

## **POLICY: MRVAMC AUTOPSY AND SURGICAL PATHOLOGY RESPONSIBILITIES:**

(2004-2005 changes are underlined)

### **Assignment of VA autopsies;**

1. Autopsies are performed at the VA on a rotating basis such that no resident will perform on average more than every fourth autopsy.
2. The resident(s) remaining at the VA maintains his/her position in the autopsy schedule, ie. if the resident performed the last autopsy of a rotation, they should be scheduled fourth in the new rotation. If they performed the next to last autopsy of a rotation, they should be scheduled third. If they performed the second to last, they should be scheduled second in the new rotation.
3. The other positions are determined by who performed the most recent autopsy at the VA. The secretaries will have this information.
4. If no previous autopsies were performed by two incoming residents, they may decide amongst themselves, flip a coin, or have the chief resident decide.
5. Performance of a weekend autopsy counts towards the resident's next scheduled autopsy, no matter where it falls in the rotation.
6. Incoming, new residents will not take the first autopsy their first month of service at the VA. It will go to the next person due for an autopsy. However, if there are more than three autopsies during that rotation, the new resident will be due to take the fourth and so on.

### VA Resident Guidelines for Anatomic (SURGICAL) Pathology

At VAMC, the resident participates in a variety of anatomic, clinical and special pathology rotations. The following guidelines are provided as a general outline for residents on VAMC anatomic pathology services. According to VA guidelines, residents are given privileges for performance of activities with or without supervision, with increasing experience and based upon evaluations.

Four residents are assigned to the VA at any one time. Residents 1 and 2 are assigned to surgical pathology and residents 3 and 4 are assigned to electives (e.g. EM/renal, cytology, pulmonary, lab). The elective resident works into the VA surgical pathology schedule when resident 1 or 2 is on leave.

Resident 1 and 2 alternate days as the big/grossing and the frozen sections/biopsy/prepping resident. Resident 3 and 4 should try to help with the anatomic pathology service on busy days, particularly when autopsies are being done by resident 1 or 2, or when PA is on leave.

### **Bigs/grossing resident responsibilities**

A) Previewing slides of big cases (surgical excisions) and additional stains/levels on "held" cases before signout, and writing down your diagnoses.

B) Signing out the big cases with the attending after morning conference (if applicable), adding SNOMED and CPT codes, notifying clinicians about new malignancies.

C) Grossing should start at 1:00 PM and includes the followings:

1- Cases not requiring overnight fixation that arrive in the gross room or frozen room between 5:00PM the previous day and 4:30 PM the same day.

If a large number of specimens are received late in the day (after 4:00), you can save some lower priority cases (e.g, amputations) to gross the next day, but you are still responsible for grossing them. Rush cases will be grossed when received.

PGY1 residents are required to review large specimens with PA or the senior resident (PGY2-5) prior to grossing these specimens. For complicate cases talk to the attending before gross.

2- Large case (larynx, stomach, esophagus, colon, bladder etc.) already fixed in formalin overnight.

3- Limbs: Limbs must be grossed within one day of receipt and will not be transferred to residents on the subsequent rotation.

4- (After finishing big specimens) helping PA gross biopsies of the day.

### **Frozen section/biopsy/prepping resident responsibilities**

A) Preparing all frozen sections and rendering diagnoses if privileged to do so (starting after morning conference until 5:00 PM). A resident who has not been privileged in selecting tissue for FS, or privileged in case of uncertainty may call th PA, senior resident, or attending on FS for help in selecting area for the frozen section.

When multiple FSs arrive at the same time, resident on FS may ask PA or other resident for help in sectioning. PGY1 resident may review the frozen section slide with the senior resident, who may interpret the frozen section if so privileged.

B) Previewing biopsies and additional stains/levels on "held" cases and writing down your diagnosis before signout (contact your attending for time to start).

C) Signing out the biopsies with the attending, adding SNOMED and CPT codes, notifying clinicians about new malignancies.

### **Additional points**

1. Residents are responsible for communicating the status of "held" cases (including cases pending consultation) to your fellow resident on the service if going on leave or out of the service.

2. Weekend grossing responsibilities are rotated between all residents at the VA. Large specimens arriving during a weekend that a PGY1 resident is grossing should not be grossed until the next business day, so that the specimen can be viewed with either PA or a senior resident before grossing. A weekend on call resident may leave specimens to next business day if there are any questions in grossing. These left over specimens are to be grossed in by the same on-call resident the next business day (or as early as possible in special occasions e.g. orientation by surgeon is needed).

3. Autopsies are rotated among all residents at the VA. Immediately after the completion of the autopsy, Resident Prosector will draft a report of provisional anatomic diagnosis, which includes a brief clinical history, and the result of gross examination. This draft will be available at gross conference the next day. Within the next working day, gross examination of the autopsy specimens with the attending pathologist should be arranged and a final version of PGAD submitted to the pathology office to be entered into the VistA computer system. The final report for a routine case should be completed within 30 days, unless exceptions for complicated cases requiring further studies.

Resident's responsibilities for covering the MRVAMC surgical service, frozen section room and gross room

1) For each MRVAMC rotation, there will be a resident assigned to serve as Senior Resident Supervisor. This resident is to assist the junior resident with managing frozen sections, discussing complex specimens prior to grossing and in aiding in the flow of the gross room. Therefore this individual needs to be available throughout the rotation and should take the initiative to oversee the gross room, particularly in the PA's absence.

- Overseeing the gross room includes, assisting in prepping specimens, doing biopsies as time permits or is needed, and assisting the junior resident with grossing big specimens when sample volume is heavy.

2) The senior resident supervisor may be excused from biopsy signout should his/her assistance be needed in the grossing or frozen area. The senior resident supervisor should keep the attending faculty apprised of all service issues. (Some seniors will be privileged to sign out independent of the attending-- Residents should discuss their personal interests and goals with the VA faculty at the beginning of their rotation.)

3) The Senior Resident Supervisor should utilize the attendings on service as back-up for questions or problems.

4) The VA Surgical Service is a team. Calling on one another during times of heavy specimen traffic is expected, i.e., the Junior resident calling on the senior resident and visa versa. Facilitating patient care is the number one goal.

5) The VA Service is a team. Four residents are assigned to the VA each month. The four residents divide autopsies, weekend and holiday responsibilities. Additionally the non-surgical residents provide back-up for the surgical team. The residents on CP or elective may have to assist in grossing and/or frozen: 1) when an autopsy is taking place, 2) when a surgical resident is out on sick leave, 3) when asked by an attending, and 4) when the PA is out, etc.

At the beginning of each rotation, if the PA is scheduled to be out of the office during any days of that rotation, a "coverage schedule" will be constructed. For each day the PA will be unavailable the CP or the Elective resident will be on call and responsible for helping with overflow work. So that all 4 residents will not be on duty every day during extended absences, the CP and Elective residents should divide the days needing to be covered. (e.g., if 4 days need to be covered--the CP resident could take the first two days or every other day, etc. whereas the other elective resident would provide coverage on the alternate days.) This Coverage schedule needs to be communicated and confirmed by residents and attendings on service.

The back-up resident will need to be available by pager to assist if frozen section volumes should exceed the usual number such as in the PM when at least one resident is occupied grossing.

The back-up resident should stop by the gross room to assess work-load and assist with accessioning, or grossing biopsies. Although the primary responsibility of the gross room belongs to the 2 residents on surgical service, there are days when additional help WILL BE NECESSARY to complete service work in a timely fashion.

Work must not be delayed waiting for the PA to return when the PA is out. If specimens are available in the morning to gross, they should be completed in the morning.

The surgical residents may call for back-up, however, if the back-up resident is not currently available, it will be the responsibility of the attending faculty to request the back-up resident to leave their current task.

The goals for teamwork are:

-- for all residents to know what is expected from them during any rotation.

- to understand working as a team and that helping each other IS A NECESSITY.
- to plan ahead and to help minimize stress.

Residents should remember that the attendings are the residents' back-up and the attendings can help residents work through problems. The CR is also always available should residents have questions or feel overwhelmed.

Reference: MRVAMC PALM committee meeting Monday, July 21, 2003.