GOALS AND OBJECTIVES
GASTROINTESTINAL PATHOLOGY

LEVEL: PGY2, PGY3, PGY5

- A number of these rotations are introductory in nature, as they are major subspecialties, and are followed by two more blocks in PGY-3, during which knowledge is extended and fortified.

- As described above, the staff pathologist is expected to provide an appropriate volume of cases for review based on the PGY-2 resident’s level of training in these areas with the understanding that greater responsibility and workload will be taken on in PGY-3.

- Additionally, while PGY-2 residents are expected to be present at all interdisciplinary rounds in these major subspecialties, they are not expected to present cases while a more senior resident is on service.

- Furthermore, staff pathologists are required to be present at all interdisciplinary rounds during which a resident is presenting, particularly for PGY2.

- During the PGY-3 year, while completing the 2-block rotations in the major areas of subspecialty, the resident is expected to prepare for and present cases at all interdisciplinary rounds, and, with staff pathologist supervision and guidance, answer questions and take part in discussion during said rounds.

- Furthermore, the PGY-3 resident is expected to complete any end-of-rotation presentations required for the major subspecialty rotations during this year.

- The PGY-5 year is one of senior leadership and the resident should be able to assume responsibility for organizing the service and supervising junior residents and students. The resident should have mastery of the information contained in standard texts and be prompt in using the literature to solve specific problems. The resident will be responsible for presentations at conferences and for teaching junior residents and students on a routine basis. The PGY 5 should begin to have an understanding of the role of the practitioner in an integrated health care delivery system and to be aware of the issues in health care management facing patients and physicians.
**MEDICAL EXPERT**

- Demonstrate a working knowledge of the anatomy and histology of the esophagus, stomach, small intestine, appendix, colon, rectum, anus, pancreas, gallbladder, and liver.

- Demonstrate skill in the gross dissection and sampling of upper and lower GI tract biopsies and resections (partial & complete) appendectomy & cholecystectomy specimens, pancreas – needle biopsy & resections (including Whipple & distal pancreatectomy), liver – needle biopsy, wedge resections, segmental/lobar resections and hepatectomy.

- Demonstrate ability to deal with complex specimens, including i.e.esophageal & rectal carcinoma resections with neoadjuvant therapy, colectomy for dysplasia arising in the background of IBD, prophylactic gastrectomy for familial gastric cancer, extrahepatic cholangiocarcinoma, invasive cancer versus displaced adenomatous glands in colorectal pedunculated polyps, previously treated hepatocellular carcinoma and appendix with mucinous neoplasm.

- Demonstrate proficiency in the interpretation of liver needle core biopsies as well as adequacy requirements for interpretation for medical liver disease and neoplastic (primary and metastatic) conditions.

**COMMUNICATOR/COLLABORATOR**

- Demonstrate the ability to function at a junior staff pathologist level at regular rounds by reviewing cases, presenting cases, and responding to questions regarding the cases.

- Demonstrate the ability to teach aspects of GI, liver & pancreas pathology at multidisciplinary rounds and teaching sessions.

- Gain an understanding of clinical aspects of GI, liver & pancreas, including medical, surgical and clinical oncological management.

**MANAGER**

- Understand the importance of quality control and quality assurance measures for immunohistochemistry stains, including preanalytical, analytical and postanalytical variables.

**HEALTH ADVOCATE/PROFESSIONAL**

- Understand the importance of turn-around-time for diagnostic GI tract, liver & pancreas biopsies due to (1) the high level of stress experienced by patients with symptomatic or image detected lesions and (2) the need to start curative and/or palliative treatments as quickly as possible to reduce morbidity and/or mortality.
- Understand the implications of a specific diagnosis for patients – for example -
  - Barrett’s esophagus (BE) with dysplasia
  - H. pylori gastritis
  - celiac disease
  - inflammatory bowel disease (IBD)
  - carcinoid
  - hepato cellular carcinoma
  - metastatic liver disease

- Know when to appropriately consult an expert in GI, liver & pancreas pathology.

- Know the clinical significance of high risk lesions (e.g. dysplasia in BE, dysplasia in IBD, cancer in a colorectal polyp) and the associated risk implications.

SCHOLAR

- Consider conducting a research project or case report based on GI, liver or pancreas pathology material.

- Review the pertinent literature relating to advances in GI, liver or pancreas pathology (e.g. Barrett’s esophagus, GIST, IBD, appendiceal mucinous neoplasms, colorectal cancer, synoptic reporting, immunohistochemical stains helpful in confirming and/or differentiating between HCC, FNH & hepatic adenomas).

SPECIFIC TASKS

The residents on GI rotation should perform the following:

1. Gross the big GI specimens (colon resections for cancer or IBD, Whipple, gastrectomies, esophagectomies, TMEs). The number of grossed cases will be recorded at the end of the rotation and incorporated in the final evaluation. A minimum of 5 colon specimens + all the others are required.

2. Review the slides the day before sign-out, check prior history (especially for liver biopsies), pull previous slides if necessary

3. Attend and present the required cases for both GI rounds:
   - Mondays at 7:30am - colorectal rounds
   - Tuesdays at 7:30am - Liver/Pancreas rounds

4. At the end of the PGY-3 rotation they should give a short (30-45 min) presentation - topic of their choice
5. If required, they should give the same or a different presentation to the GI fellows at their academic days (on Fridays at 9 am).

6. Help the GI fellows rotating in pathology (show him/her around, show gross specimens, help with microscopy etc).

7. A test will be given to all residents when they finish the 2 blocks rotation, individualized to their PGY level. The test will include 5-10 glass slides and a written part with 30-40 MCQs. This exam has the purpose of identifying the areas that need improvement. For senior residents, it will also help prepare them for their Board Examination.

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