

GYNECOLOGIC PATHOLOGY: Rotation Director: Nicole Massoll, M.D.

1. Description of the rotation: All Gyn specimens accessioned at Shands at UF and consult cases from the UF-DRL, with the exception of cervical biopsies and local excisions, are evaluated (ACGME competency #1: Pt. Care). This includes all gynecologic specimens submitted from the lower female genital tract and placental pathology. These samples are derived from surgical materials and biopsies from clinics and outreach sources. The resident grosses the majority of the non-biopsy specimens under the supervision of a faculty member (ACGME competency #1: Pt. Care). Graduated responsibility: PGY-1 residents sign out with the attending with the goal of learning normal histology and the fundamentals of Gyn pathology. PGY-2 through 4 (option for PGY 4, see PGY-5) residents preview signout slides and make preliminary diagnoses before signout. PGY-4 and PGY-5 residents and fellows have the option not to attend sign-out but, instead, preview the slides, render diagnoses and receive feedback from the attending later. Fellows do not gross specimens. Fellows are expected to perform at a level equal to a junior faculty member. Residents are encouraged, and fellows are expected, to collaborate in research projects with faculty members (ACGME competency #3: Practice-Based Learning). Through service, teaching and research residents and fellows are taught to critically review the literature with the attending (ACGME competency #3: Practice-Based Learning). Trainees are encouraged to gather information from medical records and clinicians on active cases and become valuable resources for clinicians. When appropriate, ethical issues, socioeconomic issues, medical/legal issues and cost containment issues are addressed (ACGME competency #4: Communication; #5: Professionalism; #6: Systems-Based Practice). Ancillary studies in molecular pathology, cytometry and electron microscopy are available to trainees in areas related to service, teaching and research.

2. Goals of the rotation: The resident is to become adept in grossing gyn specimens, developing clinical/pathologic correlations and mastering basic histopathology of the vulva, vagina, cervix, uterus, fallopian tubes and ovaries by creating differential diagnoses and arriving at the correct final diagnosis (ACGME competency #2: Medical Knowledge). The resident will learn the appropriate use of stains and immunopathology where applicable. Gynecologic pathology is taught from the surgical cases under study supplemented by the reference textbooks which are available in the sign-out area, and various syllabus materials and key references which are maintained in three-ring binders by topic in the Gyn pathology area. The resident attends the whole sign out of these cases as well as any gross dissections that the Gynecologic Pathology group may participate in.

3. Duration of the rotation is 2 weeks. This rotation will be taken several times during the resident's overall training program.

4. Duties and responsibilities of trainees - The resident grosses, under the supervision of a faculty member, the gynecologic specimens and an effort is made so that the resident has an opportunity to do the larger, more complicated specimens including the uterine and endometrial tumors, ovarian tumors, cervical and vulvar neoplasms and the respective number of biopsies relevant to this service. However the bulk of the routine biopsies are handled by the faculty or pathology assistant to let the resident have sufficient time for grossing experience and to also participate in microscopic pathology. In the course of the morning, the slides are delivered to the Gyn service and the resident has an opportunity in the morning, usually before ten o'clock A.M., to review the slides relevant to the cases of the day. The cases are then signed out with the attending staff and final reports are generated.

5. Teaching Staff: Edward J. Wilkinson, M.D., Nicole Massoll, M.D., Unit Director, Peter Drew, M.D., Anthony Yachnis, M.D., Nancy S. Hardt, M.D., Christine Orlando, D.O., Jackie Knapik, M.D.

6. i. Resident supervision: Trainees are supervised in the grossing room and at sign out by faculty members.

ii. Resident evaluation: Residents receive written evaluations of their rotation(s). Revised 7-1-2002