Report from Residency Training Program

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Pylyp Zolotarov, PGY3
Chief and Assistant Chief Residents

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January 14th, 2017
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Attempt Polling Site Log-In

- Please direct your phone and / or laptop / tablet, web-enabled doohickey to

https://pollev.com/jasonkaramch640

Today's Goals

1. Briefly review accomplishments, changes, and improvements of the last year (7 mins)
2. Discuss upcoming changes at the national level of how pathology residents are trained (3 mins)
3. Resident presentation (10 mins)
4. Open discussion based on real-time interactive polling

Accreditation - Congratulations!

- We await final report from PGME but we were advised at the end of our site visit that they would recommend full accreditation
- This positive results reflects engagement of the entire faculty and the residents
- Next accreditation is in 2019
  - External, will be assessed directly by the Royal College
- Special thanks to Eileen for dozens of hours of work
  - “This was one of most organized PSQ submissions we have seen…”

New Resident Rooms at MUHC Glen Site

- Residents have separated desks - more suited to handling cases and studying
- Sincere thanks to many people who worked extremely hard to make this happen:
  - Marie Vachon & Laurie Ball
  - Kevin Watters and & Van-Hung Nguyen
  - Amal Al-Odaini & Duc-Vinh Thai
  - MUHC personnel

- These improvements will help us continue to recruit excellent residents

Request for Funding

- MUHC received medical equipment teaching funding from the 2016 competition:

Dual Observation Unit	$4,732.00 (tax incl.)
5 x teaching microscopes	$43,216.00 (tax incl.)
2 x high infinity HD cameras	$5,824.00 (tax incl.)
1 x high definition monitor	$6,588 (tax incl.)
Total funding amount:	$60,360 (tax included)

- Start thinking about next year's requests now!

Recent Changes to the Program

- Introduced annual resident retreat
- Autopsy coverage
- Frozen section coverage (call, JFS, longitudinal exposure)
- Mandatory QA/QC projects
  - Notable resident successes:
    - Decal project
    - MOC-31 validated for alcohol-fixed tissues
    - p16 for use in FNA tissues
  - Many more ongoing!
- Pilot project: Autopsy – Transition to Practice

Resident Report 2015-2016: Summary of Projects and Issues

1. Table of Contents

Challenges

- As workload goes up and the number staff stays constant we have less time to devote to teaching
- Sub-specialty practice is the reality of academic pathology in almost all medium-large centers
- Capacity issues (difficulty accommodating observers, etc.)
- Evaluations are demanding
  - In 1st half of 2017 we will be changing our evaluations
  - Evaluation is going to be a bigger part of PGME in coming years

I feel a change comin’ on

- The way residents are trained across Canada is changing
- Expected start for pathology and Competency By Design is 2018
- Next specialty committee meeting is Feb
- Last meeting is in June
- One year to plan local implementation
- The details are still currently unknown

Cohort 3

Neurosurgery, Cardiac Surgery, Pediatrics, Anatomical Pathology, General Pathology, Radiation Oncology, Emergency Medicine, Critical Care Medicine, General Internal Medicine and Nephrology.

2016

Specialty Committee begins working with Royal College to prepare discipline for CBD

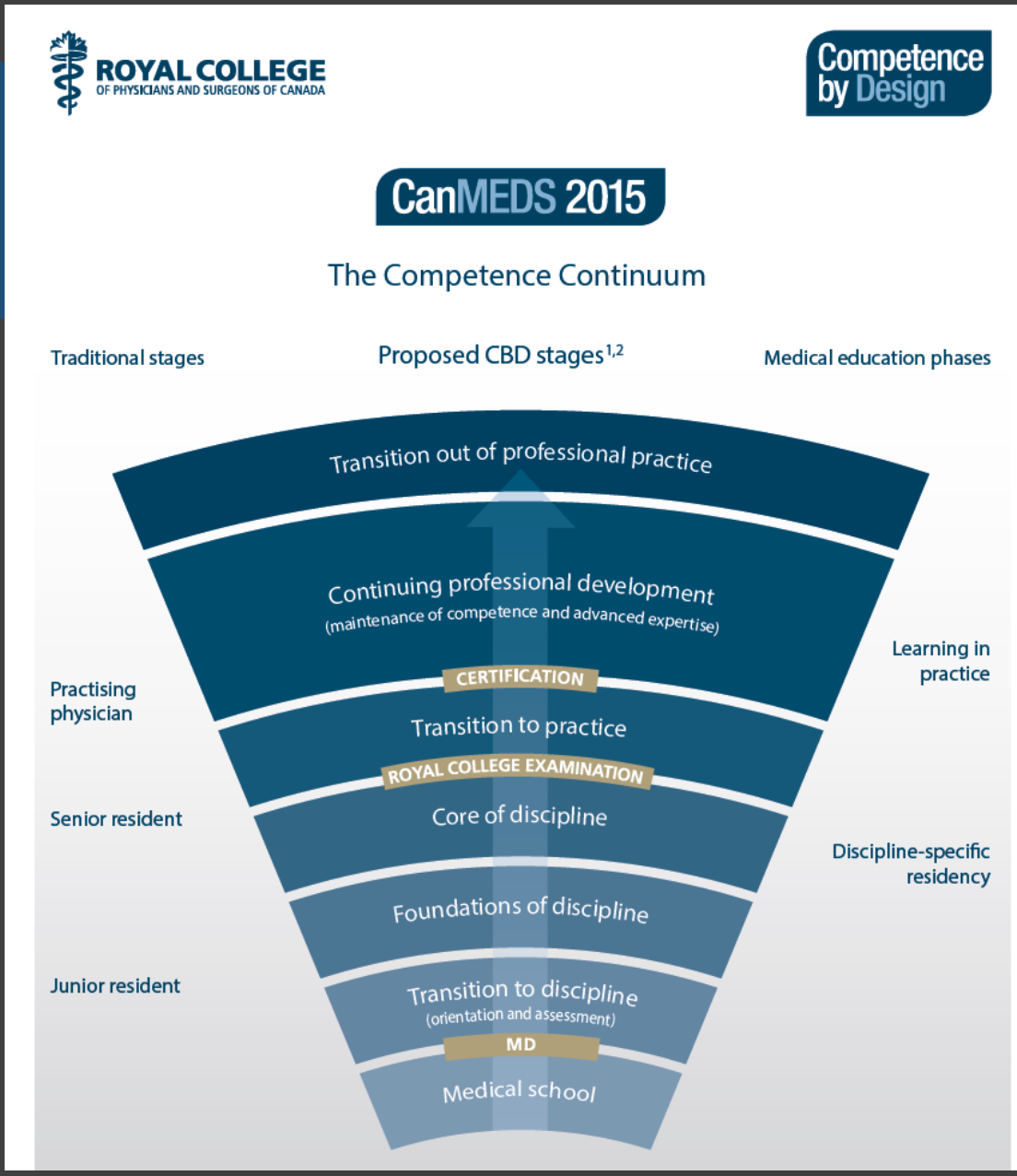
2018* and on

Residents will likely enter into a CBD-based program

*Residents entering a Cohort 3 discipline from this year forward will likely experience CBD-based learning and assessment. As each discipline adopts CBD, the overall model for implementation will be refined and enhanced to better reflect stakeholder needs.

CBD

- LMCC part 2 likely to be phased out
- Not clear how current ‘intern’ year fits
- We are in best position in the country for the ‘Transition to Discipline’
- We have been trying to prospectively anticipate these changes when building new academic content



McGill Pathology Resident Retreat 2016-2017 Outcomes

January 21st 2017

Duc-Vinh Thai, PGY4

Pylyp Zolotarov, PGY3

Chief and Assistant Chief Residents for 2016-2017

Accomplished Objectives in 2016

- **Intra-Operative Consultation/Frozen Section Rotation**
  - Successful implementation in PGY2-5 training
  - Better preparation for IOC/FS call duties
- **Transition to Pathology**
  - Rotation moved to the beginning of PGY1 (periods 2-3)
  - Addition of a normal histology glass slide collection
- **Monday Morning Teaching**
  - Addition of a QA/QC topic
  - More emphasis on problem-solving and approach to diagnoses
- **New Furniture for the Glen Residents Room**

McGill Pathology Resident Retreat 2016-2017

Held on November 14th 2016

Attended by 23 of 25 residents and fellows

- Including 2 visiting Sherbrooke residents

Rationale of the Meeting

- To discuss minor and major **deficiencies** in the residency training as perceived by residents
- To determine concrete suggestions and actionable, immediately implementable **solutions**

Some Current Challenges Faced by Residents

Rapid histologic pattern recognition skills

Reactivating previously learned concepts

Self-assessing adequacy of their level of knowledge

Meeting expectations of staff pathologists, according to their level of training

Histologic Pattern Recognition Skills and Reactivating Previously Learned Concepts

Plan for 2017

- Informal “potpourri” slide seminars, outside of the Monday Morning Teaching
- 10 digital or glass slides/month with case discussions
- Sit-downs with Dr Karamchandani
  - Initially, but staff pathologists of different subspecialties will be encouraged to participate

Meeting Rotation Expectations Through Better Feedback

Current Challenges

- Service-base rotations with multiple evaluators involved
- Generic feedback and final evaluation (One45, pending competency-by design rotation objectives in 2018)

Plan for 2017+: Daily-Weekly Feedback

- Timely, applicable and practical narrative feedback to residents
  - Competency that was well done & one that could be improved
- Different contributors (verbal or written)
- Designated rotation evaluators (header or aggregator)

(OPTONAL) 1. Assess the resident's performance for the different tasks and responsibilities, according to his/her level of training.

TASKS BEFORE THE IOC/FS	Not applicable	Should be Improved	Was Well Done
• **Triage OR schedule the day before and prepare a case summary with pertinent clinical, radiographic and pathology histories.**			
• **Know the IOC techniques and standard operating procedures**			
• **Know the frozen section room workflow (OR, Cerner data entries, grossing lab)**			

TASKS DURING THE IOC/FS	Not applicable	Should be Improved	Was Well Done
• **Perform all IOC/FS either independently or with the technician's help, depending on the resident's level of confidence**			
• **Select and perform appropriate IOC/FS techniques:** Frozen section, cytology preparations, staining and mounting slides, etc.			
• **Correlate macroscopic and microscopic findings to reach diagnosis**			

TASKS AFTER THE IOC/FS	Not applicable	Should be Improved	Was Well Done
• **Complete the intraoperative consultation sheet appropriately**			
• **Report the findings to the clinician**			
• **Know how to perform disinfection of the working area and cryostat for high risk infections**			

2. Provide a practical example of a competency that was well done by the resident.

Examples: technical and diagnostic skills, writing and communicating pathology diagnoses, collaborating with colleagues, advocating quality assurance/quality control, teaching skills, professionalism, etc.

3. Provide a practical example of a competency that should be improved by the resident.

Examples: technical and diagnostic skills, writing and communicating pathology diagnoses, collaborating with colleagues, advocating quality assurance/quality control, teaching skills, professionalism, etc.

Meeting Rotation Expectations Through Better Self-Assessment Tools

Current Challenges

- Unclear expectations of what residents should know at their level
- Rotation objectives not always clear enough

Current Successes: Pediatric Pathology (Glen), IOC/FS (Glen), Placental Pathology (Glen)

- Clarified list of tasks, responsibilities and pathologic entities to know by residents
- “Must See, Must Read, Must Know” lists

- **RESPIRATORY SYSTEM**
  - CCAM and other cystic lesions of the lung, including pleuropulmonary blastoma
- **GASTROINTESTINAL AND LIVER**
  - Hirschsprung's
  - Necrotizing enterocolitis
  - Eosinophilic enteropathy and esophagitis; IBD in children; Celiac; Autoimmune enteropathy; Gastrointestinal duplication; Mesenteric cysts; Meckel's diverticulum; Intussusception; Meconium ileus and meconium peritonitis; Approach to neonatal cholestasis; Giant cell hepatitis ; Extra-hepatic biliary atresia; Congenital hepatic fibrosis
- **GENITO-URINARY**
  - Renal dysplasia
  - ARPKD; ADPKD; Tuberous sclerosis; Malformations of the GU tracts; Main nephrotic and nephritic syndromes of children and adolescents
- **TUMOURS**
  - Approach to the diagnosis of small blue cell neoplasms in children (to relate to age, site, histology, ancillary studies, including molecular/cytogenetics)
  - Neuroblastoma (staging, Shimada classification, prognostic factors)
  - Wilms and nephroblastomatosis
  - Rhabdomyosarcoma
  - Ewing's/PNET; Hepatoblastoma; Lymphoma/leukemia: ALL, ; Burkitt's, lymphoblastic; DSRCT; Medulloblastoma; DNET; JPA and other pediatric glial tumours; Hodgkin; ALCl; Langerhans cell histiocytosis; Benign tumours: Hemangioma, lymphangioma

Pediatric Pathology: "Must See-Must Read- Must Know"

- **TECHNIQUES**
  - Cytology: Touch, smear, scrape preparations
  - F/S: Freezing the specimen, Frozen section, staining
  - Research: Sampling adequately for research (tumor, non tumoral tissue)
- **PREPARATION OF SPECIMENS**
  - Hem: Lymphoma protocol (biopsies or lymph node)
  - GI/liver: Abdominoperitoneal resection: Quirke method
  - Breast: Orient, ink, cut, pin on the board, document the fixation time
- **Breast**
  - Tumorectomy: margins
  - Mastectomy: margins
  - Sentinel lymph node
  - Others
- **Gyne**
  - Hysterectomy (nodules, depth of myometrial invasion) Salpingo-Oophorectomy for ovarian tumor
  - Sentinel lymph node Peritoneal nodule Complex gyne surgeries: margins Others
- **GU**
  - Partial nephrectomy: margins
  - Bladder radical cystectomy: urethral and ureteral margins
  - Others
- **… ENT, GI/liver, Soft tissue/Bone, Resp …**

IOC and FS Self-Assessment Tool

Meeting Rotation Expectations Through Better Self-Assessment Tools

Pre-, **Mid-** or Post-Rotation "Tests"

- Short answer questions
- Multiple choice questions
- Rapid slides
- Mock orals

Current successes: Dr Omeroglu (Glen Breast rotation)

- **Post-rotation self-assessment tool for residents**
- Provides a controlled environment where residents can test their own limits
- Short answer questions & multiple choice questions: 30
- Rapid glass slides: 50; 15-60 seconds/slide
- Immediate correction and feedback, without results being used for the final rotation evaluation

Framework of an Ideal Rotation

Optimize Quality **Of Sign-out Sessions**	Creation Of **Self-Assessment Tools**	Encourage Progressive Resident **Responsibility And Autonomy**
• Regular and daily sign-outs • 30-sec microscopic description • Approaches to diagnosis • Mock-oral style questions	• Must-see, must-read, must-know • Pre-, Mid-, Post-Rotation exams	• Triage (gross & microscopy) • Grossing, microscopy, ancillary test (**"work up cases"**) • Reporting (final diagnosis/comments, synoptic report) • Rounds presentation and interaction with clinicians

Regular, timely, applicable and practical narrative **feedback** to residents

Thank you!
Questions,
Comments?