

**PATHOLOGY ELECTIVE FOR MEDICINE RESIDENTS
AT VALBHS PATHOLOGY AND LABORATORY MEDICINE SERVICES**

The UCI/VA Long Beach Healthcare System (VALBHS) joint Pathology Residency Program is pleased to offer this elective rotation. The rotation will take place at Pathology & Laboratory Service (PLMS), part of Diagnostic and Molecular Medicine Health Care Group (DMM HCG). It will last minimum for 2 weeks, but prefer longer, up to 4 weeks.

The rotation will cover all the pathology services, including surgical pathology, autopsy, cytopathology, and clinical pathology (blood bank, microbiology, chemistry, rapid response, and molecular sections.) The rotation may be modified based on the resident's interests, including a potential involvement in research project related to experimental pathology.

Dr. M. DaCosta-Iyer is the Acting chief of Pathology and Laboratory Medicine Services and Director of the residency program. The medicine residents will be under the supervision Dr. Y.Ouyang, pathologist. Other staff pathologists are Drs. J. Jensen (Surgical Pathology), R. Kim (Neuropathology, Autopsy), N. Lambrecht (Autopsy, Surgical Pathology), and S. Deshmukh-Rane (Autopsy, Surgical Pathology).

Objectives:

This pathology rotation is organized to help medicine residents understand how pathologists process clinical specimens, make diagnosis, and clinically correlate the findings.

This rotation will give the medicine residents a basic knowledge of the overall role and function of pathology and laboratory medicine. Integrating these concepts into their practice of medicine, cannot help but make them better clinicians.

Structure:

The rotation will begin with an orientation, by Dr. Y. Ouyang and our chief resident.

Residents will have two introductory lectures; autopsy (Dr. Lambrecht) and surgical pathology and cytopathology (Dr. Y. Ouyang).

The residents are expected to attend all the scheduled pathology residents' conferences.

For surgical pathology: The resident is required to observe:

1. Gross descriptions and processing of specimens and performing frozen sections by PA (pathology assistant) and pathology residents.

2. Join the pathology resident during sign-out of surgical pathology microscopic slides with staff pathologist(s) daily.

For autopsy: The resident will attend/assist in an autopsy.

For cytopathology: The resident will observe at least one fine needle aspiration procedure.

For clinical pathology: The resident will rotate for one day each in blood bank, microbiology, chemistry and rapid response.

Based on their own interest, they can choose to stay longer in any of the above services.

The following are the regular conferences held in pathology:

1. Surgical pathology/cytology teaching conference, Monday, Tuesday, and Friday, 8:00 a.m.
2. Surgical pathology/cytology QA conferences, every Thursday, 8:00 a.m. except for Thursday.
3. CTTR slides review, every second Wednesday, 9:00 a.m.
4. Autopsy gross conference, every Wednesday, 8:30 a.m. (autopsy suite)
5. Journal club, Friday, 11:00 a.m.
6. Macro, Micro and Molecular (MMM) conferences, once a month, Thursday, 12:00 p.m.
7. G.U. - Clinicopathologic conference, every fourth Thursday, 8:00 a.m.
8. Medical Mortality/Clinical-Pathologic Correlation (MM/CPC) conference, every fourth Wednesday, 8:00 a.m.
9. Hematopathology review- Dr. Naeim, from GLAVAHS; every third Wednesday, 9:00 a.m. (except July and August)

The overall satisfactory conference attendance is expected to be at least 85%. Any expected absences should be discussed in advance with Dr. Ouyang/ Dr. DaCosta-Iyer

The medicine resident should check the schedules with the pathology residents for clinical pathology lectures.

Outcome:

On completion of the rotation the medicine resident:

1. Should be able to complete the pathology requisition sheet with accurate clinical information.
2. Is expected to be proficient in grossing small biopsy specimens such as GI

biopsies.

3. In conjunction with the pathology resident complete one autopsy from start to finish.
4. Should know the basics of normal histology of the major organs.
5. Exhibit proficiency in making very common diagnoses learned during the daily conferences and sign-outs; such as tubular adenoma, hyperplastic polyp; basal cell carcinoma and squamous cell carcinoma or adenocarcinoma.
6. Display basic knowledge of blood typing, and transfusion reaction work-up; understand the criteria for requesting and issuing blood products.
7. Should also have basic knowledge on how to handle and submit proper orders and know specimen requirements for different culture types/ in microbiology.

Evaluation:

At the end of the rotation the resident will be evaluated (*good, satisfactory, or unsatisfactory*) based on his/her overall performance by the staff pathologists in the PLMS. Other key staff personnel may provide input. For *excellent* evaluation the rotating resident should present a 20-30 minute clinical – pathology correlation case before they finish their rotation.