University of Minnesota Lab Medicine and Pathology

GI Surgical Pathology Rotation

Location: C459 Mayo
Duration: One month
Rotation Director: Khalid Amin, MD phone 612-273-5684 (pager 899-1244)
Other Faculty: Mahmoud Khalifa, MD,PhD (pager 899-4284)
Dale Snover, MD. phone 612-209-8860
Tetyana Mettler, MD (pager 899-5616)
David Cartwright, MD. (pager 899-4602)

General Description
- The department receives more than 7500 GI and 600 liver specimens annually
- Sign-out is performed by a team of 5 specialized GI pathologists, one pathologist is on service each day
- Oncology, inflammatory bowel disease, and transplant-related pathology are emphasized
- Residents are involved in grossing large specimens (e.g. colectomy, gastrectomy, pancreatectomy)
- Residents are involved in the signing out of cases and alternate
- It is expected that the resident reviews cases, request special studies in consultation with the pathologists, enters diagnoses in the computer and sits with the attending pathologist for final signout
- Residents are expected to include synotic reports (CAP checklists) in their reports
- Residents are encouraged to work on research projects involving series or case reports. All support and mentoring is provided.
- A daily consensus meeting is held for discussing difficult and interesting cases

Goals and Objectives:
Upon completion of this rotation, the resident will gain:
- A practical understanding of GI and liver diseases
- Mastery of the diagnostic criteria used in GI and liver pathology
- Appreciation of quality assurance measures in GI and liver pathology
- Effective communication with GI and liver clinicians, addressing their needs

The learning objectives below reference the corresponding ACGME core competencies: Patient Care (PC), Medical Knowledge (MK), Professionalism (Prof), Communication Skills (CS), Practice Based Learning and Improvement (PBLI), and Systems-Based Practice (SBP). (8-10 objectives)

- Grossing of a reasonable number of complex cases (e.g. colectomy, pancreateoduodenectomy, partial hepatectomy) (PC, MK, SBP)
- Participating in intraoperative consultation service (CS, Prof, SBP)
- Participation in the daily consensus meetings (CS, Prof, PBLI)
- Assuming responsibility in the signout commensurate to the level of training (PC, MK)
- Engagement in tumor boards and multidisciplinary meetings (Prof, CS, PBLI, MK)
- Involvement in translational research projects in GI and hepatic pathology (MK, PBLI)
- Engagement in intradepartmental discussions with colleagues and faculty (Prof, MK)
- Understanding of the role of ancillary testing in the diagnosis of GI and liver entities, based on recent literature (MK, PBLI, SBP)

Assigned Reading:
- Several articles will be circulated during the rotation pertaining to specific cases discussed
- Several course handouts are available with the faculty
- Biopsy Interpretation of Gastrointestinal Tract Mucosa by Montgomery and Voltaggio
• Surgical Pathology of the GI Tract, Liver, Biliary Tree, and Pancreas by Robert D. Odze and John R. Goldblum is the standard textbook. It is available with most faculty.
• Manual of Surgical Pathology, by Susan C. Lester or Surgical Pathology Dissection, by William H. Westra, et al (residents should be acquainted with pertinent sections prior to grossing tumor resection cases)

Optional Reading:
• Additional articles around the pathologic entities discussed

Call Duties: Resident will take call after office hours as per the residents/fellows call schedule.

During the rotation, the trainee is expected to join the following conferences:
• Daily consensus conference (Benson)
• Wednesday unknown slide conference (Bell)
• Weekly Grand Rounds (MCRB 450)
• Wednesday didactic lecture (Bell)
• Thursday morning gross conference (Bell)
• Third Thursday of the month IBD conference (Masonic GI conference Room)
• Second Friday of the month liver conference (VFW- GI conference room)
• Weekly liver biopsy review conference with Dr. Snover, Thursday or Friday (Multi-headed scope room)

Other Requirements:
• Maintaining a grossing log

Assessment methods:
Resident performance on this rotation will be assessed by:
• Performance evaluation completed by attending physician(s) at the end of the rotation