## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION</td>
<td>2</td>
</tr>
<tr>
<td>REPORTS, RECORDS AND SLIDES</td>
<td>2</td>
</tr>
<tr>
<td>EXPECTATIONS</td>
<td>2</td>
</tr>
<tr>
<td>SURGICAL PATHOLOGY</td>
<td>3</td>
</tr>
<tr>
<td>AUTOPSY PATHOLOGY</td>
<td>5</td>
</tr>
<tr>
<td>ON-CALL RESPONSIBILITIES</td>
<td>6</td>
</tr>
<tr>
<td>VACATION AND CONFERENCE LEAVE</td>
<td>7</td>
</tr>
<tr>
<td>ILLNESS/FAMILY EMERGENCY</td>
<td>8</td>
</tr>
<tr>
<td>THE RESIDENT ROOM</td>
<td>8</td>
</tr>
<tr>
<td>DICTATIONS</td>
<td>8</td>
</tr>
<tr>
<td>COMPUTER ACCESS</td>
<td>9</td>
</tr>
<tr>
<td>EDUCATIONAL ACTIVITIES</td>
<td>11</td>
</tr>
<tr>
<td>RESEARCH AND TEACHING ACTIVITIES</td>
<td>12</td>
</tr>
<tr>
<td>RESIDENT WELLNESS</td>
<td>13</td>
</tr>
<tr>
<td>CANMEDS AWARD</td>
<td>13</td>
</tr>
<tr>
<td>EXAMINATIONS AND EVALUATIONS</td>
<td>14</td>
</tr>
<tr>
<td>AP STANDARDIZED ROTATION SCHEDULE</td>
<td>15</td>
</tr>
<tr>
<td>FREQUENTLY ASKED QUESTIONS</td>
<td>17</td>
</tr>
<tr>
<td>USEFUL NAMES AND NUMBERS</td>
<td>18</td>
</tr>
<tr>
<td>APPENDIX A</td>
<td>19</td>
</tr>
<tr>
<td>APPENDIX B</td>
<td>24</td>
</tr>
</tbody>
</table>
LOCATION

If you are assigned to the **General** campus, the laboratory is on the 4th floor of the Critical Care Wing, one floor above the Eye Institute. You can get there via the Eye Institute elevator, or via the remainder of the renovated lab up on the third floor. The Resident’s Room is 4284 (see schematic below).

If you are assigned to the **Civic** campus, the pathology building is in a separate building, located between the western wing of the main building, the parkade, and the Parkdale clinic.

Residents are not posted to the Riverside Hospital at this point in time.

**Contacts:**
General /Civic Campus – Chief Resident – (613) 737-8899 ext. 78287
and/or Program Director (613) 737-8297
Sheila Schnupp – Program Administrator – (613) 562-5422

REPORTS, RECORDS AND SLIDES

Reports, records and slides form part of the medico-legal report on the patient. THEY MUST NOT LEAVE THE LAB AND MUST REMAIN CONFIDENTIAL.

EXPECTATIONS

The residency program is all outlined at the Departmental Website at [http://www.med.uottawa.ca/pathology/eng/postgrad_medical_ed.html](http://www.med.uottawa.ca/pathology/eng/postgrad_medical_ed.html). You will find a detailed general overview of the program with the CanMEDS Roles Goals and Objectives for your rotations from PGY1-PGY5. This is a repository of information on different issues including important policy documents and educational activities. You MUST be familiar with the content of the site. You must read the policies on Harassment and Intimidation, Resident Promotion, Resident Supervision, Resident Graduated Competencies, Appeal Mechanism and Resident Safety and confirm that you have read them by sending an e-mail confirmation to Sheila.

At the PGY-1 level, you will be introduced to the duties of a pathology resident. At this level you will do 3 blocks in Hospital Autopsy and 1 block of Lab Medicine, which includes Surgical Pathology, Hematopathology, Medical Microbiology and Biochemistry (1 week of each). To keep on top of your rotations, you need to check the anatomical pathology service schedule the day (and preferably the week) before, particularly to determine which staff you’ll be working with. A copy of the schedule is posted in the resident’s room and will be emailed to you on a monthly basis.
Rotation objectives are available at http://www.med.uottawa.ca/pathology/eng/postgrad_medical_ed.html and the hard copies in the Resident’s room (in a green binder). These reflect the CanMEDS Roles objectives.

PGY2 residents will take part in a 3 day histology course, run by the Laboratory manager, William Parks and scheduled by the chief resident. This course will include education in the functioning of the gross lab, histology lab, as well as immunohistochemistry and special tests. Written pre and post tests will be included in the course.

SURGICAL PATHOLOGY

There is an Anatomical Pathology standardized schedule on the website. Rotations from PGY-1 through 4 are set and must be completed by the end of PGY-5. There is room for an elective rotation in each of PGY-3 and 4. The PGY-5 year consists of all elective blocks (with the exception of one mandatory Cytology block and one Molecular Pathology block), provided all mandatory blocks have been previously completed.

At PGY2 level you will do 1 block of Forensic Autopsy and 10 blocks of Surgical Pathology (plus one block of research). With the evolution of greater subspecialization within Anatomical Pathology, the 10 blocks of surgical pathology will be spent in various subspecialties for 1 block at a time (eg. GI, GU, Breast, Gyne, Derm, Lung, etc.). This can be divided into three areas:

1. **GROSSING (look for your initials beside GROSS):**

   Examining the gross surgical specimen is required for appropriate specimen sampling and can provide important clues towards diagnosis. While there is a ‘procedure and policy’ manual in the gross room, as well as grossing textbooks (Lester’s, for example), these cannot replace observation and actual experience in the gross room.

   In the PGY-1 year, one should try and spend time observing the pathology assistants in the gross room, particularly with the larger specimens. Note how the specimens are oriented, technique for cutting sections, and the orientation of sections within the cassette (i.e. desired cutting surface is put down into the cassette). While note-taking can be valuable, one must eventually become familiar with the dictation system. Templates for common specimens are also available.

   **Incidentally, to prevent cross-contamination between specimens, wash your equipment and cutting board between cases** (or even between specimens, if you feel it necessary), change the underlying paper towels, and discard scalpel blades between cases. It’s also a good idea clean up after you’re done grossing.

   By the PGY-2 year, you should be picking up specimens of your own to gross. Start with the small, relatively routine cases (appendices, gallbladders), and work your way
up depending upon which subspecialty you are rotating through. As junior residents, beginning in PGY-2, you are expected to follow and fill out a competency based gross assessment checklist (see Appendix A). This checklist will be given to you at the beginning of the academic year in PGY-2. You will be required to complete a certain number of subspecialty specific, common to less common surgical specimens under the direct supervision of a senior resident or staff. It is expected that this checklist be completed by the end of the PGY-3 year at latest. There will be another checklist that will be used for rotations in PGY-4 (see Appendix B). Be sure to properly advance cases so that they can be tracked and a list of all cases grossed can be generated. In addition to this, it is strongly encouraged that you maintain a list of your own of all cases grossed.

In order to see the microscopy from the specimens you’ve grossed, ensure that:

- Your name is written and starred on the requisition

2. **FROZEN SECTIONS (look for your initials beside FS – GENERAL):**
   Daytime frozen section coverage lasts between 0800 and 1630. The pager (715-7881) should either be on your person, or, after 1630, left in the resident’s room. When you are paged, you are expected to report to frozen section immediately. **There must not be any delay.** If you need to leave the hospital during the daytime, find a resident to cover you, and must inform the staff you are working with in person of the alteration.

   When paged, go to the frozen section room on the 2nd floor of the General, within the OR area. (If it’s your first time, ask someone to take you there.) Different staff will give you different responsibilities, but if you want to learn to cut the frozen section, or stain and cover slip a slide, that should be possible. After completion of the procedure, **you must PRINT and SIGN your name in the FS Original Report along with the attending staff.**

   Please keep a list of all frozen sections that you participated in.

   For all residents at every level of training, you must let Sheila know which staff you worked with via e-mail every day that you are on frozen sections. She will then send the staff you worked with a daily evaluation card electronically via One45. For PGY2-5, you will receive a daily evaluation every time you perform frozen sections. For PGY-1, daily frozen section encounter evaluations will be reviewed by the program director, collated and sent to the residents for view and discussion.

3. **SIGN-OUT/MICROSCOPY (look for your initials on the schedule next to staff initials):**
   Check the schedule at least one day in advance and then speak with the staff pathologist in order to let them know you will be signing out with them the next day. The first batch of slides will arrive in the late afternoon for sign-out the next day. These slides are usually delivered to the photocopy room but they may go straight to the staff’s office. The remainder of the slides will come out in small batches throughout the day, at approximately 2 hour intervals, beginning at 8am. These
batches will be delivered to the staff’s office. If the staff office is locked, the slides will be delivered to the photocopy room. You must discuss with staff beforehand the way sign-out will be done (i.e. when to begin and how to proceed). Depending on PGY level, you are expected to name the tissue, describe the microscopic features, and offer a differential diagnosis. Sign-out should be viewed as a learning opportunity and not a test. You will then formally sign-out with staff. Once the sign-out of this small batch is complete, the cycle will continue, and you will take the next batch to work on your own before going to sign out with staff.

You must be able to generate a list of all cases analyzed and dictated for microscopic diagnoses. You can do this by entering in a special “case note” electronically in PowerPath (you will learn how to do this when you receive PowerPath training) and/or by manually logging all cases where you completed microscopic descriptions.

When going on leave (vacation, conference, etc.) or moving onto a new rotation, residents must ensure proper management of cases. This may include keeping cases you are working on with staff through to your next rotation in order to complete work-up and sign-out with that staff, handover to the staff (if they are in agreement), or handover to the resident who is moving into that particular rotation (if the staff is in agreement). In general, the resident must confer with staff regarding how they would like the resident to manage cases in the event of leave or movement to a new rotation.

Depending upon your level of comfort, the staff may ask you to dictate towards the end of PGY-1 (see the dictation section below for details). Eventually you’ll have to learn and will be expected to start doing so at the beginning of PGY-2.

As there is a lot to know, you may want to focus on common things first depending upon your rotation. It might also be a good time to refresh your knowledge of histology.

**AUTOPSY PATHOLOGY**

Autopsies offer an opportunity to learn about peri-mortem changes, causes of death, relevant clinical anatomy, and forensic pathology. The forensic cases are good for forensic pathology and study of normal histology, while the value of the hospital cases lies in the multiple pathologies found within a single person.

PGY-1 includes 3 mandatory blocks of Hospital Autopsy.

PGY-2 includes one mandatory block of Forensic Autopsy. There is an additional mandatory block of forensic autopsy done in PGY-4.

PGY-1 residents on Hospital Autopsy rotation should arrive at the Civic morgue at 0800 and to report to staff. You should change into scrubs, wear appropriate footwear (closed
toe and heel), put on a green gown, apron, head covering, mask, gloves, etc. Most staff have minor differences in dissection techniques, especially with respect to the heart, but the basic principles should be similar.

By the third autopsy block of the PGY-1 year, you should be participating in the dictation of the gross report, formation of the PPD (provisional diagnosis, which needs to be handed in within 24-48 hours of the performance of the autopsy) for hospital cases, microscopy, and the final autopsy diagnosis.

In your PGY-1 year, you will be expected to present your hospital autopsy cases during autopsy rounds.

Specifically, with respect to Hospital Autopsy:
There will not be cases every day. In the event that there is no case, you are expected to go to the General and take part in forensic autopsies under supervision of the forensic staff on that day (more regarding forensic autopsy will follow below). If there is a case, under the supervision of the staff on that week, you will be expected to review consent forms and ensure that they have been filled out properly and review the patient’s chart. Yourself and the staff will identify the body. During your first few cases, under supervision, you will be expected to complete an external examination. Evisceration is completed by the morgue technologist, and you may help with this. You are then expected to complete internal examination and organ dissection. Autopsies should be completed during the day. A provisional report with a provisional diagnosis should be provided to staff as soon as possible as final provisional reports must be signed out no later than 48 hours after the autopsy. Once the staff receives the slides, they will provide them to the resident. You should discuss and decide with your staff an appropriate amount of time for review before you meet with the staff to review the slides and sign out the final case.

Specifically, with respect to Forensic Autopsy:
You are expected to meet with staff in the morgue at the General at 0830. There, you will go over warrants and histories, and the staff will direct you with regards to your duties for the day. During your first few cases, or for complicated cases involving law enforcement, your only duty may be to observe and/or answer questions. As time goes on, you will take on a more active role in external examination, evisceration and organ dissection. The forensic pathologist responsible for the case will give you instructions with respect to filling out the provisional autopsy report in PowerPath. The forensic pathologist may provide you with slides and/or other ancillary information (eg. toxicology) when it is available – typically 4-6 weeks after the case, and you are expected to proceed as you would at this point in the case of a hospital autopsy.

**ON-CALL RESPONSIBILITIES**

Residents need to complete at least one block of Hospital Autopsy before they can be on the call schedule. (PGY1s are exempt from pathology call). Call is home call. Residents
are 1st call, but are on with a staff pathologist who is 2nd call for a week at a time, from Monday until the following Monday at 8:00 am. Residents on call must carry their personal pager with them at all times from 1630 to 0800 weekday evenings/nights and 24 hours a day over the weekend.

In general, night time calls are quiet. Call situations usually involve:

- frozen sections – ensure that the histotechnologist on call and pathologist on call have been phoned/paged and informed
- lymphoma protocol – sometimes a lymph node for immunohistochemistry comes in late. You need to contact the histotechnologist and pathologist on call. If you are not sure if material has been reserved for routine H&E staining, you should reserve some for that. The remainder of the specimen should be snap frozen and/or sent for tissue typing, as indicated on the requisition.
- the odd and the unusual - page the pathologist on call for help

On Saturdays of a call week, residents on call are expected to complete Forensic Autopsy cases under the guidance of the forensic pathologist on call for the weekend. Call the General morgue at 0800 to confirm that there are cases. There very rarely are no cases, but in this case you do not have to go in. If cases come in through the day, you will be notified via pager.

On long weekends/holiday Mondays on call you will be expected to perform any hospital autopsies at the Civic. If there are no hospital autopsies, you are to go to the General Campus and perform forensic autopsies. You are to carry your pager 24 hours a day on a holiday Mondays.

On-Call Stipend: Fill out the appropriate form for on-call claims, and attach a copy of the call schedule sent out by Stacy Wells to ensure proper processing. Please ensure that the chief resident signs both the on-call stipend claim form as well as the call schedule. Unless you have a very bad night, you can only claim for home call, at $57.50/night. To convert a call to “in-hospital” call you have to be in the hospital for over one hour after midnight- a rare occurrence.

VACATION AND CONFERENCE LEAVE

Under current PAIRO rules, you have 4 weeks of vacation, 7 days for conference/education leave, and 5 days for either Christmas or New Year’s, and 1 floating ‘statutory’ holidays.

Request for vacation or leave forms should be brought to and signed by (in the following order) the supervising staff pathologist in charge of the rotation you will be on, the Chief Resident, and lastly, the Program Director for approval. The Chief Resident is to bring the leave form to the Program Director to approve and sign. The Chief Resident will then track the leave and forward it to the program administrator, Sheila Schnupp.
Leave/vacations are not valid if they are not approved by the Program Director. This should be filed, at the latest, **one month in advance of the intended holiday**. Residents are expected to clean out all pending cases with their respective staff as a part of CanMEDS roles for professionalism, see resident **Hand-Off/Over policy**.

As for conference leave, each resident may claim up to $2500 CAD for conferences per year. Receipts (and boarding passes) should be sent to Sheila Schnupp and can only be sent AFTER you have attended the conference. Please refer to the travel guidelines for details.

**ILLNESS/FAMILY EMERGENCY**

If you are sick, or a family emergency has arisen, you should notify your rotation supervisor, Program Director, Sheila Schnupp and the Chief Resident by e-mail as soon as possible. On the weekend, when you are on call, try to find a replacement. If not possible, call the Chief Resident to discuss an alternative arrangement. If a situation requires a prolonged absence, you should discuss this additionally with the program director. As per the Post-Graduate Medical Education office, if you miss more than three days consecutively due to sick leave you are to provide a doctor’s note to the program director (see Sick Leave policy).

**THE RESIDENT ROOM**

The residents’ room should be kept clean and in orderly fashion at all times. It should be locked when unoccupied. Your personal belongings are your responsibility; leave them behind at your own risk.

Each resident will have a desk. It should be cleared of all materials if the resident is to be away (on elective, at a different campus, etc.). This permits the use of the desk and its resources for others. Each desk comes with a microscope. No parts should be removed or exchanged from it.

**Since we can have up to 18 residents in close quarters, personal hygiene is needed. Because it is a large communal working area, please keep unnecessary conversations to a minimum. Set your cellular phone to a silent ring-tone.**

**DICTATIONS**

Lab information system used by Anatomical Pathologists is PowerPath.

For logging purposes, you will be expected to add a case “note” for every microscopic case that you complete in PowerPath as well as for every frozen section that you complete.
COMPUTER ACCESS

Each resident has their own computer and workspace. There will be one dedicated “PGY-1” workspace with a computer for the PGY-1’s to rotate through during their first year.

A username and password will be provided to you during your orientation day in order to log in to all computers at TOH. You will be prompted to change your password every two months.

Within Anatomical Pathology, the V: drive contains a number of important files, which you will become familiar with in your first few blocks in AP. Access to the V: drive will be set up by Mary Sue Smith. You must email her or speak with her in person in order to get this done. If you are having problems, the chief resident can help with this.

You can create a folder for yourself on the V: drive, as long as it stays within the Resident folder. Articles for journal club, lectures, and old presentations can generally also be found there.

Printer setup
These accounts also do not have a printer set up. To set up the printer:
1. Go to the Start menu > Settings > Printers and Faxes
2. Get yourself into the ‘Printer Wizard’ or find a button that allows you to add printer.
3. Click the options that allows you to look for a network printer.
4. Search the Ottawa Hospital network for the resident room printer (c-gen-fp4\Gen-Pathology-4284). Add this printer; it should be your default printer for your account.

Access to hospital e-mail
Instructions for accessing your TOH e-mail account will be provided to you during your orientation day.

Audiovisual Equipment
Laptops and projectors need to be signed out if they are to leave the CAPE room. Because of the AV equipment, the CAPE room should be locked when not in use.

The CAPE room contains a variety of equipment. The laptop can be hooked up to one of two video projectors for Powerpoint presentations. (The white NEC projector has more reliable colour quality than the grey projector.) The video projectors can also be hooked up to the older microscope-video camera unit for other pathology presentations outside the department.

To set up the laptop and projection unit:
1. Plug in the video projector into the power supply and attach the connectors to the laptop.
2. Turn on the video projector.
3. Plug in and turn on the laptop. (If you do this in the reverse order, i.e. turn on the laptop, then plugging in the projector, the laptop will fail to recognize the projector, and you end up rebooting the computer.)
4. Log into the laptop (username: pathology; password: obtain from the residents).

There is a new(er) scope with a high-definition Sony video camera, which hooks up to the large high-definition video projector. Avoid taking these units out of the CAPE room if possible. Setup for this unit is best explained in person – ask a senior resident for help if required.

Lighting is controlled by three switches:
- far left beige sliding switch controls the peripheral lights. These should be kept on at a low level during any presentation.
- middle sliding beige switch controls the central lights. These should be off during presentations.
- right-sided toggle switch controls fluorescent lights. These should be off during presentations.

Multihead Microscopy Room and Slide Scanner
This room is used frequently for a number of different rounds and teaching sessions. On the door there is a monthly schedule, on which you can book any free time. The room contains a 6 headed microscope, a computer set up with dictation capability, a 50 inch monitor, and a state of the art slide scanner with its own computer. The multiheaded scope is hooked up to the monitor so that anybody in the room can view what is being observed under the scope, regardless of whether they are at one of the heads or not. The computer with dictation capability allows for group sign out if desired. The slide scanner allows for scanning at low and high power. Its use must be logged in the log sheet at the computer. Please ask a senior resident for instructions/help on how to use the slide scanner.
EDUCATIONAL ACTIVITIES

While there are rounds galore in pathology, (accessory list to be found at the end of this document) there are four key educational sessions/rounds which you should make all possible efforts to attend.

1. ACADEMIC FULL-DAY
In our department, Monday is reserved for educational purposes, and may also be used for research and general catch-up (as the situation requires). These schedules are set well in advance, and the chief resident generally sends out weekly reminders.

*Attendance is mandatory for all sessions* (including PGY-1s). PGY-1s on clinical rotations are required to notify their teams about their academic full-day and to attend these sessions whenever they are not on service work or post-call.

The day typically consists of a selection of the following activities: Autopsy rounds, lectures by staff pathologists, journal clubs, chairman rounds, cytology lectures and multihead microscope teaching sessions, off-service resident presentations, pathology residents’ end of block presentations, CanMEDS residents as teachers presentations, Robbins rounds, Surgical pathology rounds, unknown rounds including resident-run sessions (Black box) where cases are collected by residents on subspecialties to share with others on different subspecialty rotations, informal resident-run histology sessions at the multihead microscope, forensic autopsy lectures, moot court and other presentations.

2. UNKNOWN ROUNDS
Unknown rounds are centred upon the presentation and discussion of interesting/educational slides. Staff will deliver the slides the week prior to their assigned date. It is best to look at, and read around, all of the cases. Be prepared for questions surrounding each case, especially with respect to differential diagnosis, prognosis, and immunostaining. Occasionally, staff will choose to do the session in a “true unknown” format, wherein the residents will have not seen any of the cases beforehand. If it is your first time presenting a case, it is worthwhile to familiarize yourself with the microscope and projector within the CAPE room (ask a senior resident for assistance).

3. AUTOPSY ROUNDS
At the PGY-1 level, attend the autopsy rounds and read around the cases. At the PGY-2 level, you will be expected to present your own cases. Each PGY-2 presents autopsy rounds 4 times a year (two as gross autopsy rounds in the forensic suite at the General, and two as powerpoint presentations including histories, images, etc.). If one of your cases is up for presentation, review the clinical history and gross findings. When possible, it is ideal to have reviewed the microscopy with staff prior to case presentation.

4. GROSS ROUNDS
The principles and techniques behind the grossing (dissection) of surgical specimens will be discussed. One resident (PGY2-PGY5) will be assigned to lead these rounds each Monday. The resident will choose typically 3-4 specimens the week before for discussion. Each resident (PGY2-PGY5) will complete this several times per year (some completed with physical specimens in the gross room, and some done as a PowerPoint presentation with multiple images leading the other residents through the step by step process of grossing specimens).

5. SURGICAL PATHOLOGY CONSENSUS CONFERENCES
Difficult/interesting cases from each subspecialty will be discussed at the multi-head microscope by members of that subspecialty group. Residents who are rotating through the subspecialty are expected to attend the consensus conference. The schedule is as follows:

- GI: 1-2pm Monday - Friday
- GU: 2-3pm Monday - Friday
- Gyne: 11-12pm Tuesday
- Dermatology: 8-9am Wednesday
- Breast: 10:30-11:30 Monday

6. TUMOUR BOARD ROUNDS
Cases will be discussed with all members of the clinical team including pathologists, medical oncologists, surgeons and radiation oncologists. PGY-2s who are rotating through the subspecialty are expected to attend tumour boards and residents from PGY-3 to PGY-5 will be expected to present cases. The schedule is as follows:

- GI: 7:30-8:30am Monday, 3rd floor Cancer Centre
- GI: 7:30-8:30 am Tuesday, 7th floor CAC
- Derm: 12:00-2:00 Thursday, Civic
- GU: 4:30-5:30 pm Monday, 7th floor CAC
- Medical Grand Rounds: 8-9am Tuesday, Amphitheatre
- Breast: 8-9am Tuesday, 3rd floor Cancer Centre
- Gyne: 9:15-10:15am Wednesday, CAPE room
- Hematology: 8-9am Thursday, CAPE room
- Head and Neck: 12:15-1:15pm Thursday, 2nd floor Cancer Centre
- Lung: 7:45-9am Friday, 2nd floor Cancer Centre
- CNS: 8-9am, last Friday of each month, Admin Board Room
- Sarcoma: 12-1pm, every Friday, CAPE room

7. TEACHING SLIDES
There are teachings slides available in all subspecialties which are with the Section Leads or delegates. These study sets can be checked out by residents during their rotations or for preparations for their RC Examination.

RESEARCH AND TEACHING ACTIVITIES
PGY1s may involve themselves in research projects if they choose. Most staff have small projects which they are willing to share with a resident. There are 3 possible dedicated research blocks in PGY-2, 3, and 4. There are specific goals and objectives for the research block on the departmental website. These blocks, however, can be used as elective blocks at the discretion of the program director, provided the resident is completing an appropriate amount of research in his/her own time and progressing adequately through the residency. All residents in PGY-2 through 4 are expected to present their findings at the Resident Research Day, which is coordinated by Dr. Lai.

In terms of conferences, you are actively encouraged to attend conferences. The department will reimburse up to $2500 per year per resident to defray the costs of attending conferences. The major conferences are:

USCAP (US and Canadian Association of Pathologists) – in March
CAP (Canadian Association of Pathologists) – in June or July
IAP (International Association of Pathologists) – in September or October

They often have excellent sessions with both reviews and cutting-edge material. It is advised to file for membership if you plan to attend these meetings.

In terms of teaching activities, PGY-2s and above are expected in participate in the first-year medical student labs, in which you assist with the discussion around gross specimens. These usually take place in November, December, and January, with separate sessions running for the English and French classes. The topics include neoplasia, acute inflammation, and chronic inflammation. As the sessions from 8:30 am until 13:00, you will be excused from your normal scheduled duties. For more details, ask a senior resident.

RESIDENT WELLNESS

Each year the Program invites all residents to attend a Wellness Retreat. The retreat will include a number of group and individual activities that will allow residents to develop teamwork and communication skills while interacting with their colleagues in a relaxed, social environment. The Retreat usually takes place in the summer/early fall and the location changes every year. There is a wellness program (half day) offered by PARO/PGME. In addition, there are formal dinner in honor of graduating residents and Christmas dinner annually.

CANMEDS AWARD

Every year the Program will recognize a resident who best exemplifies the 7 CanMEDS roles. The winner will be selected by all physician and supporting staff.
EXAMINATIONS AND EVALUATIONS

In general, you are evaluated on an ongoing basis for CanMEDS Roles (Medical Expert, Professional, Collaborator, Communicator, Health Advocate, Manager and Scholar) by your staff on your various rotations. As with your clinical rotations, participation, enthusiasm, and responsibility (follow-up with cases) make up a large part of how you are viewed in the department.

The evaluation is all done electronically through One45. Sheila will set up your account during your first week. One week before the end of your rotation, Sheila will send you the ITER for you to distribute to your supervisor for that respective rotation.

For the rotations in Anatomical Pathology, Hematopathology, Microbiology and Biochemistry for PGY-1, a daily form will need to be filled in via One45. The PGY1 resident will send Sheila an e-mail with the name of the staff and resident that they worked with each day and Sheila will distribute the forms via One45. It is the responsibility of the resident to set up a meeting with the program director to review the evaluations.

During the year, you will be evaluated at other “special” events: PULSE 360 Evaluation done through the PGME, which assess a resident globally by resident colleagues, staff physician and supporting staff. There are scheduled de-briefing sessions for all residents with the program Director once the results are in.

During the year, you will be evaluated through examinations:

1.  Mock Mini Royal College Examination
   This exam is done by all residents in PGY-2 through PGY-5 and usually takes place in December or January of the academic year over a two day period. The first day has a number of components, including written, slides (glass or digital images), gross images, cytology images, and forensic images. The second day consists of a mock oral exam. There is a different oral exam for the junior (PGY2-3) and senior (PGY4-5) residents.

2.  Residents In-Training Service Examination (RISE)
   The RISE exam is done in March or April of the academic year. This exam is a multiple choice based format, and is completed electronically on the residents’ computers over one day. Details for accessing and completing the examination will be provided by the Program Director and Chief resident.
| PGY-1 | Autopsy (3 blocks)  
| | Laboratory Medicine (1 blocks)  
| | Medical Oncology (1 block)  
| | Gyne Oncology (1 block)  
| | Radiation Oncology (1 block)  
| | General Surgery (1 block)  
| | Pediatrics Emergency (1 block)  
| | Emergency (1 block)  
| | Radiology (1 block)  
| | CTU (1 block)  
| | Elective (1 block)  |
| PGY-2 | Bone and Soft Tissue (1 block)  
| | Lymph nodes (1 block)  
| | Head and neck (1 block)  
| | Cardiovascular (1 block)  
| | Cytology (1 block)  
| | GI (1 block)  
| | Dermatopathology (1 block)  
| | Gyne (1 block)  
| | Breast (1 block)  
| | Lung (1 block)  
| | Genitourinary (1 block)  
| | Research (1 block)  
| | Forensic (1 block)  |
| PGY-3 | Breast (2 blocks)  
| | GI (2 blocks)  
| | Genitourinary (2 blocks)  
| | Gyne (2 blocks)  
| | Lung (1 block)  
| | Research (1 block)  
| | Dermatopathology (Gamma Dynacare) (1 block)  
| | Pediatrics (2 blocks)  |
| PGY-4 | Neuropathology (2 blocks)  
| | Cytopathology (2 blocks)  
| | Lung (1 block)  
| | Forensics (1 block)  
| | Bone and Soft Tissue (1 block)  
| | Head and Neck (1 block)  
| | Molecular pathology (1 block)  
| | Renal (1 block)  
| | Lymph nodes (1 block)  
| | Research (1 block)  |
Frequently Asked Questions

1. How do I find out what’s going on?
E-mail the Chief Resident and ask to be part of the resident’s list. Ensure also that the
department secretary, Stacy Wells, and the education secretary, Sheila Schnupp, have
your contact information. For your part, get a hold of the academic day schedule, show
up to rounds when possible, and, if in doubt, ask a senior resident for assistance.

2. How do I use my microscope?
Before you begin, adjust your seating position so that you are comfortable, with your
back relatively straight, and your head in a relatively neutral position. You should be able
to adjust your chair. Remember to stretch/walk around every 20-30 minutes. (This seems
excessive until you realize how many pathologists have neck or back problems.)

Your microscope may require some fine-tuning before use. You may want to learn
‘Koehler microscopy’, which attempts to distribute the light over the microscopic field
evenly. To do this, we need to define a few features of the microscope.

**Field diaphragm:** source of light at the base of the microscope. Usually can be adjusted
with a dial.

**Substage condenser:** Located just below the stage, can be moved up and down. Once
adjusted, try not to move it around too much.

**Aperture (iris) diaphragm:** Located with the substage condenser.
1. Adjust the eyepieces for width/intraocular distance (slide them back and forth).
2. Focus on a slide with the fine control, then adjust the focus on each eyepiece. Close
each eye and adjust the image to its sharpest.
3. Open the aperture diaphragm and field diaphragm completely. Using a 20x
objective, focus on a slide on the stage.
4. Close the field diaphragm almost completely. Raise the condenser until the edges of
the diaphragm are sharply focused (condenser is usually in its highest position).
5. Use the centering screws on the substage condenser to center the image of the field
diaphragm. Slowly open the field diaphragm until it just disappears from view.
6. Remove one eyepiece objective and look into the tube. Open and close the aperature
diaphragm until only 66% -77% of the back lens is illuminated.

Try and keep your microscope free of dirt. You can find cans of compressed air for the
looser dust, but occasionally, you’ll need to use a cotton swab, lens paper, or other soft,
lint-free material, possibly in combination with tiny amounts of alcohol, to clean the grime away from the field of view.

3. How do I read a slide?
First, check the name and surgical number to ensure that it matches up with the requisition. (You would be surprised at how much of a difference this might make in final interpretation.)

Put your slide in the stage holder and take a look over the whole slide at low power. A lot of pathology is based upon tissue architecture, and it’s okay to be (very) confused at first. If you’re not familiar with a particular tissue, take a look at a histology text (Histology for Pathologists is a good one) and brush up on your histology. When you are sure that you have identified the correct tissue, consider whether it is normal or abnormal in architecture. Focus on the potentially abnormal areas, and try and describe what you think is abnormal. Higher magnifications can help here. Go back to whatever material you have on the requisition, and try to formulate a differential diagnosis.

4. Gross and microscopic photography
For gross pictures, a camera is available. Speak with the pathology assistants or a senior resident if you wish to take a gross picture. The elements of the gross picture include:
- light or neutral background with minimal smearing/blood
- specimen number
- ruler (for size comparisons)
- adequate light
- and, of course, the specimen itself.

For microscopic pictures, there is a camera setup in the resident’s room. There is also a new Leica photomicrography system in the multi-header (five-header) scope room; you will have to find the key to access this room, and ask a resident to help you take the relevant pictures.

4. Help! I don’t know….
   a) …about textbooks
The basic textbook is Robbin’s and Cotran’s Pathologic Basis of Disease. Your final exams are based on this textbook, and it contains a lot of good general information about mechanisms as well.
You will want a surgical pathology textbook, either Rosai/Ackerman, or Sternberg. Rosai/Ackerman has greater depth and more text upon disease entities, while Sternberg is more useful in sorting out differential diagnoses. Pick one text and stick with it, or the variable approaches may be confusing at first.
You will likely want a grossing manual. Lester’s Manual of Surgical Pathology gives a standardized approach to grossing, and also has good detail upon immunologic studies, gross differential diagnoses, staging, and criteria for microscopic evaluation. It has an excellent section on surgical pitfalls and a comprehensive review of the most common frozen section situations. Histology for Pathologists is also a good textbook.
   b) …..about web resources
Several good pathology resources include Pathology Outlines, Webpath, online Robbins (go in to the U of O library website through Explorer), and ImmunoQuery.

c)...about Powerpath
Ask a senior resident for help
d)...about borrowing books
Our books are exceedingly precious resources that we need to share between ourselves. Don’t damage them. If you need to take one home, sign it out, and bring it back as soon as possible.

e)...about borrowing image CDs associated with books
Like our books, the CDs contain tons of images at high resolution. If you borrow one, bring it back. Better still, burn yourself a copy which you can keep with you.

f)...about lectures
The academic day schedule is e-mailed out the week before and the Chief Resident will send out an e-mail notifying people of where and when the next day is. Powerpoint copies of lectures can usually be found on the common drive (V: drive), and notes are often available.

g)...about noise
If you require a quiet room for dictation or for reading, you can use the inner resident’s room. The CAPE room is also available for our use. For those particularly sensitive to noise, ear plugs are suggested. For those who enjoy conversation, please remember that there may be other people dictating or trying to work who would appreciate that the noise level is kept to a minimum.

h)...about locked doors.
See Stacy Wells to get the codes.

i)...about something not in this guide
Ask a senior resident for guidance.

USEFUL NAMES AND NUMBERS

See following page for staff names and office extensions.
Head of Laboratory Medicine Dr. John Veinot
Chief, Anatomic Pathology Dr. D. Banarjee
Program Director Dr. S. Islam 78297
Chief Resident Dr J. Sim 78287
Program Administrator Sheila Schnupp (613) 562-5422
Divisional Secretary Stacy Wells 79080
Laboratory Manager William (Bill) Parks 78864
Receptionist Nikki Lister 78292
Locating General 78222
Civic 14221
Resident Room General 78287
Civic 16440
Gross Room General
Civic 13531
Morgue General 78283
Civic
Resident Name: ____________________________

PGY2/3 DIRECT SUPERVISION
GROSS ROOM COMPETENCY ASSESSMENT

PGY2/3 residents on the Surgical Pathology rotation must demonstrate competency in dissection and description of specimens

- Pathologists’ Assistants, qualified Senior Residents, or Faculty provide direct supervision and assess quality of gross dissection
- Three of each of the listed specimens must be completed under direct supervision prior to being deemed competent; supervisors will give case # and initial form below
- Once deemed competent for a given gross specimen type, the PGY-2/3 resident will require indirect supervision with direct supervision available.

<p>| Breast excision with inked margins |
| SP case # | Date | Initials |
| SP case # | Date | Initials |
| SP case # | Date | Initials |</p>
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<td>Mastectomy for multiple lesions</td>
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<td>Re-excision breast tissue, for residual tumour</td>
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<td>Breast core biopsies</td>
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<td>Axillary dissection or sentinel lymph node for tumour</td>
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**Lung**

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<td>Lung Lobectomy / pneumonectomy</td>
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**PGY2/3 DIRECT SUPERVISION**

**GROSS ROOM COMPETENCY ASSESSMENT**

PGY2/3 residents on the Surgical Pathology rotation must demonstrate competency in dissection and description of specimens

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<td>Nephrectomy for Neoplasm</td>
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<td>Prostatectomy</td>
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<td>Orchietomy</td>
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<td>Skin shave</td>
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<td>Skin punch</td>
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<td>Skin ellipse, unoriented, for Tumour/melanoma</td>
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<td>Skin ellipse, oriented, For Tumour/melanoma</td>
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PGY2/3 DIRECT SUPERVISION
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<th>GYN</th>
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<td>LEEP / Cervical conization</td>
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<td>Vulvectomy</td>
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<td>Uterus w/ leiomyomata or prolapse</td>
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<td>Hysterectomy – Endometrial CA</td>
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<td>Hysterectomy – Cervical CA</td>
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<td>Salpingo-oophorectomy, prophylactic</td>
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<td>Salpingo-oophorectomy, tumour</td>
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PGY2/3 DIRECT SUPERVISION
GROSS ROOM COMPETENCY ASSESSMENT

PGY2/3 residents on the Surgical Pathology rotation must demonstrate competency in dissection and description of specimens

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<tr>
<th>GI / Liver / Pancreas</th>
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<tbody>
<tr>
<td>Polypectomy (biopsy)</td>
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<td>Gall Bladder</td>
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<td>Colon Resection, Neoplastic</td>
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<td>Inflammatory Bowel Disease Resection</td>
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<td>Esophagectomy, gastroesophagectomy, gastrectomy</td>
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<td>Liver Resection for tumour</td>
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## GROSS ROOM – GENERAL PROCEDURES

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<tr>
<td>Photography of gross specimens and image upload</td>
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<tr>
<td>Tissue Banking</td>
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### SPECIAL INSTRUCTIONS

Special instruction given for EM procurement: ___________(date)________________(instructor initials)

Special instruction given for Lymphoma procurement: ___________(date)________________(instructor initials)
APPENDIX B

Resident Name: 

PGY4 DIRECT SUPERVISION
GROSS ROOM COMPETENCY ASSESSMENT

PGY4 residents on the Surgical Pathology rotation must demonstrate competency in dissection and description of specimens

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### Soft Tissue/Bone

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<tr>
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<td>Soft tissue tumours resection (lipoma, other)</td>
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<td>Femoral/Humeral Head</td>
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### PEDIATRIC / PLACENTA

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### Neuro
Neuro nerve biopsy

### ENT / Endo

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<td>Thyroid, non-neoplastic</td>
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<td>Thyroid, tumour</td>
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<td>Larynx, epiglottis (partial/total)</td>
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<td>Neck Dissection</td>
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<td>Oropharyngeal resections, composites</td>
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<td>Parathyroid glands</td>
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Revised June 21, 2016