrate proficient histologic examination of in-house and consult cases of bone and soft tissue
- Interpret results of immunohistochemical, histochemical and molecular assays proficiently

#### B. Medical Knowledge

- Demonstrate a proficient working knowledge of all types of bone and soft tissue neoplasms and capable of applying immunohistochemical, histochemical and/or molecular biological techniques to determine various bone and soft tissue diagnoses
- Ability to evaluate straightforward cases of common mesenchymal tumors with minimal to no faculty guidance
- Familiarity with FNCLCC grading and AJCC tumor staging of bone/soft tissue tumors
- Proficiently perform intraoperative consultation/frozen section involving bone/soft tissue tumors
  - Correctly select tissue for FS independently
  - Able to perform IOC/FS on technically difficult and multiple specimens
  - Perform IOC/FS within turnaround time standards
  - Effectively communicate diagnosis to surgeon and respond appropriately to surgeon's concerns

#### C. System-Based Practice

- Knowledge of sarcoma related resources at Moffitt regarding patient care, translational research and medical education
- Understands the use and participate in proficiency testing (CAP survey slides)
- Understand the basics of quality assurance
- Demonstrate compliance with national regulations for patient privacy and confidentiality
- Foster a habit of life-long learning by critical reading of relevant scientific articles
- Independently and effectively play a lead role in the health care team
  - Case presentations, consultation, test selection guidance

#### D. Practice-based Learning

- Independently perform critical review of literature addressing evidence based medicine as pertaining to bone/soft tissue pathology and apply information to clinical cases



- Independently review soft tissue/bone teaching slide sets to study the tumors systematically
- Utilize standard textbooks in bone and soft tissue pathology
- Routinely uses identified errors/discrepancies to improve practice
- Actively participate in evidence-based presentations at journal club, departmental conferences, and multidisciplinary sarcoma conference (tumor board)
- Teaches residents/medical students in grossing descriptions/techniques and microscopic diagnosis
- Study the information compiled by Dr. Bui for bone and soft tissue pathology rotation (recorded lectures, books, book chapters, and online resources)
- Should expect at least 1-2 unknown slides review set to test your knowledge and complete a multiple choice self-assessment test

#### **E. Professionalism**

- Punctual, reliable, and exhibit appropriate behavior
- Ethical and sensitive to diversity
- HIPAA compliant
- Provide constructive feedback and actively seeks feedback to improve performance
- Exemplifies effective management of multiple competing tasks, with reliable follow-up; and is a source of support/guidance to other faculty, staff, and residents
- Work with peers to avoid biases
- Respectful of faculty, staff and fellow residents and trainees

#### **F. Interpersonal and Communication Skills**

- Effectively communicates complex, difficult or challenging information
- Independently and consistently produce clear and understandable written reports
- Independently manage conflicts and complaints
- Contacts clinicians as necessary to obtain clinical or other information
- Becomes familiar with the multidisciplinary team approach for sarcoma patient care
- Can review slides in informal setting with clinicians in straightforward cases; can discuss preliminary reports and diagnoses with clinicians with ease; able to convey more complex information to clinicians
- Present with clarity and reasonable defense of positions at slide review and conference settings with minimal faculty guidance; be prepared to present sarcoma cases at the weekly Multidisciplinary Sarcoma Conference

# Breast Pathology

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Rotation Director: Marilyn Rosa, MD

Faculty: Marilyn Rosa, MD  
Zena Jameel, MD  
Saeed Bajestani, MD

## Goals and Objectives

- To increase experience with the diagnosis of non-neoplastic and neoplastic diseases of the breast and their mimics.
- To increase experience with the diagnosis of precursors of mammary neoplasia.
- To develop an understanding of special techniques in the pathologic characterization of diseases of the breast.
- To develop an understanding of the clinical features of breast diseases, including diagnostic evaluation of patients, treatment algorithms, tumor staging parameters and prognostic indices.
- To enhance teaching abilities through the interaction with pathology faculty and clinicians.

## Responsibilities

The surgical pathology fellow will:

- Review the surgery schedule and clinical and radiological history of patients.
- Participate in Intraoperative consultation of breast cases.
- Participate in grossing of assigned breast cases.
- Review the slides and prepare reports of those cases he/she has grossed.
- Assigned cases will be the fellow's responsibility until the case is finally released by the attending.
- Review selected in-house and submitted consultation cases, with increasing autonomy as the fellowship progresses.
- Participate in breast multidisciplinary tumor board.
- Discussed assigned literature with the attending on service.
- Present an interesting/unusual case at the end of the rotation.

## Rotation schedule:\*

Mondays:

- The fellow will attend the 12 o'clock educational activity.
- The fellow will review and dictate cases as indicated by the attending on service.

Tuesday:

- The fellow will attend the 12 o'clock educational activity.
- The fellow will gross a selected number of cases, including excisional biopsies and mastectomies.

Wednesdays:

- The fellow will review and dictate cases as indicated by the attending on service.

Thursdays:

- The fellow will participate in breast tumor board (8:00 to 9:00 am).
- The fellow will review and dictate cases as indicated by the attending on service.

Fridays:

- The fellow will review and dictate cases as indicated by the attending on service.

\* The rotation schedule is subject to change according to OR schedule changes and availability of cases.

**Recommended books for the rotation:**

- Rosen's Breast Pathology: Consult book.

Breast Pathology: A Volume in the Foundations in Diagnostic Pathology series (Expert Consult - Online and Print), 2e, 2011

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# Gastrointestinal and Pancreatobiliary Pathology

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Rotation Director: Gregory Lauwers, MD

Faculty : Barbara A. Centeno, MD

Masoumeh Ghayouri, MD

Kun Jiang, MD

Gregory Lauwers, MD

Yukihiro Nakanishi, MD

## Goals and Objectives

- To become proficient with the diagnosis of non-neoplastic and neoplastic diseases of the upper GI tract (esophagus and stomach), small and large intestines, appendix, liver and pancreato-biliary tract.
- To become familiar with the diagnosis of precursors of gastro-intestinal and Pancreatobiliary neoplasia.
- To develop an understanding of special techniques and molecular testing in the pathologic characterization of gastro-intestinal and pancreato-biliary neoplasia.
- To learn how the differential diagnoses of non-neoplastic disease of the gastrointestinal tract and of the pancreato-biliary system, and how to reach the correct diagnosis.
- Be aware of the most important prognostic factors and genetic testing for hereditary diseases of the gastro-intestinal tract and of the pancreato-biliary system.
- To enhance teaching abilities through the interaction with pathology faculty and clinicians.

## Responsibilities

The surgical pathology fellow will:

- Review the surgery schedule when on frozen section.
- Participate in grossing and intraoperative consultation of GI cases when on frozen section.
- Review the clinical histories for each case before coming to sign out, paying attention to imaging characteristics of the lesion and prior pathology reports, when available (when relevant, the prior slides should be pulled before the sign out).
- Review the slides and prepare reports of those cases he/she has grossed.
- Assigned cases will be the fellow's responsibility until the sign out with the attending (elaborate on this- do they also have to follow-up on the specials and IHC, etc.).
- Take increasing responsibility in the handling of review and personal consultation cases.
- Come prepared to discuss cases at sign out. The fellow should also have performed a review of the literature for challenging cases prior to sign out.
- Present interesting and difficult cases during the 1:00 o'clock daily QA conference
- Participate in GI tumor boards.

## Rotation schedule:

Mondays:

- The fellow will attend the 12 o'clock resident and fellows lecture.

- The fellow will review and dictate surgical GI service biopsies as indicated by the attending on service.

Tuesday:

- The fellow will review and dictate consult cases as indicated by the attending on service.

Wednesdays:

- The fellow will double scope cases with the attending in the morning and prepare for tumor board in the afternoon.
- The fellow will attend the noon education activity according to the schedule.

Thursdays:

- The fellow will participate in GI tumor board (7:00 to 9:00 am).

Fridays:

- The fellow will preview and dictate cases in the morning.
- The fellow will spend the afternoon reviewing interesting cases, reading the literature and possibly working on a research project.

**Recommended books for the rotation:**

- Robert Odze and John Goldblum Surgical pathology of the GI tract, liver, biliary tract and pancreas. Third edition. Saunders (as soon as available, it is now in press)
- Gastrointestinal Pathology an Atlas and Text. Cecilia Fenoglio-Preiser. Lippincot.
- Diagnostic pathology gastrointestinal (Greenson), and Gastrointestinal and liver Pathology (Lacobuzio). The small GI biopsy by Montgomery (vol. 1 and 2).
- WHO 2010 (GI book)
- AJCC staging manual and atlas
- CAP cancer protocols online

## Genitourinary Pathology

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Rotation Director: Jasreman Dhillon, MD

Faculty: Jasreman Dhillon, MD  
Aram Vosoughi, MD  
Salah Antar, MD

**Program Overview:** The goal of the genitourinary (GU) rotation for the Surgical Pathology Fellow is to provide an extensive experience in genitourinary pathology. The more exposure the Fellow will have in complex GU cases, the more competent they will be in their diagnoses. This is a 1-month rotation that provides exposure to oncologic surgical pathology of the prostate, bladder, kidney, adrenal, testis and penis. The main objective of this rotation is to obtain proficiency in the diagnosis of tumors of the genitourinary system.

The Fellow will:

1. Be responsible for reviewing and establishing diagnosis for cases which are assigned by the attending pathologist (in-house biopsies, resections, referrals and general consults).
2. Assist in the approach to gross examination in complex surgical resection specimens.
3. Interact with clinical colleagues to obtain additional pertinent clinical information when required.
4. Attend the Multidisciplinary Tumor Board conferences.

Increase in additional responsibilities in the above and related spheres will be granted with experience and demonstrated ability.

**Genitourinary Pathology Service:** The Pathology Department examines approximately 20,000 surgical specimens annually of which over 4000 are from the genitourinary region. Many of these cases are quite challenging and require correlation with clinical and radiological features, immunohistochemistry and molecular diagnostics.

The service is a single service at present that is handled by a single genitourinary (GU) pathology staff member assigned for that day. During the GU rotation, the Fellow will participate with the gross examination of specimens in the Frozen Section Suite and the evaluation of frozen section consultations as and when required. The Fellow will also participate in grossing GU specimens. The level of participation in this activity will depend on the previous experience of the Fellow.

In this rotation, the Fellow will be directly supervised by the GU pathologist assigned to the service. The GU faculty will establish the level of initial responsibility based on the Fellow's experience and capabilities.

### Duties and Responsibilities of the Fellow:

#### GU Diagnostic Service:

The Fellow will review with the staff GU staff cases assigned for the month. These cases are a combination of biopsies and surgical procedures performed at Moffitt Cancer Center, outside

referral cases from patients coming to our institution for treatment, and outside consultation cases. All of the cases are signed out by a single GU faculty member each day. The Fellow will have the opportunity to review all the cases available during this rotation.

## **Goals and Objectives:**

### **A. Patient Care:**

#### **Goals:**

- Understand the differential diagnosis of tumors and lesions of the genitourinary tissue.
- Perform accurate microscopic evaluation of GU pathology specimens.
- Dictate comprehensive pathology reports for GU pathology specimens.
- Interpret the results of ancillary studies, like immunohistochemistry.
- Understand the issues involved in the gross assessment of GU specimens.
- Understand the utility of intraoperative frozen section analysis for GU cancers.

#### **Objectives:**

- Demonstrate proficiency in the microscopic diagnosis of lesions of the genitourinary tract.
- Demonstrate proficiency in the gross evaluation of tumors of the GU tract.
- Perform intraoperative frozen section analysis for GU cancers.
- Attend the GU Tumor Board Conference.

### **B. Medical Knowledge:**

#### **Goals:**

- Understand the etiology, pathogenesis, microscopic diagnosis and treatment issues regarding cancers of the GU tract.

#### **Objectives:**

- Learn the grading and staging systems for cancers of the GU tract.
- Read the primary literature regarding diagnosis and molecular pathogenesis of tumors and lesions of the GU tract.

### **C. Practice-Based Learning and Improvement:**

#### **Goals:**

- Accept faculty evaluation and act upon recommendations.
- Improve and monitor the quality of GU pathology reports.

#### **Objectives:**

- Regularly attend and participate in seminars and teaching sessions at Moffitt Cancer Center.
- Stay up to date in the primary literature.
- Prepare extensively for final sessions with the faculty.

### **D. Interpersonal and Communication Skills:**

#### **Goals:**

- Effectively and clearly interact with members of the health care team.

#### **Objectives:**

- Clearly dictate concise surgical pathology reports that convey all pertinent information regarding microscopic analysis of the tumor.

**E. Professionalism:**

**Goals:**

- Act in a professional manner regarding all activities involved in the pathologic assessment of GU pathology cases.

**Objectives:**

- Attend the teaching conferences at Moffitt Cancer Center.
- Prepare GU pathology cases in a timely fashion.
- Interact appropriately with Pathology Department staff.

**Trainee Evaluation:**

The Fellow will be evaluated by the GU faculty at the end of the rotation. An evaluation form through New Innovation computer based system will be filled out.



## Gynecological Pathology

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Rotation Director: Ardeshir Hakam, MD

Faculty: Ardeshir Hakam, MD  
Ozlen Saglam, MD

**Program Overview:** The goal of Gynecologic rotation for the Surgical Pathology Fellow is to provide an extensive experience in gynecologic pathology. This will include extensive exposure of the Fellow to complex GYN cases, and will make them a more competent pathologist in the area of gynecologic tumor pathology. The rotation is for 1-month period and provides exposure to oncologic surgical pathology of the Uterus, Cervix, Fallopian tube, Ovaries, Peritoneal diseases and gestational trophoblastic tumors. The main objective of this rotation is to obtain proficiency in the diagnosis of GYN tumors.

The Fellow will:

- Be responsible for reviewing and establishing diagnosis for cases which are assigned by the attending pathologist (in-house biopsies, resections, referrals and general consults).
- Assist in the approach to gross examination in complex surgical resection specimens.
- Interact with clinical colleagues to obtain additional pertinent clinical information when required.
- Attend the Multidisciplinary Tumor Board conferences.
- Be familiar with clinical and radiological features, immunohistochemistry and molecular diagnostic tests.
- Become familiar with assessment of frozen sections, in GYN specimens.
- Review and learn classification and criterion for benign and malignant tumors

*Increase in additional responsibilities in the above and related spheres will be granted with experience and demonstrated ability*

## Molecular Pathology

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Rotation Director: Dahui Qin, MD, PhD

Faculty: Theresa Boyle  
Dahui Qin, MD, PhD  
Kenian Liu, MD

### **Goals and Objectives:**

The goal of the Molecular Pathology rotation is to provide the trainees the background knowledge for molecular pathology, to develop an understanding of when and why to order molecular tests, appreciate some of the technical, regulation related and financial considerations, to understand molecular laboratory workflows, to understand advantages and disadvantages of different molecular technologies, and to be skilled in molecular test data analysis and interpreting most commonly used molecular tests, and to understand their clinical application. Fellows from different subspecialties will have in-depth discussions with faculties in relevant subspecialties during the case review and sign-out.

# Head and Neck & Endocrine Pathology

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Rotation Director: Juan Hernandez-Prera, MD

Faculty: Juan Hernandez-Prera, MD  
Bruce Wenig, MD

## Goals and Objectives

- To increase experience with the diagnosis of non-neoplastic and neoplastic diseases of the head and neck and their mimics.
- To increase experience with the diagnosis of precursors of oral squamous carcinoma.
- To develop an understanding of special techniques in the pathologic characterization of diseases of the head and neck.
- To develop an understanding of the clinical features of head and neck diseases, including diagnostic evaluation of patients, treatment algorithms, tumor staging parameters and prognostic indices.
- To enhance teaching abilities through the interaction with pathology faculty and clinicians.

## Responsibilities

The surgical pathology fellow will:

- Review the surgery schedule and clinical and radiological history of patients.
- Participate in Intraoperative consultation of head and neck cases.
- Review the slides and prepare reports of all head and neck cases.
- Assigned cases will be the fellow's responsibility until the case is finally released by the attending.
- Review selected in-house and submitted consultation cases, with increasing autonomy as the fellowship progresses.
- Participate in head and neck and endocrine multidisciplinary tumor board.
- Discussed assigned literature with the attending on service.
- Present an interesting/unusual case at the end of the rotation.
- Participate in complex case grossing as dictated by attending on service.
- Throughout the entire rotation the fellow will take responsibility for all cases including ordering appropriate studies and following up with clinical issues.

## Rotation schedule:\*

Mondays:

- The fellow will attend the 12 o'clock resident and fellows lecture.
- The fellow will review and dictate all head and neck cases (surgeries, reviews, biopsies) and sign out with attending in the afternoon.
- The fellow will attend consensus conference at 1:00 and present any cases as needed.

Tuesday:

- The fellow will attend ENT/head and neck tumor board at 8 am.

- The fellow will review and dictate all head and neck cases (surgicals, reviews, biopsies) and sign out with attending in the afternoon.
- The fellow will attend consensus conference at 1:00 and present any cases as needed.

Wednesdays:

- The fellow will attend endocrine tumor board at 7:30 am.
- The fellow will attend the noon education activity according to the schedule.
- The fellow will review and dictate all head and neck cases (surgicals, reviews, biopsies) and sign out with attending in the afternoon.
- The fellow will attend consensus conference at 1:00 and present any cases as needed.

Thursdays:

- The fellow will review and dictate all head and neck cases (surgicals, reviews, biopsies) and sign out with attending in the afternoon.
- The fellow will attend consensus conference at 1:00 and present any cases as needed.

Fridays:

- The fellow will review and dictate all head and neck cases (surgicals, reviews, biopsies) and sign out with attending in the afternoon.
- The fellow will attend consensus conference at 1:00 and present any cases as needed.

\* The rotation schedule is subject to change according to OR schedule changes and availability of cases and is at the discretion of the attending on service.

**Recommended books for the rotation (will be available to the fellow):**

- Surgical Pathology of the Head and Neck: 3<sup>rd</sup> Edition. 2009. Leon Barnes.
- Head and Neck Pathology: A Volume in the Foundations in Diagnostic Pathology series (Expert Consult - Online and Print), 2006. Lester Thompson.
- Diagnostic Pathology and Molecular Genetics of the Thyroid, 2009. Lester Thompson.

## Thoracic Tumor Pathology

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Rotation Director: Farah Khalil, MD  
Faculty: Farah Khalil, MD

The Thoracic Pathology rotation is designed to provide training in all aspects of Thoracic/Lung pathology, with a focus on tumor pathology. This rotation will increase the diagnostic skills and competency of the fellow/resident to practice in an academic center, cancer center and/or a community hospital setting. The rotation is a one month program, comprising surgical pathology and clinical aspects of thoracic tumors, with optional focus on translational research.

### **Surgical Pathology:**

Training will include gross inspection and dissection, frozen section selection and interpretation as well as complete evaluation of in-house thoracic surgical pathology and thoracic consult cases assigned to the fellow/resident under direct supervision of the attending and other participating faculty members.

The Fellow/resident will be required to:

- Observe the basic Thoracic Surgical procedures for adequate understanding of thoracic/lung specimen handling.
- Make presentations with focus in Thoracic Pathology.
- Present the weekly Thoracic tumor boards, under the supervision of the attending pathologist.
- Participate in the departmental Quality Assurance practices and procedures.

**Ancillary/Molecular Testing:** The Fellow/resident will gain experience and expertise in applications of advanced diagnostic techniques including the proper use of special stains, immunohistochemical stains as well as Molecular testing of lung tumors.

**Electives:** The elective time offered will be available in thoracic microbiology and cytopathology of lung tumors.

**Translational Research:** Fellow/resident will also have the option to be involved in departmental basic and translational research activities with the supervising faculty in Thoracic pathology and Epidemiology.

**Teaching:** The Fellow/resident will also participate in the teaching of medical students, pathology residents and visiting physicians.

### **At the end of the rotation the Fellow/resident are expected to:**

- Describe, interpret and gross all types of Thoracic pathology material.
- Diagnose the common Lung/Thoracic lesions with confidence; be able to pursue a sound differential diagnostic approach toward cases with complex diagnostic issues.
- Diagnose the Thoracic/Lung frozen section material accurately and independently.
- Practice cost-effective pathology, using various diagnostic techniques, including immunohistochemistry and special studies to reach the appropriate diagnoses.
- Appropriate use of Molecular studies.

- Be familiar with the AJCC Lung Cancer Staging guidelines.
- Understand the multidisciplinary approach towards management of patients with thoracic/Lung tumors.
- Present with clarity and reasonable defense of positions at slide review and in conference settings with minimal faculty guidance; be prepared to present Thoracic cases at the weekly Multidisciplinary Thoracic Tumor Board

## Neuropathology

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Rotation Director: Robert Macaulay, MD

Faculty: Robert Macaulay, MD

The neuropathology rotation for Surgical Pathology fellows at Moffitt is service-based.

The trainee will acquire all the newly-accessioned cases assigned to the neuropathologist, review and discuss with the attending staff.

During the first few days, the trainee will acquire direction regarding report formatting and organization, and which special stains/immunohistochemical stains are useful for various tumor categories. Subsequently, the trainee will be expected to generate a coherent and comprehensive report, order appropriate stains, and sign out with the attending for final direction.

An important component of the experience is the busy intra-operative consultation neuropathology service. The trainee will at first observe and build a 'database' of knowledge and capability.

After the first few days, the trainee is expected to manage the flow of material through the frozen section laboratory, including decisions regarding tissue procurement for research.

By the completion of the rotation the trainee should be able to generate an appropriate differential diagnosis and provide the intraoperative consultation directly to the surgical team.

Depending on workload volumes, supplementary unknown cases are provided for the Fellow to review and discuss with the attending in a quiz-like format.

Autopsy exposure is limited to occasional cases with brain removal that can be described, dissected, blocked and microscopically examined.

## Dermatopathology

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Rotation Director: Jane Messina, MD  
Faculty: Pei-Ling Chen, MD  
Timothy McCardle, MD  
Jane Messina, MD

**Length of rotation:** 2 weeks

**Rotation schedule and mechanism:** Prior to the beginning of the rotation, the fellow will be issued a daily schedule designating the supervising faculty member for each day. The fellow will receive a file containing examples of synoptic reporting and sample reports for the most common dermatopathology specimens. Daily, the fellow will review all cases assigned to the faculty member prior to signout, with graduated responsibility during the rotation. At the beginning of the rotation, the fellow will arrive at a differential diagnosis for each case. By the end of the first week, the fellow will be expected to create a draft report and suggested workup (if applicable) for each case. By the end of the rotation, the fellow will be expected to create a polished report, including synoptic reporting, with 90% diagnostic accuracy.

**Specific competencies:**

### PATIENT CARE

- Gather accurate and essential information from the pathology requisition, patient electronic medical record, and clinicians if necessary in order to achieve maximum clinical correlation in the sign-out of cases.
- Make informed decisions to arrive at the most accurate possible preliminary diagnosis for each case for which the fellow is responsible.

### MEDICAL KNOWLEDGE

- Know the gross and microscopic findings of the most common cutaneous neoplasms, including benign and malignant melanocytic neoplasms, keratinocyte carcinoma, Merkel cell carcinoma, cutaneous sarcoma, and adnexal neoplasms.
- Understand the method of pathologic tumor staging for melanoma, nonmelanoma skin cancer, and Merkel cell carcinoma based on the AJCC criteria, and know how to apply these principles to the gross dissection and microscopic sign-out of specimens.
- Accurately diagnose benign and malignant skin neoplasms, with an emphasis on malignant melanoma.
- Display development knowledge in the differential diagnosis of inflammatory skin diseases using the algorithmic method based on pattern analysis.

### PRACTICE-BASED LEARNING

- Demonstrate responsiveness to criticism and a willingness to improve practice based on daily interactions with teaching faculty.
- Undertake graduated responsibility in the signout of specimens, beginning with review of slides and progressing to dictation of report in preparation for sign-out.
- Participate in all required institutional conferences to enhance knowledge base.

## **INTERPERSONAL AND COMMUNICATION SKILLS**

- Provide effective and professional consultation to other physicians and health care professionals in order to maximize patient care, at the faculty's direction.
- Participate as an active member in departmental conferences, Cutaneous Oncology multidisciplinary conference, and hospital wide fellow conferences.
- Interact with rotating students, residents, and fellows in order to transmit dermatopathology knowledge.

## **PROFESSIONALISM**

- Demonstrate respect, compassion, and integrity in relationships with patients, families, and colleagues.
- Demonstrate sensitivity and responsiveness to gender, age, culture, religion, sexual orientation, socioeconomic status, beliefs, behaviors, and disabilities of patients and colleagues.
- Adhere to principles of confidentiality, scientific/academic integrity and informed consent.
- Accept constructive criticism and adapt when necessary.

## **SYSTEMS-BASED PRACTICE**

- Understand the role of the pathology laboratory in the context of the hospital-based healthcare delivery system.
- Practice cost-efficient practice with respect to the workup of challenging pathology cases.

### ***Suggested reading:***

WHO Classification of Cutaneous Neoplasms, 2018

Key manuscripts and signout survival kit stored on PatSer shared drive under "Dermatopathology Elective Rotation"



## Oncologic Surgical Pathology Fellowship Scope of Practice

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**Program Director: Dr. Ardeshir Hakam**

This document pertains to Oncologic Surgical Pathology Fellows rotations at Moffitt Cancer Center. All ACGME and JCAHO guidelines pertaining to graduate medical education apply to this rotation. In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing fellows with direct experience in progressive responsibility for patient management. All patient care at Moffitt Cancer Center provided by fellows will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Pathology Moffitt Cancer Center compliance guidelines.

Activities performed **without direct supervision** require access to the supervisory physician for communication and physical access **within 30 minutes**. Activities performed with direct supervision require presence of the supervisory physician. Residents are authorized to perform any activity assigned while under direct supervision. **Final interpretation of all diagnostic and therapeutic studies requires direct supervision.**

Fellows at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. This document may be modified by the program director based on additions to the training program.

<b>PGY 5 WITHOUT Direct Supervision</b>
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Fellows Shall:

- 1) Independently be able to gross surgical pathology specimens
  - a. The attending pathologists will be available for any immediate supervision and questions.
  - b. Access to medical records and review of patient charts for assigned cases.
  
- 2) Independently be able to prepare the surgical pathology cases for sign out by attending pathologists.
  - a. Review of prior medical history and prior pathology cases.
  - b. Formulating and dictating all types of assigned surgical pathology cases.
  - c. Ordering the needed special and immunohistochemical stains in a cost effective way.
  - d. Study and be prepared to answer any questions regarding diagnostic criteria of the case.
  - e. Timely preparation of the assigned duties and attend the required conferences.
  
- 3) Independently evaluate the frozen sections (FS) prior to arrival of the attending pathologist to the frozen section room.
  - a. The fellow will evaluate the FS slides prior to examination of the FS slides by the assigned attending pathologist.
  - b. The fellow will report his/her interpretation of the case to the pathologist.
  - c. The fellow will not communicate his/her diagnosis to operating room (OR), without approval and confirmation of the assigned attending pathologist.
  
- 4) The fellow will prepare formal and informal educational activities to the pathology and non-pathology residents and medical students.
  
- 5) The fellow will develop plans for his/her research projects.

PGY 5 With Direct Supervision

Fellow Shall:

- 1) Review of all assigned cases with the attending pathologist in a timely manner.
  - a. The fellows will not sign the final pathology reports. The final diagnosis will be signed by the attending pathologist of the case.
  - b. The fellow will contact the clinicians for the result of STAT and RUSH cases after review of the cases by the attending pathologist.
  - c. The fellow will review the Frozen Section (FS) diagnosis with the assigned attending pathologist, prior to report to OR.
  
- 2) The fellow will increase his/her diagnostic skills in:
  - a. Diagnostic skills
  - b. In depth review of the assigned cases
  - c. Teaching skills
  - d. Research skills
  - e. Communication of the pathology case results to the clinicians
  - f. Learning to complete work out of the pathology cases.
  
- 3) The fellow will be aware and will follow:
  - a. University, Hospital, and Departmental policies
  - b. HIPAA and patient safety
  - c. Will be involved in research projects, will submit abstracts and will publish in peer review journals.

Signature: *Ardeshir Hakam*

Ardeshir Hakam, MD, MBA  
Director of Program

**Approved 1/22/13 and Reviewed 07/1/2020**

## List of Participating Pathologists

	<b>Salah Antar, MD</b>	GU
	<b>Saeed Bajestani, MD</b>	Breast
	<b>Marilyn Bui, MD, PhD</b>	Bone & Soft Tissue Pathology Cytopathology
	<b>Barbara Centeno, MD</b>	GI , Cytopathology
	<b>Jasreman Dhillon, MD</b>	GU, Cytopathology
	<b>Masoumeh Ghayouri, MD</b>	GI
	<b>Ardeshir Hakam, MD</b>	GYN, Cytopathology
	<b>Evita Henderson-Jackson, MD</b>	Bone & Soft Tissue Pathology Cytopathology
	<b>Juan Hernandez-Prera, MD</b>	Endocrine, Head & Neck
	<b>Zena Jameel MD</b>	Breast
	<b>Kun Jiang, MD, PhD</b>	GI
	<b>Farah Khalil, MD</b>	Thoracic



**Gregory Lauwers, MD**

GI

**Kenian Liu, MD**

Molecular Pathology



**Robert Macaulay, MD, PhD**

Neuropathology



**Timothy McCardle, MD**

Dermatopathology



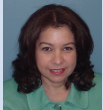
**Jane Messina, MD**

Dermatopathology



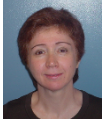
**Yukihiro Nakanishi, MD**

GI



**Marilyn Rosa, MD**

Breast, Cytopathology



**Ozlen Saglam, MD**

GYN



**Aram Vosoughi, MD**

GU, Cytopathology



**Bruce Wenig, MD**

Endocrine, Head & Neck

**Past Fellows:**

Nicole Allen, MD	2019-2020
Yingtao Zhang, MD, PhD	2019-2020
Reima El Naili MD	2018-2019
Shohreh Eliazadeh MD	2018-2019
Manoj Gadara MD	2017-2018
Caroline Strosberg MD	2017-2018
Tania Mendoza, MD	2016-2017
Mohammad Haija, MD	2016-2017
Maryam Tahmasbi, MD	2015-2016
Sameer Al Diffalha, MD	2015-2016
Stacy Simons, MD	2014-2015
Michael Black, MD	2014-2015
Dennis Johnson, MD, Ph.D.	2013-2014
Saira Shah, MD	2013-2014
Maisoun Abdelbaqui, MD	2011-2013
Patricia McNab, MD	2011-2012
Curtis McCarty, MD	2010-2011
Evita Henderson, MD	2010-2011
Pushpa Allam-Nandyala, MD	2009-2010
Rodney Shackelford, DO, PhD	2009-2010
Masoumeh Ghayouri, MD	2008-2009
Naiel Ali Hafez, MD	2008-2009
Elizabeth Sagatys, MD	2007-2008
Nicole Draper, MD	2007-2008
Ozlen Saglam, MD	2006-2007
Farah Khalil, MD	2006-2007
Cecilia Oliveri, MD	2005-2006
Dorna Rezanian, MD	2005-2006
Alireza Bazooband, MD	2004-2005

Antonio Carretero, MD	2004-2005
Candido Otero, MD	2003-2004
Jaime Wu, MD	2003-2004
Aejaz Nasir, MD	2002-2004
Jennifer Reed, MD	2002-2003
Marianna Szabo, MD	2001-2002
Raguraj Singh Raghuwanshi, MD	2001-2002
Leah Strickland, MD	2000-2001
Angela Byrd- Gloster, MD	2000-2001
Graig Hall, MD	1999-2000
Martin Austria, MD	1999-2000
Ardeshir Hakam, MD	1997-1998

## **ONCOLOGIC SURGICAL PATHOLOGY FELLOW EVALUATION**

EVALUATOR'S NAME:

1. Fellow:

2. Rotation:

3. PGY Level:

4. Is there a critical issue regarding this Fellow?      1. Yes              2. No

5. Comments about this specific rotation:

### **A. PATIENT CARE**

6. Does the resident handle gross specimens properly?

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

7. Rate the resident's diagnostic ability.

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

8. Is the resident competent in case management and planning?

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

9. Does the resident pay attention to detail?

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

10. Are there glaring errors in judgment?

- |                     |                   |                      |
|---------------------|-------------------|----------------------|
| 1. Worse than peers | 2. Equal to peers | 3. Better than peers |
| 4. Not Observed     |                   |                      |

11. Does the resident perform procedures adequately?

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

12. Can the resident handle progressive responsibility?

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

### **B. MEDICAL KNOWLEDGE**

13. Rate this residents overall medical knowledge.

- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

14. Does this resident come to sign-out prepared?

- |             |                |                   |
|-------------|----------------|-------------------|
| 1. Beginner | 2. Below peers | 3. Equal to peers |
|-------------|----------------|-------------------|

4. Above peers                      5. Fully competent                      6. Not Observed

**15.** Does this resident have appropriate technical skills for level of training?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**16.** Does this resident have adequate book knowledge?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**17.** Does this resident have an adequate understanding of anatomy?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**18.** Is the resident competent for level-specific diagnostic skills?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

### **C. PRACTICE BASED LEARNING**

**19.** Does the resident ask appropriate questions?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**20.** Can the resident apply knowledge to the clinical setting?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**21.** Does this resident take the initiative for self-learning?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**22.** Does this resident research cases using current scientific studies?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

**23.** Rate this residents teaching ability.

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed

### **D. INTERPERSONAL COMMUNICATION**

**24.** Does this resident communicate effectively with attendings?

1. Beginner                      2. Below peers                      3. Equal to peers  
4. Above peers                      5. Fully competent                      6. Not Observed



- 25. Can the resident present a concise and accurate differential diagnosis?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 26. 1. Beginner**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**E. PROFESSIONALISM**

- 27. Is the resident motivated to learn?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 28. Is the resident respectful?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 29. Is the resident readily available?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 30. What is the resident's response to criticism?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 31. Does the resident treat staff with respect?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 32. Does the resident demonstrate professional conduct?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**F. SYSTEM BASED PRACTICE**

- 33. Is the resident able to prioritize?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

- 34. Does the resident use resources appropriately and effectively (i.e. Cost effective practice)?**
- |                |                    |                   |
|----------------|--------------------|-------------------|
| 1. Beginner    | 2. Below peers     | 3. Equal to peers |
| 4. Above peers | 5. Fully competent | 6. Not Observed   |

**G. PROGRAM SPECIFIC**

**35.** Has this resident successfully mastered the knowledge expected of this rotation?

1. Yes

2. No

**36.** Has this resident successfully mastered the skills of this rotation?

1. Yes

2. No

**37.** Has this resident demonstrated appropriate behavior on this rotation?

1. Yes

2. No

**38.** Is the resident ready to progress to the next rotation/level?

1. Yes

2. No

## DAILY LOG SHEET OF CASES

Case No.	Date Received	Date dictated	Comment

### Fellow's Frozen Section Log sheet

Date / /

Name:

Attending:

Specimen

Diagnosis

SP -	
SP -	
SP -	
SP -	
SP -	
SP -	
SP -	
SP -	
SP -	
SP -	
SP -	

## Fellow's Gross Dissection Log sheet

Date / /

Name:

SP -
SP -
SP -
SP -
SP -
SP -
SP -
SP -
SP -
SP -
SP -
SP -

## **Oncologic Surgical Pathology Program**

### **Clinical and Educational Work Hours Policy**

The Surgical Pathology Fellowship is committed to providing an excellent learning and working environment that emphasizes wellbeing, quality care and professionalism of our faculty and fellows.

The fellowship will provide appropriate and reasonable duty hours and supervision that is appropriate for patient care and educational needs of the fellows. This will be with standards and expectations of the Accreditation Council for Graduate Medical Education (ACGME) as well as the institutional policies and Joint Commission on Accreditation on Health care organizations.

Fellows will have appropriate days of paid time off as dictated by the institutional policies, in addition to 5 days of conference/educational time. All planned time off must be approved by the program director and submitted to the education coordinator per institutional policies.

All fellows will be monitored for any signs of fatigue and sleep deprivation. Work hours will also be monitored. The 80 hour work week limit is strictly enforced.

Most of the time the fellow's work is assigned to be completed within 50 hours a week. The daily working hours for each fellow is usually less than 10 hours per workday. The program does not have a weekend call duty for the fellows. In instances where the fellow is not able to complete the work assigned within the standard workweek, the fellow is assured to have at least 24 hours free of clinical and educational work during the weekend. Assigned work includes clinical responsibilities as well as educational duties such as lectures, reading, research and so forth.

Although limited moonlighting opportunities are available at Moffitt, fellows are not required nor encouraged to moonlight. In rare situations, the application for moonlighting may be approved by the program director and sent to GME office for approval providing that it will not affect the fellows routine clinical duties, does not affect the goals and objectives of educational program, does not affect the fellows fitness to work, does not compromise the safety of the patients, and does not exceed the allowed work hours by the institution and ACGME rules and regulation. Moonlighting hours will be counts towards the ACGME duty hour limits.

The fellow who desires to moonlight needs to get the approval of the program director, complete the application provided from GME office, get the signed approval of the program director and department chair, and submit it to the GME office. The chair of GME office will review the application, and will make her/his decision. The process may take up to 14 days. The program director will provide oversight of the educational program and shall monitor all trainees for any signs of stress and fatigue. Permission for moonlighting will be withdrawn immediately if there are any concerns by the program director about performance of the fellow that might be attributable to the moonlighting activities.

For additional information, please refer to the institutional policy manual or speak with the program director and/or education coordinator.

## Oncologic Surgical Pathology Program

### Supervision Policy

The Surgical Pathology Fellowship is committed to providing an excellent learning and working environment that quality care for our patients and high standards for the professional education of our fellows.

The program has designed a structure for the supervision of the fellows that allows progressively increasing responsibility as the individual fellow progresses through the program and develops skills as a surgical pathologist. The timelines for growth in independence is unique to each fellow, which are based on the results of the regular performance evaluations.

The fellowship provides supervision that is appropriate for patient care and educational needs of the fellows. This is in accordance with the standards and expectations of the Accreditation Council for Graduate Medical Education (ACGME) as well as the institutional policies and Joint Commission on Accreditation on Health care organizations.

The program and its faculty are actively participating in patient safety and encourage the culture of safety. This is done by promoting safety, safety related goals, tools and techniques and opportunities to contribute to risk reduction processes such as active participation in meetings and conferences such as M&M, quality assurance lectures and cyto-histo correlations as well as reviewing of the gross pathology for any possible errors and discordances. The fellows are part of the active participants in cytology-histology correlation.

The program is structured to give indirect and direct graduated responsibilities to the fellows by permitting the fellows to work the pathology cases, reviewing of the history and prior surgical pathology cases if needed as well as appropriate grossing of large and complex cases, dictating the pathology reports in correct format, ordering the appropriate immunohistological (IHC) and special stains, Frozen Sections (FS) consultations and attending/presenting in related tumor boards and interaction with the other members of the clinical care team such as surgeons and oncologists and Pathology staff and technicians.

Each fellow is scheduled to rotate in different disciplines on either monthly or biweekly rotations and will be rotating with different attending pathologists based on the departmental daily schedule. The section head of each discipline is usually the designated rotation director for the rotation and will provide feedback both to the fellow and the program director.

There are opportunities for an interactive feedback from the fellows and other team members confidentially and without concern about retaliation and intimidation in the work place. If there are concerns about this, the fellow and the team members will communicate the issue to the program director. Currently each rotation has a rotation director, which usually is the program section head. Any issue arisen during the rotation in each specific rotation will be handled by the rotation director and will be reported to the program director. The program director then will have his/her own fact checking and will try to improve the conditions which led to the situation and will take appropriate actions. This will be communicated to the GME office for documentation purposes.

For additional information, please refer to the institutional policy manual or speak with the program director and/or education coordinator.

## **Surgical Pathology Program**

### Wellbeing Policy

The Oncologic Surgical Pathology Fellowship is committed to provide an excellent learning and working environment as well as safety and quality of care and professionalism through faculty modeling and wellbeing of the fellows, faculty members and other members of the team such as pathologist assistants. The personal wellbeing of our fellows and faculty members is of the utmost importance.

The program will provide reasonable accommodations for fellows to attend medical, dental and mental health appointments for themselves or family members. Fellows may use paid time off (PTO) or the half day per month wellness time with appropriate scheduling and notification to the program director and the assigned rotation faculty.

All faculty and fellows need to be educated for signs of fatigue, burnout, depression and substance abuse. The program director constantly monitors for any signs of disturbance, stress and work fatigue, emotional wellbeing, work load, and any other situation that may affect the fellow's clinical judgment and performance. The program director offers guidance and help as he/she thinks as appropriate in routine bases and will inform the GME office in situations that may need help.

The fellows will be supervised and mentored in distressed situations both work related and other situations which may affect their wellbeing and work.

The surgical pathology fellows' work load is structured in moderate and usually does not exceed 50 hours per week and they have about 2 days of time off per week.

The program recognizes and promotes workplace safety and wellbeing of the fellows and clinical team.

For additional information, please refer to the institutional policy manual.

Additional resources are provided to the fellows and faculty through Moffitt HR. Please search MoffittNet for the Employee Assistance Program to get access to free and confidential counseling services. The Team Member Medical Clinic is also a good resource for members of the Moffitt community. The faculty and education coordinator, as well as all GME staff, are also able to assist fellows access necessary support and services.