HEAD AND NECK PATHOLOGY
FELLOWSHIP PROGRAM

University of Pittsburgh Medical Center

Course Director: Leon Barnes, MD
Professor of Pathology and Otolaryngology
University of Pittsburgh School of Medicine
Chief, Division of Head and Neck Pathology,
University of Pittsburgh Medical Center
Professor of Oral and Maxillofacial Pathology
University of Pittsburgh School of Dental Medicine
E-mail: barnesel@upmc.edu
Fax: 412-647-6251
Phone: 412-647-3732

Date: June 6, 2006
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HEAD AND NECK PATHOLOGY TRAINING PROGRAM

The training program is based at UPMC Presbyterian Hospital. ENT and endocrine specimens are triaged from three institutions in the health system (UPMC Presbyterian, UPMC Shadyside and UPMC Magee-Women’s), which have a combined capacity of more than 1500 beds and an annual surgical workload of 72,000 specimens, of which 7000 are ENT/endocrine. The ENT division also performs approximately 1200-1500 frozen sections annually.

The fellow will spend nine months in clinical activities related to examining surgical specimens on the ENT/endocrine service. The remaining three months will be devoted to electives and research. The fellow also will rotate on the consultation service, which currently evaluates 1,000 head and neck/endocrine cases annually.

A variety of electives are available for the fellow to choose. The most popular ones are oral and maxillofacial pathology, dermatopathology, cytology, informatics, and molecular pathology.

The fellow is expected to participate in one or more research projects that will lead to possible presentation at a national meeting (funded by the department) and publication in a peer-reviewed journal. The department has microscopic slides and paraffin tissue blocks archived back to the late 1940s, state of the art research facilities, and an outstanding faculty to support investigative work.

A close working relationship with the oral pathologists at the University of Pittsburgh School of Dental Medicine and with clinicians from the Eye and Ear Institute Pavilion, Center for Cranial Base Surgery, and the University of Pittsburgh Cancer Institute provide for additional training and clinical correlation.

The fellow will also attend and/or participate in numerous teaching, clinical and research conferences held weekly in the Department of Pathology and Otolaryngology – Head and Neck Surgery.

The fellow will have an office in the newly created “Fellows’ Room.” This room (A608) is located at UPMC Presbyterian Hospital in the Division of Anatomic Pathology on the same floor as the “Residents’ Room,” Gross Room, and Sign-out Room.

The “Fellows’ Room” has 600 square feet and contains 12 cubicles for each fellow. Each cubicle/fellow will have his/her own computer-laboratory information system, microscope, telephone, and bookshelf, and lock and keys to his/her cubicle. A shared colored printer and state-of-the-art digital photomicroscope are also located in the same room.
FACULTY FOR HEAD AND NECK PATHOLOGY FELLOWSHIP

1. Leon Barnes, M.D. – Director of Fellowship
   Professor of Pathology and Otolaryngology
   University of Pittsburgh School of Medicine
   Chief, Division of Head and Neck Pathology,
   University of Pittsburgh Medical Center
   Professor of Oral and Maxillofacial Pathology,
   University of Pittsburgh School of Dental Medicine

2. Sheldon Batsacky, M.D.
   Associate Professor of Pathology
   University of Pittsburgh School of Medicine

3. Yuri E. Nikiforov, M.D., Ph.D.
   Professor of Pathology
   Director of Molecular Anatomic Pathology
   University of Pittsburgh School of Medicine

4. Robert L. Peel, M.D.
   Associate Professor of Pathology and Otolaryngology
   University of Pittsburgh School of Medicine

5. Raja Seethala, M.D.
   Assistant Professor of Pathology
   University of Pittsburgh School of Medicine
HEAD AND NECK PATHOLOGY FELLOWSHIP:
ELIGIBILITY REQUIREMENTS

1. The applicant must have completed either a straight anatomic or combined
anatomic – clinical pathology residency program, successfully passed all three
components of the United States Medical Licensing Examination (USMLE), and
be able to obtain a Pennsylvania Training License in medicine.

2. International medical graduates must also have completed a comparably
recognized program in anatomic or anatomic – clinical pathology, successfully
passed all three components of the USMLE and be able to obtain a Pennsylvania
Training License in medicine. In addition, they must have a good command of
the English language and possess a currently valid visa.

3. Preference will be given to those individuals who wish to pursue an academic
career.

4. Interested candidates should:
   A. Complete an electronic application on our web site
      https://secure opi.upmc.edu/path/fellowship/app-form.cfm
   B. Submit a current curriculum vitae.
   C. Submit three letters of recommendation.
   D. Submit copies of all three USMLE tests.
   E. Submit copies of Medical School transcript or ECFMG Certificate
   F. Submit dean’s letter (obligatory for all US and Canadian graduates,
desirable for International Medical Graduates)
   G. Request a letter from their Residency Program Director stating that
      he/she has successfully completed a four or five year program in
      anatomic or combined anatomic – clinical pathology at
      The University of ____________ during the time ________ (list
      inclusive dates).
   H. All of the above should be addressed to:
      Leon Barnes, M.D.
      Director, Head and Neck Pathology Fellowship Program
      Department of Pathology Room A608
      UPMC – Presbyterian Hospital
      200 Lothrop Street
      Pittsburgh, Pennsylvania, 15213
      Phone: 412-647-3732
      Fax: 412-647-6251
      E-mail: barnesel@upmc.edu
   I. Once all of the above is received, an onsite interview at the
      applicant’s expense is required.
   J. The fellowship commences on July 1 of each academic year.
      Deadline for receipt of applications is January 1 of each year or six
      months prior to the start of the fellowship. Exceptions, however,
      can be made.
Benefits -- Pathology Fellowship Training Program

2006-2007 Academic Year

1. **Salary:**
   
   Annual
   
   Level V -- $48,174

2. **Health Insurance:**
   
   UPMC Health Plan Enhanced Access HMO provided to trainee and his/her eligible dependent(s)

3. **Dental Insurance:**
   
   MetLife Dental provided to trainee – dependent selection requires the trainee to pay a monthly contribution

4. **Vacation:**
   
   GMT Levels V-VII, three (3) weeks vacation leave

5. **Conference Time:**
   
   Five (5) days conference time

6. **Holidays:**
   
   July 4th, Labor Day, Thanksgiving Day, Christmas Day, New Year’s Day, Memorial Day, Martin Luther King Day

7. **Sick Leave:**
   
   Reasonable amount of sick time available as needed, contingent upon notification; FMLA leave available for extended illness

8. **Life Insurance:**
   
   Provided to the even thousand dollars above the annual stipend, which includes accidental death and dismemberment

9. **Medical Malpractice Insurance:**
   
   Provided in accordance with Pennsylvania state mandated levels of coverage

10. **Education Allowance:**
    
    $2,500.00/year Fellowship Book and Conference Fund

11. **Athletic**
    
    Use of University Athletic Facilities (excludes Peterson Center)

12. **Parking:**
    
    Parking will be provided

13. **Disability Insurances:**
    
    Long-term disability insurance coverage

14. **Lab Coats/Scrubs:**
    
    Two (2) monogrammed coats and two (2) sets of scrubs provided by the program

15. **Other:**
    
    Other benefits currently in effect per Department Fellowship Committee
HEAD AND NECK PATHOLOGY FELLOWSHIP: MISSION AND OBJECTIVES

The primary mission of this one-year fellowship is to train fellows who are competent to enter the academic or private sector of medicine with the following objectives:

General:

1. To teach the fellow the proper means of examining a broad spectrum of surgical specimens, ranging from small biopsies to extended radical procedures.

2. To instill confidence in performing operating room consultations (frozen sections) and interacting with surgeons.

3. To appreciate the necessity of clinical-pathological correlation of surgical pathology specimens in order for the pathologist to become a respected member of the healthcare team.

4. To make the fellow aware of new techniques, methodologies, and molecular procedures that might impact on patient care and prognosis.

5. To foster the desire for acquiring new knowledge and keeping abreast of the literature.

Specific:

1. Become familiar with and be able to visualize the three dimensional anatomy of the head and neck.

2. Learn how to gross radical head and neck specimens, including neck dissections, laryngectomies, maxillectomies, mandibulectomies, glossectomies, temporal bone resections, orbital exenterations, etc.

3. Recognize and differentiate between the various salivary gland tumors.

4. Recognize and differentiate between the numerous “round cell neoplasms” of the nasal cavity and paranasal sinuses using H+E, histochemical, immunohistochemical and molecular techniques.
5. Recognize the various types of squamous cell carcinoma and their significance.
6. Evaluate small mucosal biopsies, especially of the larynx and oral cavity.
7. Recognize and grade the various forms of dysplasia.
8. Become aware of the various levels of a neck dissection and the boundaries that separate each.
9. Recognize and distinguish between the tumors of the thyroid and parathyroid glands.
10. Recognize and distinguish between the three types of Schneiderian papillomas.
11. Recognize the numerous bacterial, fungal, mycobacterial and parasitic diseases of the head and neck.
12. Be conversant with the TNM staging of tumors.
13. Independently perform, evaluate and interpret frozen sections.
14. Pursue a research project.
15. Learn how to critically evaluate the literature.
16. Be able to organize and give meaningful clinical-pathological conferences.
<table>
<thead>
<tr>
<th>PGY-1</th>
<th>PGY-2</th>
<th>PGY-3</th>
<th>PGY-4</th>
<th>PGY-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Resident)</td>
<td>(Resident)</td>
<td>(Resident)</td>
<td>(Resident)</td>
<td>(Fellow)</td>
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<tr>
<td>• Be able to describe and localize the anatomical structures of the head and neck (including oropharynx, larynx, nasal and sinus structures, zones of the neck, thyroid, parathyroid). (MK)</td>
<td>• Be able to differentiate various degrees of atypia (dysplasia), carcinoma in situ, and invasive carcinoma in biopsy and resection specimens. (MK)</td>
<td>• Demonstrate competent and effective communication with clinicians. (C)</td>
<td>• Be able to independently workup and write up reports on 90% of routine ENT surgical pathology cases. (MK, PC, P)</td>
<td></td>
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<tr>
<td>• Be knowledgeable about the differential diagnosis of common head and neck and endocrine tumors (MK)</td>
<td>• Utilize immunohistochemical stains in cost effective, thoughtful, practical, but thorough manner for the work-up. (SP, PC)</td>
<td>• Be able to describe and recognize the tumors common to the sinonasal areas (including carcinomas, olfactory neuroblastoma, vascular lesions, peripheral nerve sheath tumors, and others). (MK)</td>
<td>• Be able to independently workup and write up reports on 60% of routine ENT surgical pathology cases. (MK, PC, P)</td>
<td>• Independently select and order appropriate, cost-effective, and diagnostically useful ancillary testing. (SP, MK, PC)</td>
</tr>
<tr>
<td>• Be able to describe and recognize common developmental and/or acquired benign anomalies in the head and neck (including jaw cysts, neck cysts and rests, thyroid rests, hamartomas, inflammatory conditions, and benign anatomic variations). (MK)</td>
<td>• Be able to describe and recognize the nasal and sinus papillomas and polyps. (MK)</td>
<td>• Be able to diagnose benign proliferative lesions of the squamous mucosa (including papillomas, polyps, and keratoses). (MK)</td>
<td>• Teach other residents and rotating clinicians effectively and demonstrate a broad knowledge base. (C, MK, P)</td>
<td>• Perform frozen sections independently with minimal or only back-up supervision (C, MK, P)</td>
</tr>
<tr>
<td>• Be able to describe, diagnose, and differentiate the benign and malignant tumors of salivary glands. (MK)</td>
<td>• Be able to describe and recognize infections of the head and neck (fungal infections, bacterial infections, mycobacterial, and other). (MK)</td>
<td>• Be able to diagnose and differentiate the tumors and non-neoplastic conditions of the middle ear. (MK)</td>
<td>• Organize, prepare, and deliver excellent presentations in clinical, clinicopathologic, and pathology settings with only back-up supervision (C, P, MK)</td>
<td>• Function at the level of a junior pathologist diagnostically and extra-departmentally (especially in 2nd half of training year). (PC, P, SP, MK)</td>
</tr>
<tr>
<td>• Understand the important pathologic prognostic features in thyroid carcinoma. (MK)</td>
<td>• Be able to recognize and diagnose the different types of thyroid neoplasms (adenomas, papillary carcinoma, follicular carcinoma, Hürthle cell carcinoma, medullary carcinoma, rare neoplasms). (MK)</td>
<td>• Organize, prepare, and deliver excellent presentations in clinical, clinicopathologic, and pathology settings with minimal supervision (C, P, MK)</td>
<td>• Score at least 50% on test questions &amp;/or slide</td>
<td>• Independently organize, prepare, and deliver excellent presentations in clinical, clinicopathologic, and pathology settings. (C, P, MK)</td>
</tr>
<tr>
<td>Score at least 50% on test questions &amp;/or slides (MK)</td>
<td>Score at least 75% on test questions &amp;/or slides (MK, PB)</td>
<td>Score at least 25% on test question &amp;/or slides</td>
<td>Score at least 25% on test question &amp;/or slides</td>
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<tr>
<td>Start organizing and taking active role in departmental and extradepartmental conferences (S, P, C)</td>
<td>Review most, if not all, COE study material</td>
<td>Organize, provide appropriate power point slides and lead the discussion in didactic conferences (SP, C)</td>
<td>Review the majority of COE’s study material (mainly microscopic slides) (MK, PB)</td>
<td></td>
</tr>
<tr>
<td>Review at least half of all COE’s study material (MK, PB)</td>
<td>Attend Q/A Committee (PC)</td>
<td>Division representative at ENT Tissue Committee (PC, SB)</td>
<td></td>
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</tr>
<tr>
<td>Attend and participate in departmental and extradepartmental slide conferences (SP, C)</td>
<td>Organize, prepare, and deliver excellent presentations in clinical, clinicopathologic, and pathology settings with extensive supervision (C, P, MK)</td>
<td>Organize, prepare, and deliver excellent presentations in clinical, clinicopathologic, and pathology settings with extensive supervision (C, P, MK)</td>
<td>Organize, prepare, and deliver excellent presentations in clinical, clinicopathologic, and pathology settings with extensive supervision (C, P, MK)</td>
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<tr>
<td>Review at least half of all COE’s study material (MK, PB)</td>
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<td></td>
</tr>
<tr>
<td>Attend Q/A Committee (PC)</td>
<td>Division representative at ENT Tissue Committee (PC, SB)</td>
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</tbody>
</table>
- Review Q/A data on frozen sections and surgical specimens *(PC, K)*

- Review Q/A positive and negative control stains *(PC, M)*

- Develop a research project for publication *(MK, C)*

<table>
<thead>
<tr>
<th>Competency</th>
<th>Code</th>
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<tbody>
<tr>
<td>Patient Care</td>
<td>PC</td>
</tr>
<tr>
<td>Professionalism</td>
<td>P</td>
</tr>
<tr>
<td>System-based practice</td>
<td>SP</td>
</tr>
<tr>
<td>Communication</td>
<td>C</td>
</tr>
<tr>
<td>Medical Knowledge</td>
<td>MK</td>
</tr>
<tr>
<td>Practice based</td>
<td>PB</td>
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</table>
DUTIES OF THE FELLOW

1. The duties of the fellow shall be confined to operating room consultations, gross and microscopic examination of surgical specimens, and teaching conferences. Currently there are no on-call or autopsy responsibilities, except as an advisor on head and neck cases.

2. Normal working hours are 7:00AM to 5:00PM, not to exceed 80 hours per week with one day in seven free of all educational and service responsibilities.

3. The fellow will be assigned to the Head and Neck Center of Excellence for a total of nine, non-consecutive months. The remaining three months will be devoted to electives at the fellow’s discretion. Some of the more popular electives have been oral and maxillofacial pathology at the University of Pittsburgh School of Dental Medicine, molecular biology, dermatopathology, informatics, and cytology.

4. When assigned to the Head and Neck Center of Excellence, the fellow will function as a junior staff pathologist and serve as an advisor-mentor to the junior pathology residents. This will include reviewing the microscopic slides with the junior resident the day before “sign-out,” assisting the resident in grossing head and neck cases, and participating in all head and neck operating room consultations.

5. If there is no resident(s) assigned to the Head and Neck Center of Excellence, the fellow with the assigned pathology assistant will be expected to gross specimen and review the microscopic slides him/herself.

6. The fellow will attend and present all cases at the Head and Neck Tumor Board Conference held weekly on Tuesday at 7:00AM. This will also apply when the fellow is on “elective rotation.” The fellow will also periodically be asked to present cases at the ENT Grand Rounds held every week on Wednesday at 7:00AM and, occasionally, at other clinical conferences.

7. The fellow will be called upon to present about twice a year at the Department of Pathology Slide Seminar held at noon every Thursday in the UPMC Conference Center. The fellow may also be asked to present about once a year one or more interesting cases to the Pittsburgh Pathology Society.

8. The fellow is also required to pursue one or more research projects that will hopefully be suitable for publication in a peer-review journal and/or presentation at a national meeting.
9. The fellow will also attend (expense-free) Dr. Barnes’ four day course on “Surgical Pathology of the Head and Neck” sponsored by the American Society for Clinical Pathology (ASCP). The meeting site is determined each year by the ASCP.
<table>
<thead>
<tr>
<th>Conference</th>
<th>Date-Time</th>
<th>Location</th>
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<tbody>
<tr>
<td>1. Consult slide conference</td>
<td>Monday 12:30-1:30 PM (weekly)</td>
<td>A613, PUH</td>
</tr>
<tr>
<td>2. Head and Neck COE Conference</td>
<td>Monday 2:00-3:00 PM (weekly)</td>
<td>A608, PUH</td>
</tr>
<tr>
<td>3. ENT Grand Rounds</td>
<td>Wednesday 7:00-8:00 AM (weekly)</td>
<td>B441, PUH</td>
</tr>
<tr>
<td>4. Department of Pathology Research Conference</td>
<td>Wednesday 12:00-1:00 PM (weekly)</td>
<td>1105, UPMC</td>
</tr>
<tr>
<td>5. Pittsburgh Pathology Society</td>
<td>Wednesday 5:30-7:30 PM (monthly)</td>
<td>Allegheny County Medical Society Building</td>
</tr>
<tr>
<td>6. Resident Lecture and slide conference</td>
<td>Tuesday 7:00-9:00 AM (weekly)</td>
<td>Totten Room, PUH</td>
</tr>
<tr>
<td>7. Thyroid conference</td>
<td>Wednesday 8:00-9:00 AM (every 1st Wednesday of the month)</td>
<td>A613, PUH</td>
</tr>
<tr>
<td>8. Diagnostic Pathology Conference</td>
<td>Thursday 12:00-1:00 PM (weekly)</td>
<td>1105, UPMC Conference Center</td>
</tr>
<tr>
<td>9. Journal Club</td>
<td>Wednesday (every 3rd Wednesday of each month)</td>
<td>A613, PUH</td>
</tr>
</tbody>
</table>
# EDUCATIONAL STUDY SETS

<table>
<thead>
<tr>
<th>Title</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 100 microscopic slides of general head and neck lesions with histories and syllabus</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>2. 125 microscopic slides of general head and neck lesions. Slides to be viewed as unknowns with diagnosis and references on back of each plastic folder</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>3. Salivary gland tumors—microscopic slides</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>4. Soft tissue tumors of head and neck – microscopic slides</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>5. Thyroid and parathyroid lesions - microscopic slides</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>6. 2003 ASCO Anatomic Slide Seminar (L. Barnes and LDR Thompson presenters) - 18 cases with microscopic slides and syllabus</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>7. 106th Semi-Annual Seminar of California Tumor Tissue Registry Tumor Pathology Of the Head and Neck—June 6, 1999, L. Barnes, Presenter – 20 microscopic Slides with syllabus</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
<tr>
<td>8. Royal College of Physicians and Surgeons, Montreal, Canada, May 31, 1998 7 cases of general head and neck pathology, microscopic slides and syllabus</td>
<td>Dr. Barnes’ Office, Room A-608</td>
</tr>
</tbody>
</table>
American Academy of Oral and Maxillofacial Pathology, Annual Meeting May 2003, Banff, Canada
Selected Soft Tissue Tumors of the Head and Neck,
L. Barnes, presenter
9 cases with microscopic slides and syllabus
# GME Evaluation report for Pathology

| Person: |  |
| Form type: | Standard Evaluation |
| Rotation type: | ALL |
| Hospital: | ALL |
| Start Date: | 07/01/2002 |
| End Date: | 09/30/2002 |

<table>
<thead>
<tr>
<th>Criteria</th>
<th>1 - 2 - 3 Unsatisfactory</th>
<th>4 - 5 - 6 Satisfactory</th>
<th>7 - 8 - 9 Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care (Residents/fellows should provide compassionate, appropriate and effective care for health problems.)</td>
<td></td>
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<tr>
<td>Demonstrate the ability to organize and prioritize case material</td>
<td>9.00 0.00</td>
<td>7.49 1.23</td>
<td></td>
</tr>
<tr>
<td>Develop an appropriate workup based on gross/histologic findings and clinical/radiographic information</td>
<td>9.00 0.00</td>
<td>7.36 1.38</td>
<td></td>
</tr>
<tr>
<td>Demonstrate technical and interpretation skills in frozen section/intraoperative consultation</td>
<td>9.00 0.00</td>
<td>7.24 1.35</td>
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</tr>
<tr>
<td>Demonstrate skill in interpretation of gross, histologic and ancillary test(e.g., immunohistochemistry, flow cytometry, molecular) findings</td>
<td>9.00 0.00</td>
<td>7.22 1.55</td>
<td></td>
</tr>
<tr>
<td>Demonstrate accuracy and promptness in case diagnosis and management</td>
<td>9.00 0.00</td>
<td>7.52 1.48</td>
<td></td>
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</tbody>
</table>

Total evaluations 3 Total days spent 99
Recognize and describe pathologic processes  |  9.00  |  0.00  |  7.45  |  1.39
Synthesize pathologic and clinical/radiologic information and form a differential diagnosis  |  9.00  |  0.00  |  7.38  |  1.34
Utilize information technology to investigate clinical questions and for continuous self-learning  |  9.00  |  0.00  |  7.60  |  1.35
Achieve the learning objectives set for each rotation  |  9.00  |  0.00  |  7.45  |  1.41
Participate in active learning by investigating new cases thoroughly with background reading and preparation before signout  |  9.00  |  0.00  |  7.41  |  1.55

**Interpersonal/Communication Skills**

(Residents/fellows should communicate and teach effectively)

Show sensitivity to and communicate effectively with all members of the health care team  |  9.00  |  0.00  |  7.37  |  1.28
Produce pathology reports that are accurate, concise and grammatically correct  |  9.00  |  0.00  |  7.38  |  1.43
Effectively teach other residents, medical students, ancillary staff and health care professionals  |  9.00  |  0.00  |  7.34  |  1.51
Utilize digital imaging and other resources to prepare conference presentations  |  9.00  |  0.00  |  7.53  |  1.30
Present conferences in a logical, coherent, concise and effective manner  |  9.00  |  0.00  |  7.62  |  1.24

**Practice-based learning and improvement**

(Residents/fellows should investigate and evaluate patient care practices, and appraise and assimilate scientific evidence in order to improve their practices)

Participate in QI(Quality Improvement)/QA(Quality Assurance) activities  |  9.00  |  0.00  |  7.73  |  1.14
Recognize and correct personal errors  |  1.00  |  0.00  |  0.99  |  0.28

**Professionalism**

(Residents/fellows should be accountable and adhere to principles of medical ethics by respecting and protecting patient's best interests)

Demonstrate professional behavior and a responsible work ethic with regard to conference attendance/participation and work assignments  |  1.00  |  0.00  |  1.00  |  0.00
Demonstrate consideration and support of colleagues and ancillary staff  |  1.00  |  0.00  |  1.00  |  0.00
Demonstrate awareness of ethics and patient confidentiality  |  1.00  |  0.00  |  1.00  |  0.00
Demonstrate sensitivity to diversity  |  1.00  |  0.00  |  0.99  |  0.26
Demonstrate knowledge of his/her limitations and a willingness to seek appropriate help when necessary: 1.00 0.00 0.98 0.36

Systems-Based Practice (Residents/fellows should understand healthcare practice)
Demonstrate knowledge and application of appropriateness criteria and other cost-effective healthcare principles to professional practice: 1.00 0.00 1.00 0.00
Demonstrate the ability to appropriately select special studies for cases in a cost-effective manner: 1.00 0.00 1.00 0.00

SUMMARY EVALUATION

Significantly behind: N/A N/A -0.70 1.15
Slightly behind: N/A N/A -0.70 1.15
Appropriate for stage: N/A N/A 0.87 0.34
Slightly ahead: N/A N/A 0.23 0.70
Significantly ahead: 1.00 0.00 0.86 0.50

DISPOSITION (Rotation Directors Only)
Satisfactory: 1.00 0.00 1.00 0.00
Incomplete/Deferred: N/A N/A -0.40 1.15
Unsatisfactory: N/A N/A -0.33 1.41

Comments:

Excellent fellow functioning at junior staff pathology level.

is an outstanding ENT pathology fellow with enormous ability and potential. He is respectful of others. He has excellent diagnostic skills and judgment.

Report created on: Tuesday, November 22, 2005 at 12:13:11 PM

ALL INFORMATION AND ATTACHMENTS CONTAINED HEREIN ARE CONFIDENTIAL AND PROPRIETARY UPMC HEALTH SYSTEM INFORMATION. DO NOT READ THIS INFORMATION OR ATTACHMENTS IF YOU ARE NOT THE INTENDED RECIPIENT. ANY UNAUTHORIZED OR IMPROPER ACCESS, DISCLOSURE, COPYING, DISTRIBUTION OR USE OF THIS INFORMATION OR ATTACHMENTS IS PROHIBITED.
COMPETENCY-BASED EDUCATION

1. Medical knowledge
2. Patient care
3. Practical-based learning and improvement
4. System-based practice
5. Professionalism
6. Interpersonal and communication skills
1. MEDICAL KNOWLEDGE

A. Daily Review of Surgical Pathology Cases: The resident/fellow will participate in the daily microscopic evaluation of head and neck specimens. He/She will be expected to review the microscopic slides in advance, obtain appropriate histories from patients’ electronic medical records, and arrive at a preliminary diagnosis. Disagreements between resident/fellow’s diagnosis and staff will be addressed by the staff pathologist. The resident/fellow will then be responsible for assimilating and dictating the final surgical pathology report.

B. External Consultations: Dr. Barnes receives about 800-1000 consults per year for diagnoses and/or second opinions. These cases are often more difficult or challenging than most “in house” cases and offer the resident/fellow a more advanced level to test their diagnostic skills.

After accessioning by our consult secretaries, these cases are given initially to the resident/fellow assigned to the consult service. He/she will evaluate the case, arrive at a preliminary diagnosis and/or differential diagnosis and suggest appropriate stains/tests to arrive at a conclusive diagnosis. The case will then be reviewed jointly with the pathologist who will agree or disagree with the working diagnosis and then give the resident/fellow permission to proceed with ordering tests. The case will again be reviewed jointly when all data are collected. The resident/fellow will assimilate the final report with appropriate references from the literature and discuss the case with the referring pathologist if necessary.

C. Didactic Conference: The Head and Neck COE has a weekly didactic conference, which is alternatively run by the fellowship director or the resident/fellow. A potpourri of topics are covered ranging from formal lectures, discussion of a journal article or abstracts submitted to national meetings, research projects, review of interesting cases, etc.

D. Study Aids: The Head and Neck COE maintains literally hundreds of microscopic slides of common and uncommon lesions with appropriate histories and syllabi. These study sets are in Dr. Barnes’ office.

E. Research Project: Each resident/fellow is required to pursue a research project that hopefully will lead to presentation at a national meeting or publication in a peer-reviewed journal. Ample laboratory and financial support are available as well as a vast archive of paraffin tissue blocks and slides stored back to the late 1940s.

F. In-Service Examination: Every three months each resident/fellow will be given a test to ensure their steady acquisition of knowledge. The test will either be microscopic slides or a list of questions.
G. **National Meetings:** Each year Dr. Barnes and four associates (Drs. Peel, Kapadia, Collins and Hunt) give a four day course on head and neck/endocrine pathology sponsored by the American Society for Clinical Pathologists. This course is rotated throughout the USA and has a national and occasionally international attendance. The resident/fellow will attend this course, all expenses paid.
2. PATIENT CARE

A. Resident/fellow must ensure that each specimen received in the surgical pathology laboratory is appropriately identified before processing. If an error is identified the attending staff pathologist, and clinician should be notified and an adverse event registered on the web site.

B. Resident/fellow must be able to access and retrieve appropriate patient and/laboratory data from our computer-based medical records that will aid in interpreting surgical specimens and establishing clinicopathologic correlations. At the same time, the resident/fellow must learn to maintain the confidentiality of this data.

C. The resident/fellow will be expected to create a surgical pathology report that is grammatically correct and contains all the pertinent information that may be helpful to the clinician in the care of the patient. To this end, a “spot check” of one or more surgical reports generated by the resident/fellow will be randomly chosen every two weeks for review by the staff pathologist and the results discussed with the resident/fellow.

D. The resident/fellow will attend our Department’s Q/A Committee held on a quarterly basis to obtain first hand the more common errors, their impact on patient care, and how to avoid them.
3. PRACTICE BASED LEARNING AND IMPROVEMENT

A. Each resident/fellow is expected to engage in one or more research projects that hopefully will lead to presentation at a national meeting or publication in a peer-reviewed journal.

B. Each week the Head and Neck COE will conduct an hour long conference on one or more topics in head and neck/endocrine pathology. These sections will be conducted by the resident/fellow or fellowship program director. This conference may include review of published journal articles, critiques of abstracts submitted to national meetings, review of microscopic slides of interesting cases or formal lectures.

C. The resident/fellow assigned to the consultation service of Dr. Barnes will review the slides in advance, arise at a working diagnosis and suggest appropriate stains or studies to arrive at a specific diagnosis. The case then will be reviewed together with Dr. Barnes and final diagnosis rendered. The resident/fellow will then assimilate the final report with appropriate reference and may discuss the case with the referring pathologist.

D. Teaching occurs daily at the time of frozen sections, microscopic evaluation of tissue slides, and gross evaluation of head and neck/endocrine specimens.

E. Twice a year, the resident/fellow is required to present one or more interesting cases at a formal Department of Pathology Anatomic Conference held weekly. The audience includes staff pathologists from all UPMC Teaching Hospitals and residents/fellows.

F. The resident/fellow is required to attend the Head and Neck Tissue Committee where all surgical pathology reports are reviewed with input from head and neck/endocrine surgeons.

G. The resident/fellow is required to attend the Q-A committee of the Department of Pathology where all surgical pathology reports are examined for accuracy.

H. The Division of Anatomic Pathology has a computer-based Adverse Event Web Site where all errors are recorded, such as mislabeled specimens, gross room misadventures (specimens not received in proper fixture, scalpel cuts, etc.). The resident/fellow is expected to periodically review this data and suggest solutions.

I. The resident/fellow will serve as a junior staff pathologist and, in this capacity, serve as a mentor-teacher to junior residents. This entails reviewing microscopic slides, availability to assist in grossing complex specimens, illustration and how to use our Laboratory Information System to achieve clinical histories, operative reports, imaging studies, etc.
4. SYSTEM-BASED PRACTICE

A. The resident/fellow is required to attend the Head and Neck Tissue Committee where all surgical pathology reports are reviewed with input from head and neck/endocrine surgeons.

B. The resident/fellow is required to attend the Q-A Committee of the Department of Pathology where all surgical pathology reports are examined for accuracy.

C. The Division of Anatomic Pathology has a computer-based Adverse Event Web Site where all errors are recorded such as mislabeled specimens, gross room misadventures (specimens not received in proper fixture, scalpel cuts, etc.). The resident/fellow is expected to periodically review this data and suggest solutions.

D. The resident/fellow occasionally presents at a variety of multidisciplinary conferences, such as a Tumor Board. Their presentation is evaluated by a staff physician for content, style, clarity, etc.
5. PROFESSIONALISM

A. One of the major functions of the resident/fellow is to serve as a role model-mentor to junior residents. This includes a joint review of microscopic slides for sign-out, serving as a consultant on the gross evaluation of complex surgical specimens, assisting the junior resident in the presentation of conferences, etc.

B. With our LIS, the resident/fellow has enormous access to patient information. The need to keep such information confidential is instilled and also monitored. Dr. Barnes receives a daily computer log on patient’s medical records that have been accessed by each fellow/resident.

C. The University of Pittsburgh Department of Pathology is fortunate to have a large ethnic-diverse group of male and female residents/fellows. The resident/fellow is expected to appreciate, learn, and respect the unique cultural qualifications of these individuals.

D. The resident/fellow must always demonstrate respect and compassion for histologists, path assistants, secretaries and nurses, and be able to work effectively with them.
6. **INTERPERSONAL AND COMMUNICATION SKILLS**

A. Each resident/fellow is required to pursue a research project that hopefully will lead to presentation at a national meeting or publication in a peer-reviewed journal. Ample laboratory and financial support are available as well as a vast archive of paraffin tissue blocks and slides stored back to the late 1940s.

B. The resident/fellow will be expected to create a surgical pathology report that is grammatically correct and contains all the pertinent information that may be helpful to the clinician in the care of the patient. To this end, a “spot check” of one or more surgical reports generated by the resident/fellow will be randomly chosen every two weeks for review by the staff pathologist and the results discussed with the resident/fellow.

C. The Head and Neck COE has a weekly didactic conference, which is alternatively run by the fellowship director or the resident/fellow. A potpourri of topics are covered ranging from formal lectures, discussion of a journal articles or abstracts submitted to national meetings, research projects, interesting cases, etc.

D. Twice a year, the resident/fellow is required to present one or more interesting cases at a formal Department of Pathology Anatomic Conference held weekly. The audience includes staff pathologists from all UPMC Teaching Hospitals and residents/fellows.

E. The resident/fellow verbally communicates the results of all frozen sections to the surgeon.

F. The resident/fellow occasionally presents at a variety of multidisciplinary conferences, such as a Tumor Board. Their presentation is evaluated by a staff physician for content, style, clarity, etc.
GME Evaluation report for Pathology

Person: [Redacted]
Form type: Standard Evaluation
Rotation type: ALL
Hospital: ALL
Start Date: 07/01/2005
End Date: 08/30/2005
Display Inactive Questions [ ]
Include Comment Timestamps [ ]

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<td>Satisfactory</td>
<td>Superior</td>
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Total evaluations: 3
Total days spent: 99

Criteria

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<tr>
<th>Patient Care (Residents/fellows should provide compassionate, appropriate and effective care for health problems.)</th>
<th>Weighted Standard Average</th>
<th>Group Weighted Standard Average</th>
<th>Deviation</th>
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<td>Demonstrate the ability to organize and prioritize case material</td>
<td>9.00</td>
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<td>Develop an appropriate workup based on gross/histologic findings and clinical/radiographic information</td>
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<td>Demonstrate technical and interpretation skills in frozen section/intraoperative consultation</td>
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<td>Demonstrate skill in interpretation of gross, histologic and ancillary tests (e.g., immunohistochemistry, flow cytometry, molecular) findings</td>
<td>9.00</td>
<td>7.22</td>
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<td>Demonstrate accuracy and promptness in case diagnosis and management</td>
<td>9.00</td>
<td>7.52</td>
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Medical Knowledge (Residents/fellows should be knowledgeable, scholarly and committed to lifetime learning)
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<tr>
<th>Skill Description</th>
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<tr>
<td>Recognize and describe pathologic processes</td>
<td>9.00</td>
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<td>Synthesize pathologic and clinical/radiologic information and form a differential diagnosis</td>
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<td>7.38</td>
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<td>Utilize information technology to investigate clinical questions and for continuous self-learning</td>
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<td>Achieve the learning objectives set for each rotation</td>
<td>9.00</td>
<td>0.00</td>
<td>7.45</td>
<td>1.41</td>
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<tr>
<td>Participate in active learning by investigating new cases thoroughly with background reading and preparation before signout</td>
<td>9.00</td>
<td>0.00</td>
<td>7.41</td>
<td>1.55</td>
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<tr>
<td><strong>Interpersonal/Communication Skills</strong> (Residents/fellows should communicate and teach effectively)</td>
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<tr>
<td>Show sensitivity to and communicate effectively with all members of the health care team</td>
<td>9.00</td>
<td>0.00</td>
<td>7.37</td>
<td>1.28</td>
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<td>Produce pathology reports that are accurate, concise and grammatically correct</td>
<td>9.00</td>
<td>0.00</td>
<td>7.38</td>
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<td>Effectively teach other residents, medical students, ancillary staff and health care professionals</td>
<td>9.00</td>
<td>0.00</td>
<td>7.34</td>
<td>1.51</td>
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<td>Utilize digital imaging and other resources to prepare conference presentations</td>
<td>9.00</td>
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<td>Present conferences in a logical, coherent, concise and effective manner</td>
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<td><strong>Practice-based learning and improvement</strong> (Residents/fellows should investigate and evaluate patient care practices, and appraise and assimilate scientific evidence in order to improve their practices)</td>
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<td>Participate in QI (Quality Improvement)/QA (Quality Assurance) activities</td>
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<td>Recognize and correct personal errors</td>
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<td><strong>Professionalism</strong> (Residents/fellows should be accountable and adhere to principles of medical ethics by respecting and protecting patient's best interests)</td>
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<td>Demonstrate professional behavior and a responsible work ethic with regard to conference attendance/participation and work assignments</td>
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<td>Demonstrate consideration and support of colleagues and ancillary staff</td>
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<td>0.00</td>
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<td>Demonstrate awareness of ethics and patient confidentiality</td>
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<tr>
<td>Demonstrate sensitivity to diversity</td>
<td>1.00</td>
<td>0.00</td>
<td>0.99</td>
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Demonstrate knowledge of his/her limitations and a willingness to seek appropriate help when necessary  

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<th>1.00</th>
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<th>0.98</th>
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**Systems-Based Practice (Residents/fellows should understand healthcare practice)**

Demonstrate knowledge and application of appropriateness criteria and other cost-effective healthcare principles to professional practice

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Demonstrate the ability to appropriately select special studies for cases in a cost-effective manner

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**SUMMARY EVALUATION**

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Appropriate for stage

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Significantly ahead

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**DISPOSITION (Rotation Directors Only)**

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Incomplete/Deferred

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Unsatisfactory

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**Comments:**

Excellent fellow functioning at junior staff pathology level.

[Name] is an outstanding ENT pathology fellow with enormous ability and potential. He is respectful of others. He has excellent diagnostic skills and judgment.

Report created on: Tuesday, November 22, 2005 at 12:13:11 PM

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Fellow/Chief Resident Name:
Date:
Conference Presentation:
Faculty Mentor:

Cases presented:

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<th>Case Number</th>
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<th>QA (agree, disagree)</th>
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Evaluator: □ Faculty □ Self □ Peer
Evaluator Name and Department:

Core Competencies
Please evaluate the fellow on the following six general competencies. The goals of each competency are listed, along with specific questions aimed at evaluation of these competencies.

(1) Fellow should demonstrate **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

a. **How well did the fellow presentation aid in effective management of the patient?**

□10 (Outstanding) □ 9 □ 8 □ 7 □ 6 □ 5 □ 4 □ 3 □ 2 □ 1 (Poor) □ N/A

b. **How well did the fellow demonstrate compassionate and appropriate behavior (i.e., language, dress, hygiene)?**

□10 (Outstanding) □ 9 □ 8 □ 7 □ 6 □ 5 □ 4 □ 3 □ 2 □ 1 (Poor) □ N/A

(2) Fellow should demonstrate **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

a. **How well did the fellow prepare (i.e., studying the case, literature review)?**

□10 (Outstanding) □ 9 □ 8 □ 7 □ 6 □ 5 □ 4 □ 3 □ 2 □ 1 (Poor) □ N/A

b. **How well did the fellow understand the case (i.e., depth of knowledge)?**

□10 (Outstanding) □ 9 □ 8 □ 7 □ 6 □ 5 □ 4 □ 3 □ 2 □ 1 (Poor) □ N/A

(3) Fellow should demonstrate **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

a. **How well did the fellow present novel data or potential future improvements to benefit patient care?**

□10 (Outstanding) □ 9 □ 8 □ 7 □ 6 □ 5 □ 4 □ 3 □ 2 □ 1 (Poor) □ N/A
(4) Fellow should demonstrate **Interpersonal and Communication Skills** that result in effective information exchange and learning with patients, their families, and other health professionals
   a. How well did the fellow present the cases (i.e., concise, accurate, complete)?
      - [ ] 10 (Outstanding)  [ ] 9  [ ] 8  [ ] 7  [ ] 6  [ ] 5  [ ] 4  [ ] 3  [ ] 2  [ ] 1 (Poor)  [ ] N/A
   b. How well did the fellow interact with clinical colleagues and answer questions?
      - [ ] 10 (Outstanding)  [ ] 9  [ ] 8  [ ] 7  [ ] 6  [ ] 5  [ ] 4  [ ] 3  [ ] 2  [ ] 1 (Poor)  [ ] N/A

(5) Fellow should demonstrate **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
   a. Did the fellow demonstrate professional behavior?
      - [ ] 10 (Outstanding)  [ ] 9  [ ] 8  [ ] 7  [ ] 6  [ ] 5  [ ] 4  [ ] 3  [ ] 2  [ ] 1 (Poor)  [ ] N/A
   b. Was the fellow presentation sensitive to diversity?
      - [ ] 10 (Outstanding)  [ ] 9  [ ] 8  [ ] 7  [ ] 6  [ ] 5  [ ] 4  [ ] 3  [ ] 2  [ ] 1 (Poor)  [ ] N/A

(6) Fellow should demonstrate an understanding of **Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value
   a. Did the fellow understand the context in which patient's case was discussed (i.e., appropriate length of discussion, focus on important clinical issues)?
      - [ ] 10 (Outstanding)  [ ] 9  [ ] 8  [ ] 7  [ ] 6  [ ] 5  [ ] 4  [ ] 3  [ ] 2  [ ] 1 (Poor)  [ ] N/A
   b. Did the fellow recognize the utilize appropriate and important resources to fully demonstrate the cases presented (i.e., special stains, photo quality and choice)?
      - [ ] 10 (Outstanding)  [ ] 9  [ ] 8  [ ] 7  [ ] 6  [ ] 5  [ ] 4  [ ] 3  [ ] 2  [ ] 1 (Poor)  [ ] N/A

Specific Comments:

Signature of Evaluator:  
Date:
1. **First Quarterly Evaluation (July 1 – September 30, 2005)**

Aaron is an outstanding fellow, with good work ethics and excellent diagnostic skills. He is the first head and neck fellow that I have had who has scored a perfect "9" on his GME evaluations by all three of our head and neck pathologists!

Thus far he has spent three weeks of his electives at the Pitt Dental School participating in their biopsy service and reviewing study sets. He has also submitted two abstracts of his research to the USCAP for possible presentation at the 2006 meeting in Atlanta. These projects deal with adenofibromas (a new entity) and BRAF presentations in anaplastic thyroid carcinoma and laryngeal squamous carcinoma.

Aaron was asked to evaluate the strengths and weaknesses of his first three months of this fellowship. His comments are attached.

---

Leon Barnes, MD  
October 10, 2005

2. **Second Quarter Evaluation (October 1 – December 31, 2005)**

Aaron continues to pursue his fellowship with hard work, dedication and enthusiasm. He again has a perfect "9" evaluation on his GME evaluations. He continues to review almost all of my consults and is responsible for assembling the final report. His performance was also discussed at our October 3, 2006 staff meeting (see their minutes) and all agreed that he is an excellent fellow.

A printout of specimens that he has examined from July 1, 2005 to January 1, 2006 indicates that he has evaluated a total of 1059 cases. My review of this printout indicates that he is getting a wide exposure to all head and neck specimens.

---

Leon Barnes, MD  
January 4, 2006
GME Evaluation report for Pathology

Person: [Redacted]
Form type: Standard Evaluation
Rotation type: ALL
Hospital: ALL
Start Date: 04/01/2005
End Date: 02/28/2006
Display Inactive Questions: [ ]
Include Comment Timestamps: [ ]
Create Report

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<td>Total evaluations</td>
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<tr>
<td>Total days spent</td>
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<tr>
<td>Availability</td>
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<td>Quality of Teaching</td>
<td>8.97</td>
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<tr>
<td>Stimulated my interest in this area</td>
<td>8.95</td>
<td>0.81</td>
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Comments:

I only wish I had more time to benefit from [Redacted]'s experience.

[Redacted] has an amazing wealth of knowledge and is an excellent teacher. He is always available and open to questions. He is extremely pleasant to work with. I highly look forward to working with him again.

The time period was too short to evaluate.

[Redacted]'s knowledge base is (obviously) huge and he enjoys sharing that knowledge with the residents and fellows.

Report created on: Friday, March 03, 2006 at 10:25:57 AM
GME Evaluation report for Pathology

Person: [Redacted]
Form type: Standard Evaluation
Rotation type: ALL
Hospital: ALL
Start Date: 04/01/2006
End Date: 02/28/2006
Display Inactive Questions:
Include Comment Timestamps:

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<th>Criteria</th>
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<th>4-5-6 Satisfactory</th>
<th>7-8-9 Superior</th>
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<td>Availability</td>
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<td>7.84 1.17</td>
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<td>Interest/Attitude</td>
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<td>7.95 1.09</td>
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<td>Quality of Teaching</td>
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<td>7.80 1.16</td>
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<td>Stimulated my interest in area</td>
<td>6.98 1.28</td>
<td>7.74 1.26</td>
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Total evaluations: 27
Total days spent: 1732

Comments:

One thing I really appreciated about working with Dr. __ was that he paid attention to my diagnoses and used them when they were appropriate. That gave me great feedback as to the accuracy of my diagnoses. He was very reasonable about his expectations for me on this very busy bench, and seemed genuinely appreciative of my work.

Dr. __ is an excellent teacher of fundamental pathology. He is, however, so dependent on the trainee such that signing out with him can become rather too time consuming.

Please note this is for the time period 2004-12-27 through 2005-01-30, which is not in the drop down box

period of 2005-04-25 through 2005-05-29:
signing out with Dr. __ remind me why I want to be a pathologist. I will be
more than happy with myself if someday I get to the level of knowledge Dr. [Redacted] has. When I rotated with Dr. [Redacted] I tried to put a lot of attention in how he signs out, since I think his style in signing out cases is the one I want to train myself to have. He is a very nice gentleman, and makes each day signing out with him fun and interesting.

The rotations with Dr. [Redacted] are always too short!!! An excellent teacher.

Did not work with Dr. [Redacted] this period

Should give trainees more independence to improve efficiency and reduce duplication of work

Report created on: Monday, March 06, 2006 at 10:09:54 AM

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SUPERVISION OF FELLOWS

1. Supervision of fellows is done on a daily basis by the staff pathologist assigned to each of our subspecialty rotations.

2. Faculty schedules are prepared in advance to ensure that they have a dedicated service interval for continuous supervision and consultation, with minimal to no other responsibilities that might distract from this responsibility.

3. The staff pathologist must always be available for assistance/consultation on all frozen sections, complicated gross surgical specimens, assessing microscopic slides and in formulating the final pathology report. Documentation of this process requires that the staff pathologist must officially sign each frozen section diagnosis and that the final pathology report includes the following statement:

   **My signature is attestation that I have personally reviewed the submitted material(s) and the final diagnosis reflects that evaluation.**

4. The staff pathologist must also monitor the daily workload of specimens to balance proper exposure to a variety of surgical specimens without compromising the learning experience. This involves recognizing signs of fatigue and its negative affects, and asking the fellow specific questions regarding diagnosis, prognosis, etc. to ensure that they are reading and learning.
HEAD AND NECK PATHOLOGY FELLOWSHIP  
FELLOW DUTY HOURS POLICY  
UPMC PRESBYTERIAN SHADYSIDE HOSPITAL

General Statement:
Fellows normally work a 10-12 hour day, 5.5 days/week (Monday thru Saturday Noon). Currently there is no night or weekend call and continuous on-site duty will not exceed 15 hours.

Duty Hours:
The Head and Neck Pathology Fellowship complies with the UPMC MEP Policy on duty hours. All UPMC MEP policies can be found on the GME web site at http://GME.infonet.upmc.com.

When on service, fellows are to be in-house from 7:00 a.m. to 6:00 p.m. weekdays, 7 to 12:00 noon on Saturdays, not to exceed an average of 80 work hr./week for any given month. Fellows will have one day in seven free from all educational or clinical responsibilities.

Moonlighting:
Moonlighting is strictly prohibited.

Monitoring of Duty Hours:
Staff pathologists and fellows are made aware of the policy of the Department of Pathology and Graduate Medical Education Office which state the fellows are not to exceed an average of 80 hours/week per month. In addition to this policy, the head and neck pathology fellowship agrees to abide by the policies of the core Pathology Residency Training Program. This will be monitored with weekly time sheets in which fellows are required to complete and are to be reviewed by the corresponding staff pathologist at the end of each workweek.

If the fellow feels he/she is exceeding this work limit, the rotation and fellowship director will work together to see that the fellow has less than the 80 hr./week over the course of a month. Should this issue not be resolved to the fellow’s satisfaction, he/she may report their grievance to the Director of the Fellowship Committee or the Chairman of the Department of Pathology.

Leon Barnes, M.D.  
Program Director, Fellowship Program  
UPMC Presbyterian Shadyside  
______________________________  __________________
Program Director, Fellowship Program  
Date
# FELLOW WEEKLY TIME SHEET

1. NAME: ________________________________________________________________

2. WEEK OF (DATE) _______________________________________________________

3. ROTATION ______________________________________________________________

4. STAFF PATHOLOGIST _____________________________________________________

---

# FELLOW WEEKLY TIME SCHEDULE

## Monday (total hours)

A. Service (gross, FS, sign-out, etc.)

B. Conference (preparation and presentation)
   
   List conferences:
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________

C. Miscellaneous ________________________________________________________

## Tuesday (total hours)

A. Service (gross, FS, sign-out, etc.)

B. Conference (preparation and presentation)
   
   List conferences:
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________

C. Miscellaneous ________________________________________________________

## Wednesday (total hours)

A. Service (gross, FS, sign-out, etc.)

B. Conference (preparation and presentation)
   
   List conferences:
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________

C. Miscellaneous ________________________________________________________

## Thursday (total hours)

A. Service (gross, FS, sign-out, etc.)

B. Conference (preparation and presentation)
   
   List conferences:
   1. ________________________________________________________________
   2. ________________________________________________________________
   3. ________________________________________________________________

C. Miscellaneous ________________________________________________________
5. Friday (total hours) _____________________________________________________________
   A. Service (gross, FS, sign-out, etc.) _____________________________________________
   B. Conference (preparation and presentation)_______________________________________
      List conferences:
      1. ____________________________________________
      2. ____________________________________________
      3. ____________________________________________
   C. Miscellaneous ____________________________________________

6. Saturday (total hours) _________________________________________________________
   A. Service (gross, FS, sign-out, etc.) _____________________________________________
   B. Conference (preparation and presentation)_______________________________________
      List conferences:
      1. ____________________________________________
      2. ____________________________________________
      3. ____________________________________________
   C. Miscellaneous ____________________________________________

7. Sunday (total hours) __________________________________________________________
   A. Service (gross, FS, sign-out, etc.) _____________________________________________
   B. Conference (preparation and presentation)_______________________________________
      List conferences:
      1. ____________________________________________
      2. ____________________________________________
      3. ____________________________________________
   C. Miscellaneous ____________________________________________

   TOTAL HOURS PER WEEK_______________________________________________________

   Fellow (Signature) ____________________________________________________________
   Staff Pathologist (Signature) __________________________________________________
   Date of Review ________________________________________________________________
   Action:  Adam Smith

   __________________________________________________________
DISCIPLINE AND DISMISSAL OF RESIDENTS

1. Rotation Directors or teaching faculty should report to the Program Director in a timely fashion incidents which they feel require immediate discipline or dismissal of a resident. These may include violations of the Medical Center’s confidentiality requirements or irresponsible actions that lead to significant harm to or death of a patient. These actions may be taken by the program Director alone in consultation with the institutional GME Office.

2. Residents may be formally disciplined and counseled by the Program for repeated failure to follow Program policies, serious incidents of unprofessional behavior, evidence of substance abuse, or consistently poor performance. In accord with reporting responsibilities to the American Board of Pathology, records of discipline become a permanent part of the resident’s file. A resident may be considered for dismissal from the program, consistent with the Institution’s GME policies, for egregious acts of professional negligence or inappropriateness, irremediable substance abuse, seriously deficient knowledge of consistently poor performance and lack of progress in the Program.

3. A resident who is identified by a specific incident or evaluations as requiring counseling or discipline will meet with the Program Director to discuss the incident or issue in question. Either a written summary of this meeting will be prepared and presented to the resident, and/or a Performance Improvement Plan (see below). The resident may offer comments or responses in writing to be included in the resident’s file to clarify or rebut assertions being made about the resident’s behavior or performance. If an incident is sufficiently serious to consider dismissal within one month, the Program Director may suspend with pay the resident from active duties and call within 2 weeks an emergency meeting of the Residency Committee an/or consult with members of the Residency Committee to obtain opinions regarding the appropriateness of immediate dismissal or a decision not to renew the particular resident’s contract for a subsequent year because of the seriousness of actions requiring discipline. If there is significant sentiment on the Committee for dismissal, the Program Director will consult the GME office for an opinion regarding a course of action.

4. With the exception of termination because of failure to pass USMLE step III by the end of the 2nd year of training, a decision to dismiss a resident from the Training Program must be communicated to the resident in writing by registered mail, return receipt requested, not later than 6 weeks from the date a specific incident or deadline to satisfactorily address a Performance Improvement Plan. A date for dismissal will be provided as well as options for appeal of this decision within the Institution’s GME policies.
5. Performance Improvement Plans (PIPs): For residents whose performance or behavior is felt to be potentially remediable, a Performance Improvement Plan will be drafted. This plan, to be created by the Program Director in consultation with appropriate faculty or other institutional representatives, will indicate specific area(s) in which performance improvement is required for continuation in the program, specific goals for improvement, and a timetable for achieving these performance improvements. Available resources available to the resident within the Department and the Institution to assist in addressing the performance deficit to the resident within the Department and the Institution to assist in addressing the performance deficit should be placed in the PIP or discussed with the resident, to include services through the Residency Assistance Plan of the University and Medical Center. The resident must also be informed of other available resources such as ombudspersons, resident organizations within the institution, and the GME grievance procedures available outside the Department.

6. A resident who satisfactorily addresses performance improvement requirements in a Performance Improvement Plan will receive written notice of this fact from the Program Director or designee. This information must and will remain part of the resident’s record in the training program. No prejudice from this specific performance improvement issue will be held against such a resident with regard to future decisions, benefits or eligibility for honors within the training program. Residents may be given PIPs in more than one area or time period during their training program if performance warrants.
Publications of Head and Neck Fellows

1. **Juan Mazariegos 1987-1988**

2. **Roberta Killeen 1988-1989**

3. **Wasim Raslan 1990-1991**

4. **Susan Muller 1993-1994**
5. **Christina MacMillan 1994-1995**


6. **Bobby Collins 1995-1996**


7. **Anas Dababo 1996-1997**

8. **Mia Perez 1997-1998**

A. Perez MCN, Barnes L. Inflammatory (myofibroblastic) pseudotumors (IPT) of the head and neck. Mod Pathol 1999, 12: 129A.


B. Liu CZ, Finklestein SD, Swalsky PA, Hunt JL, Barnes EL. Loss of heterozygosity (LOH) in co-existing papillary thyroid carcinoma (PTC) and papillary microcarcinoma (PMC): A comparative study and potentially independent clonal origin. Mod Pathol 2002, 15: 117A.

12. **Somboon Keelawat  2000-2001**


13. **Loretta L.Y. Tse  2003**


14. **Adel Assaad  2004-2005**

A. Assaad AM, Hunt JL. Allelic imbalance of tumor suppressor gene loci in benign and malignant lesions of the thyroid in patients who had radiation as children. Mod Pathol 2005, 18 (Suppl 1) 88A.

15. **Raja Seethala  2005**

A. Seethala RR, Barnes EL, Hunt JL. Epithelial-myoepithelial carcinoma: a review of the morphologic spectrum and immunophenotypic characteristics in 32 cases. United States and Canadian Academy of Pathology. Mod Pathol 2006 Jan 19 (S1): 137A.


16. **Aaron Hoschar  2005-2006**


## PREVIOUS HEAD AND NECK FELLOWS

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<tr>
<th>Year</th>
<th>Name</th>
<th>Current Position</th>
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<tr>
<td>1988-1989</td>
<td>Roberta Killeen</td>
<td>Private practice, Florida</td>
</tr>
<tr>
<td>1990-1991</td>
<td>Wasim Raslan</td>
<td>Formerly Chief of Head and Neck Pathology, Loyola University, Chicago; Now Pathologist at Aramco Hospital, Saudi Arabia</td>
</tr>
<tr>
<td>1993-1994</td>
<td>Susan Muller</td>
<td>Emory University</td>
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<tr>
<td>1994-1995</td>
<td>Christina MacMillan</td>
<td>University of Toronto</td>
</tr>
<tr>
<td>1995-1996</td>
<td>Bobby Collins</td>
<td>University of Pittsburgh School of Dental Medicine</td>
</tr>
<tr>
<td>1996-1997</td>
<td>Anas Dababo</td>
<td>Private practice, Saudi Arabia</td>
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<tr>
<td>1997-1998</td>
<td>Mia Perez</td>
<td>Loma Linda University</td>
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<td>1998-1999</td>
<td>Chun-Yang Fan</td>
<td>University of Arkansas</td>
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<tr>
<td>1999-2000</td>
<td>Mahamed Said</td>
<td>University of Colorado</td>
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<td>2000-2001</td>
<td>Cheng Liu</td>
<td>University of Oklahoma</td>
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<td>2000-2001</td>
<td>Somboon-Keelawat</td>
<td>University of Chulalongkorn Bangkok, Thailand</td>
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<td>April-October, 2003</td>
<td>Loretta Tse</td>
<td>Queen Elizabeth Hospital Hong Kong</td>
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<tr>
<td>July-December, 2005</td>
<td>Raja Seethala</td>
<td>University of Pittsburgh</td>
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<td>2005-2006</td>
<td>Aaron Hoschar</td>
<td>Cleveland Clinic</td>
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