

*Rosalind Franklin University*  
*Of Medicine and Science*



**Pathologists' Assistant Department**  
**Student Clerkship Manual**

Dear Class,

Congratulations on your successful completion of the first year of The Pathologists' Assistant Program! You are about to embark on a ten month "residency" in gross anatomic pathology designed to complete your training as a professional pathologists' assistant and to fulfill the requirements for your masters degree from Rosalind Franklin University of Medicine and Science.

The ten months ahead of you are bound to be among the most challenging and rewarding ten months of your professional lives. This is a time for you to take what you have learned in books and lectures and apply it to doing what pathologists' assistants actually do, gross surgical specimens and perform autopsies.

As a graduate student you will be expected to take great responsibility for your personal learning. This manual is designed to help you in this process, but ultimately it will be you who stays in the laboratory reviewing OR schedules, grossing, looking at slides, reading and performing autopsies late into the night. The time you invest in your education now, will pay you back many times over in the future.

I have every confidence, trust and faith in you, that you will do your best and make yourself and the program proud of you.

Best of Luck,

*John*

John E. Vitale, MHS, PA(ASCP)  
Pathologists' Assistant Program Director  
Assistant Professor and Acting Chair  
Pathologists' Assistant Department

Rosalind Franklin University  
OF MEDICINE AND SCIENCE

Chicago Medical School  
College of Health Professions  
Dr. William M. Scholl College of Podiatric Medicine  
School of Graduate and Postdoctoral Studies



**Pathologists' Assistant Department**  
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North Chicago, IL 60064  
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**Student Clerkship Manual Agreement**

In signing this document, I acknowledge that the contents of the Student Clerkship Manual have been presented to me by the Pathologists' Assistant Department faculty. In addition to the presentation, I have read and reviewed the manual and understand that I am responsible for the contents therein.

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Student Name (Print)

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Student Signature

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Date

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**Pathologists' Assistant Department**  
**College of Health Professions**  
**Rosalind Franklin University of Medicine and Science**

**Mission**

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The mission of the Pathologists' Assistant Department is to prepare and develop individuals for the professional practice of surgical and autopsy pathology in a continually evolving health care environment.

**Vision**

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The Pathologists' Assistant Department will be recognized as the leader in providing graduate-level training in Pathologists' Assistant Studies through its outstanding graduates, curricular innovation, scholarly activity, community service, and the leadership it provides to the pathologists' assistant community worldwide.

**Philosophy Statement**

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The Pathologists' Assistant Department assures a level of professional training, both academic and clinical, that prepares its graduates to serve as stewards of the profession and empowers them to set forth and provide exceptional care and leadership for the profession as well as educate future generations of health care providers in the art and science of practicing anatomic pathology.

The Pathologists' Assistant Department asserts that there is an inherent dignity in surgical specimens that represent a unique human being and that the utmost care and skill will be provided in transmitting the information contained within to pathologists, surgeons, and other members of the health care team. As such, the same professional care will be delivered to our patients in the autopsy service who have come to teach the living from their individual lives and deaths.

## **Programmatic Learning Outcomes**

Upon completion of the 22 month Masters Degree Program for Pathologists' Assistants students will be able to:

Conduct the practice of a Pathologists' Assistant in a professional manner by:

1. Engaging in an evidence-based medicine practice within the anatomic pathology laboratory.
2. Synthesizing clinical information from various sources to present comprehensive clinical pathologic correlations.
3. Communicating complex anatomic pathology information effectively in written, verbal and photographic forms.
4. Discerning normal structure and function of organs, tissues and cells from pathologic changes as demonstrated by selecting appropriate techniques for collecting, handling, submitting and processing specimens.
5. Recognizing the dignity of their patients and their responsibilities to the family and community at large.
6. Providing leadership in the laboratory through an understanding of management techniques and the operations and services provided in the anatomic pathology laboratory to facilitate efficiency and productivity.
7. Acting as stewards of the profession for students, colleagues and the public through education and research into the art and science of the practice of anatomic pathology.

## Pathologists' Assistant Department Program of Study

### Year 1

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#### Summer Quarter

MCBA501	Clinical Anatomy	10qh
HAPA520	Embryology	3qh
HAPA550	Professional Issues & Ethics	3qh
HAPA535	Medical Terminology	1qh

#### Fall Quarter

MPAT600A	General Pathology	6qh
PBBS503A	Structure & Function	4qh
HAPA565	Medical Microbiology	3qh
HAPA560	Clinical Correlations I.	3qh
MTD 500	Interprofessional Healthcare Teams	1qh

#### Winter Quarter

MPAT600B	Systemic Pathology	6qh
PBBS503B	Structure & Function	4qh
HAPA561	Clinical Correlations II.	3qh
HAPA530	Histochemistry	3qh
HAPA510	Journal Review	2qh

#### Spring Quarter

MPAT600C	Systemic Pathology	7qh
HAPA562	Clinical Correlations III.	3qh
HAPA540	Autopsy Pathology	3qh
HAPA545	Neuroscience	5qh
HMTD551	Leadership in the Health- Care Environment	3qh
HAPA505	Biomedical Photography & Imaging	3qh

### Year 2

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#### Summer Quarter

HAPA630	Anatomic Pathology Clerkship I.	12qh
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#### Fall Quarter

HAPA631	Anatomic Pathology Clerkship II.	12qh
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#### Winter Quarter

HAPA632	Anatomic Pathology Clerkship III.	12qh
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#### Spring Quarter

HAPA633	Anatomic Pathology Clerkship IV.	12qh
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**Pathologists' Assistant Department  
Course Descriptions**

**First Year-Summer Quarter**

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**MCBA501 CLINICAL ANATOMY 10q.h. Lecture/Laboratory**

Structure of the entire human body is studied through formal lectures and cadaver based laboratories. Emphasis is placed on the clinical applications of anatomy.

**HAPA520 HUMAN EMBRYOLOGY 3q.h. Lecture**

This course instructs the student in the basic principles of embryology as a basis for understanding normal human development and clinical pathologies that are developmental in origin.

**HAPA550 PROFESSIONAL ISSUES AND ETHICS 4q.h. Lecture/Independent Study**

This course is designed as an introduction to the profession. Students will become familiar with the history and traditions of the Pathologists' Assistant Profession, and will learn about the work of Pathologists' Assistants as they function in various health care settings. This is complemented by a focused review of contemporary medical ethics.

**HAPA535 Medical Terminology**

An advanced medical terminology course for graduate pathologists' assistant students

**First Year-Fall Quarter**

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**MPAT600A GENERAL AND SYSTEMIC PATHOLOGY 5q.h.**

**Lecture/Laboratory**

The biologic bases and mechanisms of disease, including inflammation and repair, and cell injury by infectious, immunologic, vascular, genetic, physical, chemical, and neoplastic mechanisms followed by a beginning survey of disease with emphasis on clinical pathologic correlations. This is the medical school pathology course sequence and is three quarters in length.

**PBBS503A STRUCTURE AND FUNCTION 4q.h. Lecture/Laboratory**

This is a two quarter course sequence, which will present the principles of medical histology and physiology through formal lecture and laboratory experiences. Normal organ systems will be examined at the ultrastructural, microscopic and whole-organ levels.

**HAPA565 MEDICAL MICROBIOLOGY 4q.h. Lecture/Laboratory**

This course instructs the student in the basic principles of medical microbiology as a basis for understanding morphology, immunobiology and pathogenesis of microorganisms corresponding to infectious diseases in humans.

**HAPA560 CLINICAL CORRELATIONS I. 3q.h. Lecture**

This is a full year sequence designed to provide a bridge between the didactic coursework of the first year curriculum and its application to the practice of Surgical and Autopsy Pathology by Pathologists' Assistants in the clinical setting.

**MTD 500 Interprofessional Healthcare Teams 1q.h.**

This course is an experiential learning opportunity for all students at Rosalind Franklin University of Medicine and Science to learn about a collaborative model of care. The students will interact in healthcare teams focusing on patient centered care emphasizing evidence based practice, quality improvement strategies and informatics.

**First Year-Winter Quarter**

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**MPAT600B SYSTEMIC PATHOLOGY 5qh Lecture/Laboratory**

Continuation of MPAT600A

**PBBS503B STRUCTURE AND FUNCTION 4qh Lecture/Laboratory**

Continuation of PBBS503A

**HAPA561 CLINICAL CORRELATIONS II. 3qh Lecture**

Continuation of HAPA560

**HAPA530 HISTOCHEMISTRY 4qh Lecture/Laboratory**

Basic histology technique and histochemistry will be covered with emphasis on special stains, immunohistochemistry, frozen sections and various special preparations such as muscle and nerve biopsies.

**HAPA510 JOURNAL REVIEW 2qh Lecture/Discussion**

Current topics pertinent to the profession will be discussed through weekly presentations of critiques of articles from peer reviewed journals.

**First Year-Spring Quarter**

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**MPAT600C SYSTEMIC PATHOLOGY 5qh Lecture/Laboratory**

Continuation of MPAT600B

**HAPA562 CLINICAL CORRELATIONS III. 3qh Lecture**

Continuation of HAPA561

**HAPA540 AUTOPSY PATHOLOGY 3q.h.**

This course provides an introduction to autopsy pathology and includes instruction in forensic, perinatal and pediatric pathology. There is a laboratory component to this class which includes practicing autopsy techniques on cadavers.

**HAPA545 NEUROSCIENCE 5q.h.**

An introduction to neuroanatomy and neuroscience for the pathologists' assistant student. Laboratory Included

## **HMTD551 LEADERSHIP IN THE HEALTHCARE ENVIRONMENT 3qh**

### **Lecture**

This interprofessional course is designed to introduce the student to the concept of leadership within the healthcare environment. Leadership skills learned as part of previous service activities, sports, or academic study will be applied to the healthcare setting using case studies and small group discussion. The course begins with an overview of leadership styles, and then continues with more specific topics such as building teams, evaluating others, managing finances, managing risk, marketing of healthcare, and healthcare policy.

## **HAPA505 BIOMEDICAL PHOTOGRAPHY AND IMAGING 3qh Lecture**

This course is designed for pathologists' assistant students and will focus on familiarizing students with photographic equipment, fundamentals of gross specimen photography and digital image data base management. Time will be spent on light microscopy and the use of photomicrography as well as stereoscope photography. There will be an introduction to radiological procedures and the pathologists' assistant's use of radiographs. In addition, there will be tours of the electron microscopy lab and the live cell imaging lab.

### **Second Year-Summer Quarter**

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#### **HAPA630 ANATOMIC PATHOLOGY CLERKSHIP I. 12q.h.**

This is a ten month practical course sequence which forms the curriculum for the second year. Students will rotate through various clinical sites and departments and perform the duties of a Pathologists' Assistant under the guidance of a preceptor. Emphasis will be placed on developing the students' skills of gross tissue description, dissection and frozen section preparation in the surgical pathology. In autopsy pathology, emphasis will be placed on autopsy technique including evisceration and block dissection.

### **Second Year-Fall Quarter**

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#### **HAPA631 ANATOMIC PATHOLOGY CLERKSHIP II. 12q.h.**

Continuation of HAPA630

### **Second Year-Winter Quarter**

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#### **HAPA632 ANATOMIC PATHOLOGY CLERKSHIP III. 12q.h.**

Continuation of HAPA631

### **Second Year-Spring Quarter**

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#### **HAPA633 ANATOMIC PATHOLOGY CLERKSHIP IV. 12q.h.**

Continuation of HAPA633

# Clerkship Guidelines

## **Purpose**

The purpose of the clerkship is to provide students an opportunity to apply, under the supervision of a preceptor, the didactic training they received during the first year of their graduate study on campus. It is recommended that the student receive a formal orientation to the clinical facility, pathologists, pathologists' assistants, staff, policies and procedures, laboratory information system and any other information deemed appropriate by the preceptor. The student should be provided with increased responsibility in the gross room and autopsy suite; commensurate with experience. At the conclusion of the ten months of clinical rotations students are expected to have mastered the knowledge and skills necessary to function as a professional pathologists' assistant (see terminal learning objectives).

Additionally, the clerkships assist the student in refining interpersonal communication skills, experience professional socialization amongst various health care providers, and enhance the ability to critically think and make decisions. The role of the pathologists' assistant as a member of a team in the pathology laboratory will be emphasized.

## **Supervision**

The student should receive the appropriate level of supervision, dependent on the type of clinical experience (e.g. surgical pathology, autopsy pathology) and appropriate to the student's level of skill. The integrity of a surgical specimen or autopsy patient should never be jeopardized. If the integrity of a specimen or autopsy patient is jeopardized in a way that the rendering of a diagnosis in pathology has been compromised, the preceptor should be notified immediately and the clinical coordinator should be notified that day by the student and the preceptor. Any concerns with a student's interaction with specimens and/or autopsy patients should be directed to Brandi N. Woodard, Clinical Coordinator (847)578-8691.

## **Professionalism**

The Pathologists' Assistant Program believes that professionalism is an important quality of a pathologists' assistant student and future member of the healthcare team. In addition to satisfying the grading criteria as specified in the second year surgical and autopsy pathology syllabus, the student must pass a professionalism component in order to successfully pass each course.

Criteria to be evaluated in the professionalism component will include, but not be limited to, the following areas:

- Honesty
- Rotation and Roundup attendance and punctuality
- In-class behavior and preparedness
- Respectful and appropriate interaction with faculty, staff, preceptors and fellow students
- Ability to work effectively as a team member
- Overall attitude
- Handling of complaints and disputes including following of established protocols and chain of command
- Communication skills
- Student work ethic
- Appearance and attire appropriate to place and situation as defined by faculty

## **Student Ethics**

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### *Unethical Academic Conduct*

Every student is expected to abide by the Honors Constitution that is provided in the University Policies. Unethical conduct is defined as receiving credit for any work that is not one's own. Such conduct is totally unacceptable and is grounds for immediate dismissal from the Pathologists' Assistant Program. Additional unethical academic conduct will include, but not be limited to; cheating on exams and sharing exam content with a student who has not taken the exam.

Any student or faculty member who observes unethical conduct is obligated to document in writing said conduct and report it to the Director of the Pathologists' Assistant Program. Any student accused of unethical conduct may appeal a dismissal to the College of Health Professions Professional Affairs Committee, in accordance to the policies set forth in the College of Health Professions Student Handbook.

### *Unethical Nonacademic Conduct*

Unprofessional behavior in or outside the classroom is considered to be unethical and may be cause for a student's dismissal. Furthermore, any unprofessional behavior in a health care setting is considered unethical and grounds for dismissal. Some examples of unethical nonacademic conduct include, but are not limited to:

- Stealing
- Forgery
- Abusing or disrespecting a surgical specimen or autopsy patient
- Inappropriate behavior in class or a health care setting
- The release of confidential patient information
- Abusive language to preceptors, classmates, or faculty

### *College of Health Professions, Professional Affairs Committee (PAC):*

The function of the College of Health Professions PAC is to act as an advisory and fact-finding committee for the Dean of the College of Health Professions if a student has been dismissed from the College. The Dean of the College of Health Professions will appoint faculty members to serve on the PAC if a pathologists' assistant student requests in writing a hearing to appeal his/her dismissal from the Pathologists' Assistant Program. The members of the PAC will not be chosen from the College of Health Professions Pathologists' Assistant Program. Please refer to the College of Health Professions Student Handbook for additional information.

## **A Note on University and College Policy**

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All College of Health Professions Policies as contained in the College Student Handbook are applicable to students during their clinical rotations, as are the policies contained in The Rosalind Franklin University of Medicine and Science Student Handbook.

Examples of specific policies you should be especially aware of for your clinical rotations include, but are not limited to: Universal Precautions Policy and the HIPAA Policy.

## **Work Hours**

Work hours are site specific, but must be documented by the student and must be at least 40 hours a week. It is expected that you will set appropriate work hours with your clinical preceptor that will reflect the workload at your clinical site. For instance, if a majority of the large specimens do not come down to the gross room until late in the day, it is expected that you will adjust your schedule accordingly to allow you to gross these specimens. In general, you should consider the ten months of your clinical rotation(s) as a gross anatomic pathology residency. As such, you should fully immerse yourself into the day-to-day functioning of the anatomic pathology laboratory and it should not be uncommon to find yourself there in excess of 8 hours a day. Remember that your preceptors and the faculty at the University are basing part of your evaluation on effort, and willingness to learn and participate, which in part, may be evaluated by the amount of time you are at your clinical site.

## **Sick Time**

No sick days are given up front, however if you are sick and unable to attend your clinical site, you must notify your clinical preceptor and the clinical coordinator, Brandi N. Woodard (847)578-8691. You may also be asked for a providers note if there is a perceived abuse of sick time.

## **Student Related Work-Injury and Cut Protocol**

The hospital shall provide emergency medical care and treatment to students and staff in any instance of injury or illness occurring at the hospital. The expense associated with such treatment shall be the responsibility of the individual student or staff member.

The student must notify the supervisor or preceptor prior to leaving the department to seek medical evaluation and treatment and report to occupational health. The student should inform the program clinical coordinator immediately following an injury or illness for documentation of the incident.

Each student shall read the hospital safety manual and procedures for appropriate plan of action, for preparation should an injury occur during the clinical training.

## **Holiday and Vacation Time**

While at your clinical site(s) you may take regularly scheduled hospital holidays at the discretion of your clinical preceptor. Additional time may be granted at the discretion of the clinical preceptor pending approval of the clinical coordinator for major life events (e.g. wedding of a family member, death of a family member, etc...).

There is no discretionary, vacation time during the ten months of your clinical experience outside of the exceptions listed above.

## **Job Interviews**

Please schedule job interviews in concert with the scheduling demands of your clinical site and upon the approval of your clinical preceptor.

HAPA630, 631, 632 & 633  
Anatomic Pathology Clerkships I, II, III & IV  
12q.h./Quarter for Four Quarters

Syllabus

**Course Catalog Description**

This is a ten month practical course sequence that forms the curriculum for the second year. Students will rotate through various clinical sites and departments and perform the duties of a Pathologists' Assistant under the guidance of a preceptor. Emphasis will be placed on developing the students' skills of gross tissue description, dissection and frozen section preparation. In autopsy pathology, emphasis will be placed on autopsy technique including evisceration and block dissection.

**Instructors**

John E. Vitale, MHS, PA(ASCP) Pathologists' Assistant Program Director Assistant Professor and Acting Chair	Brandi N. Woodard, MS, PA(ASCP) Clinical Coordinator Instructor
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**Class Hours**

Please see work hours/expectations page contained within this manual.

**Prerequisites**

Enrollment in the Pathologists' Assistant Program and successful completion of the didactic first year of the curriculum

**Teaching Method**

Hands on clinical training, supplemented with out of clinic readings and assignments.

**Course Competencies and Objectives**

Attached to this syllabus are copies of the Anatomic Pathology Clerkship Learning Competencies, the Surgical Pathology Learning Goal and Objectives and the Autopsy Pathology Learning Goal and Objectives. Together these three documents form the foundation for the expectations of the learning experience during this course sequence. Mastery of the Clerkship Learning Competencies, the Surgical and Autopsy Pathology Learning Goals and Objectives is required prior to the completion of the clerkship experience.

**Student Evaluation Methods**

Grading during the clerkships will be on a Pass/Fail basis, and are based on the following:

**Portfolio:** Students will develop a portfolio which will document their clerkship experience and will be handed in and orally presented at the quarterly roundups and upon

completion of their clerkship to the Department Faculty (see Portfolio Guidelines Form for details).

**Examinations:** Students will be provided with monthly competency based online examinations to aide them in their continual study of anatomic pathology. These examinations are based on the objectives and material covered during the first year of the curriculum. Students must pass all exams with a score of 75% or above. Students not obtaining a minimum score of 75% will have a maximum of two (2) retake examinations until they have obtained a minimum score of 75%. Students must pass all exams (75% or above) in order to be eligible to graduate. Any student not meeting this criterion may be subject to dismissal.

**Preceptor Evaluations:** The clinical coordinator maintains regular contact with the students and the preceptors throughout the clerkship experience. Feedback from the preceptor on student performance should be based on the competencies and objectives for the clerkship experience and are obtained via phone and e-mail conversations as well as through formal evaluations in the form of the *Evaluation of Clerkship Learning Competencies* form and quarterly written evaluations.

## **Surgical Pathology Learning Goal and Objectives**

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The goal of the surgical pathology portion of the anatomic pathology clerkships is to provide the student the opportunity to develop skills in the preparation, gross description, and dissection of surgical specimens via hands-on training.

By the end of the anatomic pathology clerkships, the student should be able to:

1. Outline the standards that the College of American Pathologists (CAP) requires for submitting surgical pathology specimens.
2. Assure correct specimen accessioning.
3. Obtain pertinent clinical information and data required for prosection from the requisition, medical records, consultation with the pathologist(s) and other clinical providers, etc.
4. Identify common situations that require expedited processing of a pathology specimen.
5. Discuss the common indications for intraoperative consultation.
6. Describe gross anatomic features and specimens clearly and concisely in the form of dictation.
7. Identify, under pathologist supervision, tissue to be submitted for frozen section diagnosis, prepare frozen sections competently (e.g., with care, skill, and efficiency, etc.), and effectively manage problems with suboptimal frozen sections.
8. Demonstrate competency (e.g., care, skill, efficiency, etc.) at prosection for routine and complex surgical specimens.
9. Perform special procedures such as Faxitron imaging and tumor triage.
10. Manage workflow effectively in the gross room.
11. List procedures for locating a missing specimen such as a block, slide, or tissue.
12. Demonstrate proficiency at taking gross photographs of pertinent findings.
13. Explain the basic principles of informatics in anatomic pathology and effectively utilize the Laboratory Information System (LIS) and local computer network.
14. Perform other related job functions as needed such as laboratory maintenance, administrative tasks, and assisting with conference preparation.

## **Autopsy Learning Goal and Objectives**

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The goal of the autopsy portion of the anatomic pathology clerkships is to provide the student the opportunity to develop skills in the preparation of human postmortem examinations via hands-on training.

By the end of the anatomic pathology clerkships, the student should be able to:

1. Determine whether proper legal authorization for an autopsy procedure has been obtained and the appropriate authorities to contact prior to the autopsy.
2. Explain the necessary procedures to ensure the safety of those in the autopsy suite.
3. Collect pertinent clinical information and data (e.g., from existing medical records, clinical providers, etc.) to reconstruct the deceased patient's medical history.
4. Distill the essential parts of the medical history into likely manner, cause, and mechanism of death.
5. Recognize when it is necessary to seek consultation on a case from the attending pathologist(s).
6. Conduct systematic and thorough external examinations and *in situ* organ inspection.
7. Selecting, preparing, and submitting appropriate gross tissue sections for frozen section analysis and microscopy.
8. Demonstrate common evisceration techniques including the Rokatsky Method, the Virchow Method, as well as brain and spinal cord removal.
9. Demonstrate competency (e.g., care, skill, efficiency, etc.) at block and organ dissection.
10. Discern abnormalities and/or pathologic changes encountered during the autopsy and dictate or record the findings accurately.
11. Obtain biological specimens such as blood, tissue, and toxicology material for analysis.
12. Indicate when special studies are needed such as non-routine cultures, special evaluation of bones, sinus cavities, and other tissues not routinely evaluated.
13. Demonstrate proficiency at taking gross photographs of pertinent findings.
14. Summarize patient information and autopsy findings clearly and concisely for oral and written presentation.
15. Outline the proper procedure for preparing the body for release and releasing the body to the appropriate mortuary or funeral home representative.
16. Perform other related job functions as needed such as laboratory maintenance, administrative tasks, and assisting with conference preparation.

**Pathologists' Assistant Program  
College of Health Professions  
Rosalind Franklin University of Medicine and Science**

*Clerkship Learning Competencies*

<b>Areas of Competency*</b>	<b>ACGME Description</b>	<b>Learning Competencies</b>
Patient Care	<p>Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.</p> <p><i>PA students must demonstrate a satisfactory level of gross competence and the ability to provide appropriate and effective gross consultation in the context of pathology services.</i></p>	<p>By the end of the clerkship, the student should be able to:</p> <ol style="list-style-type: none"> <li>1. Formulate an accurate diagnosis or recognize the need for consultation. <b>A &amp; C</b></li> <li>2. Provide appropriate and effective consultation in the context of pathology services. <b>A &amp; C</b></li> </ol>
Medical Knowledge	<p>Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiologic and social-behavioral) sciences and the application of this knowledge to pathology.</p> <p><i>PA students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to pathology.</i></p>	<ol style="list-style-type: none"> <li>3. Demonstrate competency (e.g., care, skill, efficiency, etc.) in gross tissue description, dissection, and frozen section preparation. <b>** C &amp; P</b></li> <li>4. Demonstrate competency (e.g., care, skill, efficiency, etc.) in autopsy techniques including evisceration and block dissection. <b>** C &amp; P</b></li> <li>5. Summarize clinical histories and formulate clinical pathological correlations. <b>** C &amp; P</b></li> </ol> <p style="text-align: center;"><i>** See Anatomic Pathology Clerkship Syllabus for detailed medical knowledge learning objectives.</i></p>
Practice-Based Learning and Improvement	<p>Residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence, and improve their patient care practices.</p> <p><i>PA students must be able to</i></p>	<ol style="list-style-type: none"> <li>6. Employ analytical skills to assess one's diagnostic and consultative practices. <b>C</b></li> <li>7. Apply principles of evidence-based medicine, utilizing available and appropriate resources, to his/her practice in the anatomic pathology laboratory. <b>C</b></li> <li>8. Resolve problems and readily adapt to</li> </ol>

	<p><i>demonstrate the ability to investigate and evaluate their gross surgical and autopsy pathology practices, appraise and assimilate scientific evidence, and improve their grossing practices.</i></p>	<p>new and/or changing situations and environments (e.g., labs, procedures, dictation style, etc.). <b>A &amp; C</b></p> <p>9. Demonstrate willingness and the ability to improve one's performance in patient care practices. <b>A &amp; C</b></p>
<p>Interpersonal and Communication Skills</p>	<p>Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.</p> <p><i>PA students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with pathologists and other health care professionals.</i></p>	<p>10. Ask intelligent questions and seek assistance when appropriate. <b>A &amp; C</b></p> <p>11. Convey complex information accurately in written, verbal, and photographic forms. <b>C</b></p> <p>12. Demonstrate communication and interpersonal skills that result in effective information exchange and collaboration with health care professionals, patients, and patients' families. <b>A &amp; C</b></p>
<p>Professionalism</p>	<p>Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p> <p><i>PA students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse population.</i></p>	<p>13. Recognize the importance of appropriate appearance/attire, regular attendance, punctuality, and preparedness. <b>A</b></p> <p>14. Understand the significance of honesty, accountability, and ethical practice. <b>A</b></p> <p>15. Work independently and as a reliable member of the health care team. <b>A</b></p> <p>16. Demonstrate a positive, supportive, and respectful attitude toward peers, colleagues, patients, and patients' families. <b>A</b></p> <p>17. Display sensitivity toward individual and cultural differences. <b>A</b></p>
<p>Systems-Based Practice</p>	<p>Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.</p> <p><i>PA students must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of</i></p>	<p>18. Assume a leadership role in educating the community and other health care professionals. <b>C</b></p> <p>19. Participate in research endeavors to further the knowledge base and advance the profession. <b>C</b></p> <p>20. Serve as a steward of the profession and promote the art and science of practicing anatomic pathology. <b>C</b></p> <p>21. Recognize the importance of continuing education and embrace the concept of lifelong learning. <b>A &amp; C</b></p>

	<i>optimal value.</i>	
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\* Six areas of competency based on the following article:

Connolly JL, Fletcher CDM, Frable WJ, Grimes MM, Ritter JH, Wick MR. Curriculum content and evaluation of resident competency in anatomic pathology: a proposal. 2003. American Society for Clinical Pathology. Available at: <http://www.ajcp.com/special/Articles/203320.html>. Accessed April 5, 2005.

Domains of educational activities:

**A** = affective

**C** = cognitive

**P** = psychomotor

**Pathologists' Assistant Program**  
**College of Health Professions**  
**Rosalind Franklin University of Medicine and Science**

Evaluation of Clerkship Learning Competencies

*Please circle the response which best reflects your current performance in the following areas of competency and write a brief narrative.*

	Requires additional attention	Performs adequately	Performs above average	Excels	No experience
<b>Patient Care</b>					
1. Able to formulate an accurate gross diagnosis or recognize the need for consultation.	1	2	3	4	0
2. Able to provide appropriate and effective gross consultation in the context of pathology services.	1	2	3	4	0
<b>Medical Knowledge</b>					
3. Demonstrates competency (e.g., care, skill, efficiency, etc.) in gross tissue description, dissection, and frozen section preparation.	1	2	3	4	0
4. Demonstrates competency (e.g., care, skill, efficiency, etc.) in autopsy techniques including evisceration and block dissection.	1	2	3	4	0
5. Able to summarize clinical histories and formulate clinical pathological correlations.	1	2	3	4	0
<b>Practice-Based Learning and Improvement</b>					
6. Able to employ analytical skills to assess one's grossing practices.	1	2	3	4	0
7. Applies principles of evidence-based medicine, utilizing available and appropriate resources, to his/her practice in the anatomic pathology laboratory.	1	2	3	4	0
8. Able to resolve problems and readily adapt to new and/or changing situations and environments (e.g.,	1	2	3	4	0

labs, procedures, dictation style, etc.).					
9. Demonstrates willingness and the ability to improve one's performance in grossing practices.	1	2	3	4	0
	Requires additional attention	Performs adequately	Performs above average	Excels	No experience
<b>Interpersonal and Communication Skills</b>					
10. Asks intelligent questions and seeks assistance when appropriate.	1	2	3	4	0
11. Conveys complex information accurately in written, verbal, and photographic forms.	1	2	3	4	0
12. Demonstrates communication and interpersonal skills that result in effective information exchange and collaboration with pathologists and other health care professionals.	1	2	3	4	0
<b>Professionalism</b>					
13. Recognizes the importance of appropriate appearance/attire, regular attendance, punctuality, and preparedness.	1	2	3	4	0
14. Understands the significance of honesty, accountability, and ethical practice.	1	2	3	4	0
15. Works independently and as a reliable member of the health care team.	1	2	3	4	0
16. Demonstrates a positive, supportive, and respectful attitude toward peers and colleagues.	1	2	3	4	0
17. Displays sensitivity toward individual and cultural differences.	1	2	3	4	0
<b>Systems-Based Practice</b>					
18. Assumes a leadership role in educating the community and other health care professionals about the Pathologists' Assistant Profession	1	2	3	4	0
19. Participates in research endeavors					





4. Were the resources at the site adequate to support your clinical training (e.g., up-to-date materials, adequate numbers of specimens, autopsies, etc.)?

-----	-----	-----	-----	
1	2	3	4	5
not at all		somewhat		very much so

Comments: \_\_\_\_\_

5. Did you receive adequate feedback regarding your performance at the gross bench?

-----	-----	-----	-----	
1	2	3	4	5
not at all		somewhat		very much so

Comments: \_\_\_\_\_

6. How would you rate the practicum experience overall?

-----	-----	-----	-----	
1	2	3	4	5
poor		fair		excellent

Comments: \_\_\_\_\_

7. Would you recommend this practicum to other students?

-----	-----	-----	-----	
1	2	3	4	5
not at all		somewhat		very much so

Comments: \_\_\_\_\_

Clinical orientation emphasized at the site: \_\_\_\_\_

Types of specimens grossed during the quarter: \_\_\_\_\_

Skills you feel you learned during the quarter: \_\_\_\_\_

### **EVALUATION OF SUPERVISION**

1. Who functioned as your primary practicum supervisor(s)? Were there any additional people involved in your supervision?

\_\_\_\_\_  
\_\_\_\_\_



- 9. Provides feedback regarding both verbal and nonverbal dynamics of grossing. \_\_\_\_\_
- 10. Monitors ethical concerns. \_\_\_\_\_
- 11. Monitors legal concerns. \_\_\_\_\_
- 12. Demonstrates sensitivity to multiple, contextual issues:
  - Racial \_\_\_\_\_
  - Ethnic \_\_\_\_\_
  - Gender \_\_\_\_\_
  - Sexual orientation \_\_\_\_\_
  - Religious/spiritual \_\_\_\_\_
  - Age \_\_\_\_\_
  - Disability \_\_\_\_\_
- 13. Keeps supervisory boundaries clear. \_\_\_\_\_
- 14. Recognizes own limitations in providing supervision. \_\_\_\_\_
- 15. Models work for supervisee. \_\_\_\_\_

Comments:

## **Examination & Round-up Schedule**

Exam Schedule – All exams will be on-line, accessible via D2L, and will be up for the first four (4) days of each month. Dates and Topics are outlined here.

7/1 – 7/4	General Pathology I
8/1 – 8/4	General Pathology II
9/1 – 9/4	General Pathology III
10/1 – 10/4	General Pathology IV
11/1 – 11/4	Surgical Pathology I
12/1 – 12/4	Surgical Pathology II
1/1 – 1/4	Surgical Pathology III
2/1 – 2/4	Autopsy Pathology
3/1 – 3/4	Normal Histology and Gross Pathology

### Round-up Schedule

8/8	Summer Round-up
10/31	Fall Round-up
1/30	Winter Round-up
4/9 & 4/10	Spring Round-up

Portfolio submissions, evaluations and narratives must be received by the department one week (7 days) before the round-up, by the following due dates:

8/1  
10/24  
1/23  
Final Portfolio Submission due on 4/9

## Portfolio Guidelines

Evaluation of students during their clerkship training is primarily accomplished through submission of quarterly evaluative portfolios and in a summative fashion at conclusion of the clerkship experience (the final portfolio submission will be retained by the department). The portfolio provides documentation of the process of learning and documentation of completion of the second-year learning goals and objectives. Documentation may come from a variety of sources (student, preceptor, etc.), through multiple methods or artifacts (reflective essays, dictations, specimen photographs, etc.) and should span the entire ten months of training.

Portfolios should be organized around the *Program Learning Goals, Surgical and Autopsy Pathology Learning Goals and Objectives* and the *Clerkship Competencies*. For each goal and objective there will be documentation of your mastery of the stated learning outcome or for the quarterly submissions your progress towards mastery of each goal and objective. Clerkship competencies are to be evaluated based on the *Evaluation of Clerkship Competencies* form which is to be completed quarterly by the student and the preceptor. Additional documentation to demonstrate mastery of the competencies should be submitted in the portfolio and may include quarterly written evaluations by the preceptor/clinical coordinator and reflective essays on the student's progress at gaining mastery or demonstration of mastery of the competencies. At the quarterly on-campus round-ups, students will present the work on their portfolios to date for discussion with their peers and feedback from program faculty.

Portfolios are to also include a section containing daily journal entries, discussing the cases done in a given day (arranged by CPT code) and any additional learning experiences encountered along with reflection of those experiences.

Guidelines for the minimum amount of evidence required for demonstrating mastery of the goals and objectives are listed below. The examples of evidence should form a starting point for the construction of your portfolio and you should use your portfolio as a unique expression of the unique experiences you have in the clinical setting which have led to your mastery of the learning goals and objectives.

### **Programmatic Learning Outcomes**

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Upon completion of the 22 month Masters Degree Program for Pathologists' Assistants students will be able to:

Conduct the practice of a Pathologists' Assistant in a professional manner by:

#### **1. Engaging in an evidence-based medicine practice within the anatomic pathology laboratory.**

*Evidence: Define evidence-based medicine and site a specific example of when you have engaged in evidence-based practice.*

**2. Synthesizing clinical information from various sources to present comprehensive clinical pathologic correlations.**

*Evidence: Define the phrase “clinical pathologic correlation” and submit a specific example from the gross bench and the autopsy suite where you have made clinical pathologic correlations. (You may submit a de-identified final autopsy report as part of your documentation.)*

**3. Communicating complex anatomic pathology information effectively in written, verbal and photographic forms.**

*Evidence: Submit sample dictations, autopsy reports and gross specimen photographs. (Submitted in partial fulfillment of specific surgical and autopsy objectives.)*

**4. Discerning normal structure and function of organs, tissues and cells from pathologic changes as demonstrated by selecting appropriate techniques for collecting, handling, submitting and processing specimens.**

*Evidence: Discuss a situation where you had to go back to a case and submit additional tissue and reflect on what you learned from that experience (if you have not had to submit additional tissue, then discuss situations that you may be asked in the future to submit additional tissue). Describe why selecting the appropriate techniques for collecting, handling, submitting and processing specimens is vital for the pathologists’ assistant. (Additional documentation may come in the form of narratives provided by your preceptor/clinical coordinator.)*

**5. Recognizing the dignity of their patients and their responsibilities to the family and community at large.**

*Evidence: Submit a reflective essay addressing the uniqueness of every surgical specimen and the role and professional responsibility pathologists’ assistants have in ensuring the highest quality of care possible for the patient.*

**6. Providing leadership in the laboratory through an understanding of management techniques and the operations and services provided in the anatomic pathology laboratory to facilitate efficiency and productivity.**

*Evidence: Site a specific instance when you exhibited leadership in the laboratory which resulted in increased efficiency and productivity.*

**7. Acting as stewards of the profession for students, colleagues and the public through education and research into the art and science of the practice of anatomic pathology.**

*Evidence: Discuss a situation in which you have acted as a steward of the profession, promoting (educating) another persons understanding of pathologists' assistants and develop a sample research project idea which may help promote the profession and the utilization of pathologists' assistants.*

## **Surgical Pathology Learning Goal and Objectives**

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The goal of the surgical pathology portion of the anatomic pathology clerkships is to provide the student the opportunity to develop skills in the preparation, gross description, and dissection of surgical specimens via hands-on training.

By the end of the anatomic pathology clerkships, the student should be able to:

- 1. Outline the standards that the College of American Pathologists (CAP) requires for surgical pathology.**
  - i. Evidence:*
    - 2) *Record your reflections of the overall standards of the CAP Standard Checklist for surgical pathology and specifically address the following standards, sighting examples from your clinical experience: Procedure Manual #1, Safety #1, Quality Management #2, Intraoperative Consultations #4, and Surgical Pathology Reports #6.*
- 2. Assure correct specimen accessioning.**
  - i. Evidence: Submit a narrative description of the steps involved in specimen accessioning. Discuss common accessioning errors (and if applicable describe specific examples of accessioning errors you've observed or been involved in) and propose quality control policies and procedures to reduce these errors.*
- 3. Obtain pertinent clinical information and data required for prosection from the requisition, medical records, consultation with the pathologist(s) and other clinical providers, etc.**
  - i. Evidence: Discuss how you would obtain clinical information on a specimen you receive with no clinical information listed on the specimen requisition.*
- 4. Identify common situations that require expedited processing of a pathology specimen.**
  - i. Evidence: List the specimens commonly requiring expedited processing and provide a rationale for why expedited processing is indicated.*
- 5. Discuss the common indications for intraoperative consultation.**

- i. Evidence: List the specimens commonly submitted for frozen section diagnosis and the rationale for the frozen section. Discuss other non-frozen section intraoperative consultations which may occur.*

**6. Describe gross anatomic features and specimens clearly and concisely in the form of dictation.**

- i. Evidence: Submit de-identified sample dictations.*
  - 1. Round-up #1 = two sample dictations per CPC code for 88300, 88302, 88304 and 88305*
  - 2. Round-up #2 = two sample dictations per CPC code for 88300, 88302, 88304, 88305 (different from above) and 88307*
  - 3. Round-up #3 = two sample dictations per CPC code for 88300, 88302, 88304, 88305, 88307 (different from above) and 88309*
  - 4. Round-up #4\* = five sample dictations per CPC code for 88300, 88302, 88304, 88305, 88307 and 88309 (different from above)*

*\*If your last rotation is at a pediatric or other specialty site (e.g.: primarily autopsy), please contact Ms. Woodard to discuss dictation submission requirements.*

**7. Identify, under pathologist supervision, tissue to be submitted for frozen section diagnosis, prepare frozen sections competently (e.g., with care, skill, and efficiency, etc.), and effectively manage problems with suboptimal frozen sections.**

- i. Evidence: Submit a reflective essay on a frozen section you have participated in, and discuss the common problems which may arise during the frozen section process and provide a specific example you have observed or have been involved in, if applicable, and how these problems were managed to allow for an accurate and timely frozen section diagnosis.*

**8. Demonstrate competency (e.g., care, skill, efficiency, etc.) at prosection for routine and complex surgical specimens.**

- i. Evidence: Self-appraisal and narrative feedback from preceptor/clinical coordinator.*

**9. Perform special procedures such as Faxitron imaging and tumor triage.**

- i. Evidence: Submit a reflective essay addressing the various special procedures you have performed while at your clinical site.*

**10. Manage workflow effectively in the gross room.**

- i. *Evidence: Submit a reflective essay on the competing interest in the gross room for your time (frozen sections, routine biopsies, complex surgical resections, conference preparation, etc.) and how you prioritize and manage your time and the workflow effectively.*

**11. List procedures for locating a missing specimen such as a block, slide, or tissue.**

- i. *Evidence: Draft a sample protocol/policy for missing or lost specimens.*

**12. Demonstrate proficiency at taking gross photographs of pertinent findings.**

- i. *Evidence: Submit a minimum of five gross photographs (with accompanying dictations) per round-up along with a critique of the photo (Is it a good photo? Does it effectively demonstrate what I'm trying to show? etc.)*

**13. Explain the basic principles of informatics in anatomic pathology and effectively utilize the Laboratory Information System (LIS) and local computer network.**

- i. *Evidence: What is the LIS used at your clinical site? Evaluate the pros and cons of the system and discuss your day-to-day utilization of the system.*

**14. Perform other related job functions as needed such as laboratory maintenance, administrative tasks, and assisting with conference preparation.**

- i. *Evidence: Submit examples of your participation in other job related functions.*

**Autopsy Learning Goal and Objectives**

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The goal of the autopsy portion of the anatomic pathology clerkships is to provide the student the opportunity to develop skills in the preparation of human postmortem examinations via hands-on training.

By the end of the anatomic pathology clerkships, the student should be able to:

**1. Determine whether proper legal authorization for an autopsy procedure has been obtained and the appropriate authorities to contact prior to the autopsy.**

*Evidence: Describe how you would determine whether proper legal authorization has been obtained for an autopsy and discuss the common indications which would make for a potential medical-legal case.*

**2. Explain the necessary procedures to ensure the safety of those in the autopsy suite.**

*Evidence: Draft a sample set of procedures for ensuring the safety of personnel in the autopsy suite.*

**3. Collect pertinent clinical information and data (e.g., from existing medical records, clinical providers, etc.) to reconstruct the deceased patient's medical history.**

*Evidence: Submit a sample de-identified write up of a deceased patient's medical history from an autopsy you were involved in.*

**4. Distill the essential parts of the medical history into likely manner, cause, and mechanism of death.**

*Evidence: Submit a de-identified sample Preliminary Anatomic Diagnosis (PAD) from an autopsy case you participated in and discuss the pertinent gross findings which support the likely manner, cause and mechanism on the PAD.*

**5. Recognize when it is necessary to seek consultation on a case from the attending pathologist(s).**

*Evidence: Describe when it would be appropriate to seek consultation on a case. (Site specific examples if applicable.)*

**6. Conduct systematic and thorough external examinations and *in situ* organ inspection.**

*Evidence: Develop a systematic protocol for performing external examinations and *in situ* organ inspection.*

**7. Selecting, preparing, and submitting appropriate gross tissue sections for frozen section analysis and microscopy.**

*Evidence: Site examples of when a frozen section might be indicated in an autopsy.*

**8. Demonstrate common evisceration techniques including the Rokatsky Method, the Virchow Method, as well as brain and spinal cord removal.**

*Evidence: Submit a reflective narrative outlining the procedures above and of your experiences performing them. (Additional documentation may come in the form of written assessment of your technique from the preceptor/clinical coordinator.)*

**9. Demonstrate competency (e.g., care, skill, efficiency, etc.) at block and organ prosection.**

*Evidence: Submit a reflective narrative outlining block and organ prosection and of your experiences performing them. (Additional documentation may come in the form of written assessment of your technique from the preceptor/clinical coordinator.)*

**10. Discern abnormalities and/or pathologic changes encountered during the autopsy and dictate or record the findings accurately.**

*Evidence: Submit a narrative description of a specific gross pathologic change which you have observed during an autopsy and how you discerned the change to be abnormal and associated with a particular disease process.*

**11. Obtain biological specimens such as blood, tissue, and toxicology material for analysis.**

*Evidence: List common indications for the procurement of blood, tissue and/or toxicology material for analysis in an autopsy.*

**12. Indicate when special studies are needed such as non-routine cultures, special evaluation of bones, sinus cavities, and other tissues not routinely evaluated.**

*Evidence: List common settings where special studies may be indicated in an autopsy and describe those special studies.*

**13. Demonstrate proficiency at taking gross photographs of pertinent findings.**

*Evidence: Submit sample gross photographs from autopsies you have participated in along with a description of what the photo is demonstrating, and assess the quality of the photograph in terms of its effectiveness as a communication tool.*

**14. Summarize patient information and autopsy findings clearly and concisely for oral and written presentation.**

*Evidence: Submit a reflective narrative on your experiences presenting gross autopsy findings to an attending pathologist and/ or at an autopsy conference and submit a de-identified autopsy report which you have written (may be a mock report and not the one actually used for the case).*

**15. Outline the proper procedure for preparing the body for release and releasing the body to the appropriate mortuary or funeral home representative.**

*Evidence: Outline the procedure for preparing and releasing a body from the*

*autopsy service.*

**16. Perform other related job functions as needed such as laboratory maintenance, administrative tasks, and assisting with conference preparation.**

*Evidence: Submit examples of your participation in other job related functions.*

# SAMPLE GROSS LOG/DAILY JOURNAL 1

DATE	TIME IN/TIME OUT	HRS	SUPERVISOR
9/22/2008	0800-1650	8.5	Dr. Taylor
<b>CPT CODES</b>	<b>SPECIMEN</b>		
88300	Implant x2 Hardware		
88032	Rt/Lt tube sterilization x2 Foreskin Sinus contents		
88304	Gallbladder x4 Abdominal mass Pannus x2 Appendix x4		
88305	ECC x3 POC x2 Placenta x3 Spleen		
88307	Liver wedge Skin, melanoma w/ Frozen Lymph nodes x2 w/ Frozen Radical neck dissection levels Prostate LEEP x3		
88309	Whipple Colon x2		

Today was an great, but SUPER busy. I did 59 cases, attended tumor board, watched my first autopsy and grossed all afternoon. I was unable to participate in the autopsy as there were 2 residents assigned the case, but I did get to review the chart and learn how to write a PAD. I grossed in my first Whipple. It was a little more complicated than I thought, but I followed the vessels and ducts, found the tumor and was able to take good sections and show the relationship of the tumor to the ducts and ampulla of Vater. I took photos to use in my portfolio. I look forward to more autopsies, but ones that I am allowed to do. The schedule for tomorrow looks busy with more frozens. Want to practice as many as I can since I'm still a little slow. Overall, got some really cool cases and frozens with ORCs; I like going to the surgical suite and the fast pace of frozen; the rush I get from doing them. Did some touch preps on a couple suspicious LNs and sent tissue for flow in RPMI- another new procedure I had to learn how to do. I started the day by going over my dictations from yesterday, which went relatively quick. Not too many errors from transcription. The colons took longer than I thought because of the LN search, but I found 67 on one of them- think Dr. Taylor might be mad tomorrow, but we were taught to find as many as we could and that's how many I got. There is still much controversy over the LN search here- wonder if other classmates are having the same issues. We are also losing a PA and a pathologists in the next couple of months so that will mean even more work, longer days and new employees who may not know what they're doing. Sometimes I wonder about this place....

I'm tired, but now I have to study since we have an upcoming exam and I need to keep up on my portfolio! It is coming along nicely. I have some great photos, my dictations are improving and I'm completing objectives! Now if only the exams were easier.....

## SAMPLE GROSS LOG/DAILY JOURNAL 2

Tuesday, July 24, 2008

Time in 0830

Time out 2000

<u>88300</u>	<u>88304</u>	<u>88305</u>		<u>88307</u>
Foreign body	Foreskin	ECC x4	EMC	Placenta x2
	Punch bx	Cervical BX x7	Lung bx	LEEP x2
		EMB x3	Lip bx	Liver bx
		Ellipse x3	Fibroid	
		Colon bx x4		

Today was another super busy day for the cryostat. There was a patient having a bowel mass removed and we got margins (which were positive), nodes (+), and previously biopsied sites. I did a few, Shelia did a few, and Dr. Young did one (Shelia and I were at lunch). I just need to remember to change the stain in the morning - it was getting pretty gunky. Dr. Harper came in and said there were 3 autopsies. I needed to stay in the gross room during the afternoon because we were so busy, so I missed the first one. I went to the morgue at 5pm, just in time to get in on the second one. It was neat. When Dr. Harper was finished, he said there were things he had to before the third (a baby) and it was already 8pm, so I left for my 1.5hr drive home and missed the third.

**Rosalind Franklin University of Medicine and Science  
College of Health Professions**

**Pathologists' Assistant Department**

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**Rosalind Franklin University of Medicine and Science  
Pathologists' Assistant Program**

**A Note on Dictating**

Every site you rotate at will have its own unique way of dictating. For that matter, every pathologist you work with at a clinical site may have their own way of dictating. As a student physician extender it is your responsibility to dictate according to the individual site/pathologists desires. Learning to dictate in a variety of styles will provide you with valuable experience and will help you forge your own professional dictating style.

When first dictating, follow the direction of your clinical preceptor. For additional guidance you may refer to the surgical pathology manual at your clinical site. Additionally, you may refer to the grossing manuals and your notes from Clinical Correlations and the College of American Pathologists (CAP) web-page: [www.cap.org](http://www.cap.org), specifically: [http://www.cap.org/apps/docs/cancer\\_protocols/protocols\\_index.html](http://www.cap.org/apps/docs/cancer_protocols/protocols_index.html)

While on your surgical pathology rotations, it is advised that you look at the OR schedule for the following day and write down the procedures that are being performed. First, review the anatomy of the expectant surgical specimen. Second, look in Robbins and review the spectrum of pathologies associated with the expectant specimen. Third, look at a grossing manual and review what you are going to do with the specimen once you receive it. By following these steps the night before you will be prepared to tackle even the most difficult of specimens, or in the beginning at least be able to ask intelligent questions about how to handle these specimens.

## Gross Terminology

Abrasion – scraping away  
Adhered – attached to  
Adnexa – accessory parts of a structure  
Anemic – lacking in blood, bloodless  
Bosselated – covered with small rounded eminences  
Calcific – containing calcium  
Callous – hard, callus-like  
Cavernous – containing hollow spaces or caverns  
Cavity – hollow space  
Circumferentially – outer boundary  
Circumscribed – limited in space, encircled, contained within  
Concave – having a spherically depressed surface (opposite of Convex)  
Confluent – running together  
Contiguous – closely associated  
Convex – curved evenly (opposite of Concave)  
Cribiform – sievelike  
Crusted – exudation of scab-like  
Cystic – closed epithelial lined cavity or sac  
Cylindrical – column-like, shaped like a cylinder  
Discrete – separate, distinct, unrelated  
Demarcated – within a certain boundary  
Diffluent – soft, mushy  
Elevated – raised  
Elliptical – a closed curve in the form of a symmetrical oval  
Elongated – lengthened, stretched  
Encrusted – covered with a hard outer layer  
Eroding – wearing away, disintegrating  
Everted – turned outward  
Excavating – hollowed out, forming a depression  
Excoriated – abrasive surface  
Excrescence – outgrowth  
Exudative – oozing of fluids  
Fenestrated – having openings  
Fetid – having a disagreeable odor  
Filamentous – covered with long thread-like structures  
Firm – not yielding easily under pressure  
Fish-Flesh – (lymphoma) soft white, glistening, homogeneous tissue  
Fistula – abnormal passage between separate organs/regions  
Fleshy – soft tissue  
Focal – occurring at a particular area  
Follicular – pertaining to follicles, sacs or cavities  
Fungating – protruding, rapidly growing fungus like-mass  
Gangrenous – necrosis followed by putrefaction  
Gelatinous – semisolid, coagulum-fluid mass

Globular – spherical  
Granular – fleshy projections, roughened by prominences  
Hemorrhagic – extravasated blood  
Homogeneous – uniform in structure or composition  
Indurated – hardened  
Invasive – the ability to break barriers  
Inverted – turned inward or upside down  
Labial – lip-like  
Lacerated – irregular tear, torn or broken  
Laminated – arranged in layers  
Luminal – the space within a tubular structure  
Macule – pigmented flat spot  
Membranous – thin, soft, pliable covering or lining  
Mottled – marked with discolored areas  
Mucinous – mucus-like  
Mucoid – similar to mucin  
Myxoid – mucoid, mucus-like  
Necrotic – dead tissue  
Ossified – bonelike  
Papilla – small protuberance or elevation  
Papillary – nipple-like  
Papule – solid pigmented, circumscribed elevation of skin  
Pedunculated – stem or stalk-like  
Penetrating – entering within a part  
Polygonal – solid with several plane surfaces  
Protuberant – prominent beyond a surface  
Purpuric – hemorrhagic condition under a surface  
Sabulous – gritty  
Scabrous – shaggy  
Sequestered – isolated  
Septate – divided by a wall or partition  
Sessile – attached by a broad base  
Spongiosis – intercellular edema  
Serpentine – coiled, twisted, winding  
Serpiginous – spreading effect  
Serrated – saw-like notches  
Tenacious – adhesive nature  
Translucent – not clear but light passes through  
Transparent – light passes through clearly  
Variegated – of different colors in spots or streaks  
Verrucoid – wart-like  
Viscid – adhering, sticky  
Viscous – gummy, gelatinous  
Viscus – any internal organ enclosed within a cavity

CPT CODES SCAN 001

CPT CODES SCAN 005

CPT CODES SCAN 006



## PATHOLOGISTS' ASSISTANTS, PA(ASCP)

Suggested Reading for Examination Preparation

**This**

***distribution does not indicate endorsement by the Board of Registry, American Society for Clinical Pathology; nor does the Society wish to imply that the content of the examination will be drawn solely from these publications.***

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### TEXTS

#### ANATOMY

Haines, D. E. (2003). *Neuroanatomy: An atlas of structures, sections, and systems* (6<sup>th</sup> ed.).

Philadelphia: Lippincott Williams & Wilkins

Hall-Craggs, E.C.B. (1995). *Anatomy as a basis for clinical medicine* (3<sup>rd</sup> ed.). Baltimore: Williams & Wilkins.

Netter, F. H. and Hansen J. T. (2002). *Atlas of human anatomy* (3<sup>rd</sup> ed.). Teterboro, New Jersey: ICON Learning Systems.

#### AUTOPSY

Finkbeiner, W.E.; Ursell, P.C.; and Davis, R.L. (2004). *Autopsy pathology: A manual and atlas*.

Philadelphia: Churchill Livingstone.

Sheaff, M. T. and Hopster, D. J. (2004). *Post mortem technique handbook* (2<sup>nd</sup> ed.). London: Springer-Verlag.

Ludwig, J., (2002). *Handbook of autopsy practice* (3<sup>rd</sup> ed.). Humana Press.

#### CLINICAL PATHOLOGY

Ravel, R.; (1995). *Clinical laboratory medicine: Clinical applications of laboratory data* (6<sup>th</sup> ed.) St.

Loius: C.V. Mosby.

Wallach, J. B. (2000). *Interpretation of diagnostic tests* (7<sup>th</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

#### GENERAL PATHOLOGY

Kumar, V.; Fausto, N.; and Abbas, A. (2004). *Robbins & Cotran pathologic basis of disease* (7<sup>th</sup> ed.). Philadelphia: W. B. Saunders Company.

#### FORENSIC PATHOLOGY

Di Maio, V. J. M. and Dana S. E. (1998). *Handbook of forensic pathology*. Austin : Landes Bioscience.

Di Maio, V. J.M. and Di Maio, D. (2001). *Forensic pathology*. (2<sup>nd</sup> Ed.). Boca Raton, FL: CRC Press.

#### HISTOLOGY

Carson, F. (Ed.) (1997). *Histotechnology: A self-instructional text* (2<sup>nd</sup> ed.).

Chicago: ASCP Press.

Young, B. and Heath, J.W. (Eds.). (2000). *Wheater's functional histology* (4<sup>th</sup> ed.). New York: Churchill Livingstone.

#### LABORATORY MANAGEMENT

Varnadoe, L.A. (1996). *Medical laboratory management and supervision: Operations, review and Study guide*. Philadelphia: F.A. Davis Company

#### **PERINATAL PATHOLOGY**

Wigglesworth, J. S. (1996). *Perinatal pathology (major problems in pathology)* (2<sup>nd</sup> ed.).

Philadelphia: W.B. Saunders Company.

Stocker, J. T. and Dehner, L.P. (Eds.) (2001). *Pediatric pathology* (2<sup>nd</sup> ed.). Philadelphia: Lippincott Williams & Wilkins

#### **SURGICAL PATHOLOGY**

Greene, F.L.; Page, D.L.; (et al) (Eds.). (2002). *AJCC Cancer staging manual*. (6<sup>th</sup> ed.). New York: Springer-Verlag.

Lester, S. C. (Ed.). (2001). *Manual of surgical pathology*. New York: Churchill Livingstone.

Lowe, D.G. (1990). *Surgical pathology techniques*. Mosby Yearbook Inc.

Westra, W. H.; Hruban, R.H.; Phelps, T. H; and Isacson, C. (2003). *Surgical pathology dissection: An illustrated guide*. (2<sup>nd</sup> ed.). New York: Springer-Verlag.