

RESIDENCY REVIEW COMMITTEE FOR PATHOLOGY
(Anatomic and/or Clinical Pathology and Selective Pathology)
515 N State, Ste 2000, Chicago, IL 60610 • 312-755-5025 • www.acgme.org

PROGRAM INFORMATION FORM (Part 1)

FOR NEW APPLICATIONS ONLY

SECTION 1. GENERAL PROGRAM INFORMATION

A. Accreditation Information

Date: January 24, 2005
Title of Program: Thoracic Pathology Fellowship Program

B. Program Director Information

Name: Samuel A. Yousem, MD		
Title: Vice Chairman and Director of Anatomic Pathology Services, UPMC; Professor, Department of Pathology, University of Pittsburgh School of Medicine		
Address: UPMC Presbyterian PUH-A610, 200 Lothrop Street		
City, State, Zip code: Pittsburgh, PA 15213-2582		
Telephone: 412 647-3238	FAX: 412 647-3399	Email: yousemsa@upmc.edu
Date First Appointed: 07/01/1987		
Principal Activity Devoted to Resident Education: Teaching gross and microscopic pathology of the lung and mediastinum. Coordination of resident activities in thoracic pathology. Teaching and mentoring in translational research in pulmonary disease.		
Term of PD Appointment: Dr. Yousem is a tenured professor of pathology		
Primary Specialty Board Certification: Pathology (AP)	Most Recent Date: 1984	
Secondary Specialty Board Certification: Cytopathology	Most Recent Date: 1997	
Number of years spent teaching in GME in this specialty: 17 years		
Director based at primary teaching institution? (X) YES () NO		
Number of hours per week Director Spends in:		
Clinical Supervision: 30	Administration: 10	Research: 5 Didactics/Teaching: 10
Is Program Director also Department Chair? () YES (X) NO		
If No, Chair Name: George Michalopoulos, M.D., Ph.D.		
The signatures of the director of the program, the chief of the department and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.		
Signature of Program Director (and date): 1/24/05		
Signature of Chief/Department Chair if different from Program Director (and date):1/24/05		
Signature of Designated Institutional Official (DIO) (and date):		

SECTION 2. PARTICIPATING INSTITUTIONS

SPONSORING INSTITUTION: (The university, hospital, or foundation that has ultimate responsibility for this program.)	
Name of Sponsor: : University of Pittsburgh Medical Center Medical Education Program	
Address: : University of Pittsburgh Medical Center Medical Education Program 3708 Fifth Avenue Medical Arts Building, Suite 501 Pittsburgh, Pennsylvania, 15213	Changed since the Last Review? () YES (X) NO
	Single Residency Sponsor? () YES (X) NO
City, State, Zip code: Pittsburgh, PA 15213	
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) Consortium of Hospitals	
Ownership Type: (e.g., State, Corporation, Church) Other Non-profit	
Name of Designated Institutional Official: Rita M. Patel M.D.	
Name of Chief Executive Officer: Jeffrey A. Romoff	
Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution)? (X) YES () NO If yes, name the medical school below and have an affiliation agreement that describes the effect of these arrangements on this program available.	
Name of Medical School #1 University of Pittsburgh School of Medicine	
Name of Medical School #2 N/A	

PRIMARY INSTITUTION (Institution #1)	
Name: University of Pittsburgh Medical Center – Presbyterian/Shadyside (UPMC Presbyterian/Shadyside)	
Address: 200 Lothrop Street	
City, State, Zip Code: Pittsburgh, PA 15213 – 2582	
Type of Relationship with Program: Sponsor () Major (X) Clinical () Other ()	
Type of Rotation Elective () Required () Both (X) (select one)	
Length of Resident Rotation (in months) Year 1: Year 2: Year 3: Year 4: Year5: 12 mo	
CEO/Director/President's Name: Elizabeth Concordia	JCAHO Approved? (X) YES () NO () NA
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School) Teaching Hospital	
Ownership Type: (e.g., State, Corporation, Church) Other Non-profit	
Brief Educational Rationale:	The Division of Pulmonary Medicine, Thoracic Surgery, and Thoracic Pathology are located at the Presbyterian Hospital. Thoracic Oncology is based at the UPMC Presbyterian Hospital and Shadyside Hospital. The latter is in very close physical proximity with the Hillman Cancer Center, the cancer center of the University of Pittsburgh Cancer Institute, providing an efficient interaction and communication with the oncologists. Presbyterian Hospital is the flagship hospital of the UPMC system. The residency program in Pathology and a number of other ACGME accredited sub-specialty programs in Pathology are located at Presbyterian Hospital.

SECTION 3. FELLOWS

A. Number of Positions (One position starting July 2006).

Positions	Year 1	Year 2	Year 3	Total
Number of Requested Positions	1			
Number of Filled Positions*	1			

* Not applicable to new programs with no residents on duty.

B. Actively Enrolled Residents (if applicable)

List all residents actively enrolled in this program as of August 31 of current academic year (see Section 3.A). List names alphabetically within Year in Program. Place an (*) asterisk next to the name of each resident accepted as a transfer. Documentation of previous experience for transfer students should be available for review by the site visitor.

Name	Program Start Date	Expected Completion Date	Year in Program	Years of Prior GME	Specialty of Most Recent Prior GME	Medical School	Year of Med School Graduation

C. Aggregate Data on Residents Completing or Leaving the Program for the Last Three (3) Years (if applicable)

Tsuyoshi Hasegawa	7/1/00	6/30/01	1	6	Thoracic Pathology	Tsukuba University School of Medicine, Japan	1991
Dongwon Kim	7/1/02	6/30/03	1	6	Thoracic Pathology	Soonchunhyang Medical College, Korea	1985

D. Residents Completing Program in the Last Three Years (if applicable)

See above

E. Withdrawn Residents (if applicable) None

F. Scholarly Activity (if applicable) See section 11 (resident/fellow research)

G. Duty Hours (if applicable) N/A

Based on current academic year	Yr 1	Yr 2	Yr 3	Yr 4
During the previous 4-week period, excluding call from home, what was the average length of the resident workweek in hours?				
During the previous 4-week period, excluding call from home, what was the maximum number of hours worked by any resident during the workday?				
During the previous 4-week period, on average, how many in-house calls were residents assigned per week?				
During the previous 4-week period, how often have residents worked more than 30 continuous hours (adding regular duty-time and in-house call)?				

SECTION 4. FACULTY / TEACHING STAFF

A. Faculty Roster

List all major teaching staff who participate directly and regularly in resident education.

Name (Position)	Degree	Based Primarily at Institution #*	Primary Specialty / Field			Years as Faculty in Specialty	Average Hours Per Week Spent On			
			Specialty / Field	ABMS Board Certification (Y/N)	Most Recent Certification Date		Clinical Supervision	Administration	Didactic Teaching	Research
Samuel A. Yousem	MD	1	Anatomic Pathology/ Pulmonary	Y	1985	17	30	10	10	5
N. Paul Ohori	MD	1	Anatomic Pathology/ Pulmonary/ Cytology	Y	1992	12	35	5	5	10
Sanja Dacic	MDPhD	1	Anatomic Pathology/ Pulmonary	Y	2002	2	35		5	15
Robert Peel	MD	1	Anatomic Pathology	Y	1973	31	35		5	
Sheldon Bastacky	MD	1	Anatomic Pathology	Y	1994	10	35		10	5
Jennifer Hunt	MDMEd	1	Anatomic Pathology/ Molecular Pathology	Y	2000	4	25	5	15	15

*as listed in Part 1, Section 2.

B. Faculty Curriculum Vitae - Complete for each faculty member. One page only.

First Name:	Samuel	MI:	A.	Last Name:	Yousem
Present Position:	Professor of Pathology/Vice Chairman and Director of Anatomic Pathology				
Medical School Name:	University of Maryland				
Degree Awarded:	MD	Year Completed:	1981		
Graduate Medical Education Program Name:	Residency Program, Stanford University Medical Center Surgical Pathology Fellowship, Stanford University Medical Center				
Specialty/Field	Pathology	Date From:	1981	To:	1984

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration
AP	1985		Pennsylvania	N/A
Cytopathology	1997			

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
1997	Present	Vice Chairman and Director of Anatomic Pathology
1996	Present	Professor of Pathology with tenure

Concise Summary of Role in Program:

Director, Thoracic Pathology Fellowship and Diagnostic Thoracic Pathology

Current Professional Activities / Committees (Limit of 10):

1981 to present – American Medical Association
 1984 to present – American College of Chest Physicians
 1984 to present – International Academy of Pathology
 1984 to present – College of American Pathologist
 1987 to present – Pittsburgh Pathology Society
 1987 to present – Pennsylvania Association of Pathologists
 1987 to present – American Society of Clinical Pathology
 1994 to present – International Society of Heart and Lung Transplantation

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Yousem SA. Pulmonary apical cap. *AJSP* 25:679-683, 2001.
Yousem SA, Finkelstein DS, Swalsky PA, Bakker A, Ohori NP. Absence of jaagsiekte sheep retrovirus DNA and RNA in bronchioloalveolar and conventional human pulmonary adenocarcinoma by PCR and RT-PCR analysis. *Human Pathol* 32:1039-1042, 2001.
Yousem SA, Dacic S. Idiopathic bronchiolocentric interstitial pneumonia. *Mod Pathol* 15:1148-53, 2002
 Dacic S, Sasatomi E, Swalsky PA, Kim D-W, Finkelstein SD, Yousem SA. Comparative genotypic analysis of sclerosing hemangioma of the lung and bronchioloalveolar carcinoma indicates a similar molecular pathogenesis. *Arch Pathol Lab Med* 128:880-4, 2004.
 Sasatomi E, Johnson LR, Aldeeb DN, Lomago DM, Thompson Jr JW, Swalsky PA, Luketich JD, Fernando HC, Finkelstein SD, Yousem SA. Genetic profile of cumulative mutational damage associated with early pulmonary adenocarcinoma: BAC vs. Stage I invasive adenocarcinoma. *AJSP* 28:1280-88, 2004.
 Dacic S, Sasatomi E, Swalsky PA, Kim DW, Finkelstein SD, Yousem SA. Loss of heterozygosity patterns of sclerosing hemangioma of the lung and bronchioloalveolar carcinoma indicate a similar molecular pathogenesis. *Arch Pathol Lab Med*: 128:880-4, 2004.
 Ionescu D, Sasatomi E, Aldeeb D, Omalu B, Finkelstein S, Swalsky P, Yousem S. Pulmonary meningothelial-like nodules: a genotypic comparison with meningiomas. *AJSP* 28:207-14, 2004.

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):

Yousem SA. Lung tumors in the immunocompromised host in Corrin B (ed). *The pathology of lung tumors*. Churchill Livingstone, London, p184-212, 1998.
 Clarke M, Yousem SA. Pathologic Evaluation of Lung Tumors: Prognostic Features in Non-Small Cell Carcinoma. *General Thoracic Surgery: Current Trends*. Landreneau R (editor) Appleton and Lange (1999)
Yousem SA. Benign lung tumors of the peripheral lung in Cagle P (ed). *Diagnostic pulmonary pathology*. Marcel Dekker Inc. New York, New York. (2004).

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):

2003 - Speaker, ASCP Pathology Today Annual Meeting, New Orleans, LA, September 2003
 2004 - Speaker, Los Angeles Society of Pathologists, Los Angeles, CA January, 2004
 2004 - Speaker, USCAP, Short Course, Vancouver, Canada, March 2004
 2004 - Speaker, Callender-Binford Lecture, AFIP, Washington, DC, April 2004
 2004 - Speaker, ACCP, Phoenix, AZ, June 2004

B. Faculty Curriculum Vitae - Complete for each faculty member. One page only.

First Name: Sanja	MI:	Last Name: Dacic
Present Position: Assistant Professor of Pathology		
Medical School Name: University of Zagreb School of Medicine, Zagreb, Croatia		
Degree Awarded: MD, PhD	Year Completed: 1990, 1998	
Graduate Medical Education Program Name: Postdoc Fellow, University of Connecticut Residency Program, University of Pittsburgh		
Specialty/Field Pathology	Date From: 1997	To: 2002

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration
Pathology	2002		Pennsylvania	N/A

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
2002	Present	Assistant Professor of Pathology, University of Pittsburgh School of Medicine
1992	1995	Research Assistant, University of Zagreb School of Medicine

Concise Summary of Role in Program:

Staff pathologist

Current Professional Activities / Committees (Limit of 10):

United States and Canadian Academy of Pathology
 American College of Chest Physicians
 Pulmonary Pathology Society
 American Society for Investigative Pathology
 College of American Pathologists
 American Society of Clinical Pathologists
 Pennsylvania Association of Pathologists

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Dacic S, Kalajzic I, Visnjic D, Lichtler A, Rowe D. Col1A1-driven transgenic markers of osteoblast lineage progression. *J Bone Miner Res* 2001;16(7):1228-36.
Dacic S, Sasatomi E, Swalsky PA, Finkelstein SD, Yousem SA. Molecular pathogenesis of pulmonary carcinosarcoma as determined by microdissection-based allelotyping. *Am J Surg Pathol* 2002; 26(4):510-6.
Dacic S, Finkelstein SD, Baksh FK, Swalsky PA, Cong WM, Barnes LE, Yousem SA. Small cell neuroendocrine carcinoma displays unique profiles of tumor suppressor gene loss in relationship to primary site of formation. *Hum Pathol* 2002; 33(9):927-32.
Dacic S, Kounelis S, Kouri E, Jones MW. Immunohistochemical analysis of cystosarcoma phyllodes: study of 22 cases. *Breast J* 2002;8(6):376-81.
 Hunt JL, **Dacic S**, Barnes EL, Bures JC. Encapsulated follicular variant of papillary thyroid carcinoma. *Am J Clin Pathol* 2002; October 118(4):602-3; discussion 605-6.
 Yousem SA, **Dacic S**. Idiopathic bronchiolocentric interstitial pneumonia. *Mod Pathol* 2002;15:1148-.
 Baksh F, **Dacic S**, Finkelstein SD, Swalsky PA, Raja S, Sasatomi E, Luketich JD, Fernando HC, Yousem SA. Widespread molecular alterations present in stage I non-small cell lung carcinoma fail to predict recurrence. *Mod Pathol* 2003;16:28-.
Dacic S, C. Trusky, A. Bakker, Finkelstein SD, Yousem SA. Genotypic analysis of pulmonary Langerhans' cell histiocytosis. *Hum Pathol* 2003; 34:1345-49.
Dacic S, Finkelstein SD, Sasatomi E, Kim DW, Yousem SA. Comparative genotypic analysis of sclerosing hemangioma of the lung and bronchioloalveolar carcinoma indicates a similar molecular pathogenesis *Arch Path Lab Med* 2004;128(8):880-4

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):

Dacic S., Yousem SA. Histologic classification of chronic interstitial pneumonias. *Am J Respir Cell Mol Biol* 2003;29(3 Suppl):S5-9

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):

Dacic S, Trusky C, Bakker A, Finkelstein S, Yousem SA: Molecular aberrations in Langerhans cell histiocytosis of the lung. *Lab Invest* 83(1):306A, 2003, Annual Meeting USCAP, Washington, DC.
 D. Ionescu, K. Cieply, **S. Dacic**: EGFR amplification in the thymic epithelial tumors. *Lab Invest* 83(1):308A, 2003, Annual Meeting USCAP, Washington, DC.
 D. Ionescu, S. Finkelstein, P. Swalsky, J. Murphy, C. Trusky, **S. Dacic**: Genotypic analysis distinguishes de novo lung carcinoma from local recurrence/metastasis. Annual Meeting of American Thoracic Society, 2003, Seattle, WA.
Dacic S, Ramalingam S, Luketich J, Yousem SA, Belani PC: Fluorescent in situ hybridization (FISH) evaluation of HER-2/neu, and Cyclin D1 expression in non-small cell lung cancer (NSCLC): Correlation with clinical behavior. Annual Meeting of American Society of Clinical Oncology, 2003, Chicago, IL.
 Ionescu DN, Lomago D, Swalsky PA, Finkelstein SD, Yousem SA, **Dacic S**. Molecular analysis of multiple synchronous non-small cell lung carcinomas (NSCLC): impact on staging. *Mod Pathol* 17(1):337A, 2004, Annual Meeting USCAP, Vancouver, BC, Canada.

B. Faculty Curriculum Vitae - Complete for each faculty member. One page only.

First Name: N.	MI: Paul	Last Name: Ohori
Present Position: Associate Professor of Pathology		
Medical School Name: Medical College of Virginia		
Degree Awarded: MD	Year Completed: 1987	
Graduate Medical Education Program Name: Residency Program, University of Pittsburgh		
Specialty/Field Pathology	Date From: 1987	To: 1992

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration
Pathology	1992		Pennsylvania	N/A
Cytopathology	1997			

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
2001	Present	Program Director, Cytopathology Fellowship Program
2000	Present	Associate Professor of Pathology
1992	2000	Assistant Professor of Pathology

Concise Summary of Role in Program:

Staff pathologist and Director of Cytopathology – UPMC Presbyterian

Current Professional Activities / Committees (Limit of 10):

1990-Present College of American Pathologists
 1991 West's Who's Who in Health and Medical Services
 1992-Present International Academy of Pathology (United States and Canadian Division)
 1992-Present American Society of Clinical Pathologists
 1993-Present Pittsburgh Pathology Society
 1993-Present Pennsylvania Association of Pathologists
 1995-Present Pulmonary Pathology Society
 1996-Present International Society for Heart and Lung Transplantation
 1996-Present American Society of Cytopathology
 1998-Present Papanicolaou Society of Cytopathology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Ohori NP, Schoedel KE, Rajendiran S. Cytologic-Histologic correlation of non-gynecologic cytopathology cases: separation of determinate from indeterminate cytologic diagnosis for analysis and monitoring of laboratory performance. *Diagn Cytopathol* 28:28-34, 2003.
 Whisnant RE, Bastacky SI, **Ohori NP.** Cytologic diagnosis of low grade papillary urothelial neoplasms (low malignant potential and low grade carcinoma) in the context of the 1998 WHO/ISUP classification. *Diagn Cytopathol* 28:186-90, 2003.
 Ochs RL, Fensterer J, **Ohori NP, Wells A, Gabrin M, George L, Kornblith P.** Evidence for the isolation, growth, and characterization of malignant cells in primary cultures of human tumors. *In Vitro Cell Dev Biol Anim.* 39:63-70, 2003.
Ohori NP, Yu J, Landreneau RJ, Thaete FL, Kane K. Pleural sinus histiocytosis with massive lymphadenopathy (Rosai-Dorfman Disease): a rare extranodal presentation. *Human Pathology* 34:1210-11, 2003.
Ohori NP, Fowler MH, Swalsky PA, Thompson J, Finkelstein SD. Comparative molecular analysis of loss of heterozygosity in adenocarcinoma in bile duct brushings and corresponding surgical pathology specimens. *Cancer Cytopathol* 99:379-384, 2003.
 Schoedel KE, Finkelstein SD, Swalsky PA, **Ohori NP.** Molecular profiling of primary and metastatic neoplasms in the lung using cytologic material obtained by fine needle aspiration. *Diagn Cytopathol* 30:342-346, 2004.
Ohori NP, Santa Maria EL. Cytopathologic Diagnosis of Bronchioloalveolar Carcinoma: Does it Correlate with the 1999 World Health Organization Definition? *Am J Clin Pathol* 122:44-50, 2004.

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):

Ohori NP, Yousem SA. Histopathology of lung transplantation in "The Transplantation and Replacement of Thoracic Organs". Cooper, DKC, ed. Kluwer Academic Publishers, Lancaster, U.K., 1996.
Ohori NP. Uncommon Endobronchial Neoplasms in "Diagnostic Pulmonary Pathology". Cagle PT, ed. Marcel Dekker, 2000.
 Yokose T, **Ohori NP.** Macroscopy and Localization of Pulmonary Adenocarcinoma in "Pathology and Genetics of Tumours of the Respiratory Tract, Mediastinum and Thymus". Travis WD, Brambilla E, Muller-Hermelink HK, Harris CC, ed. IARC Press, 2004.

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):

2001 **XXIV International Congress of the International Academy of Pathology.** Cytologic-Histologic correlation of non-gynecologic cytopathology cases: separation of determinate from indeterminate cytologic diagnosis for analysis and monitoring of laboratory performance.
 1 **United States and Canadian Academy of Pathology, Washington, D.C.** Halpern MB, Swalsky PA, Thompson J, Finkelstein SD,
Ohori NP. Comparative molecular analysis of loss of heterozygosity in bile duct brushings and corresponding surgical pathology specimens.
 2004 **United States and Canadian Academy of Pathology, Vancouver, BC.** Krishnamurti U, Sasatomi E, Fowler MH, Aldeeb D, Swalsky P, Finkelstein SD, **Ohori NP.** Determination of loss of heterozygosity in atypical and negative bile duct brushing cytology specimens: contribution towards a more definitive diagnosis.

B. Faculty Curriculum Vitae - Complete for each faculty member. One page only.

First Name: Sheldon	MI: I.	Last Name: Bastacky
Present Position: Associate Professor of Pathology		
Medical School Name: Case Western Reserve University, School of Medicine, Cleveland, OH.		
Degree Awarded: MD	Year Completed: 1987	
Graduate Medical Education Program Name:	1987 – 1990. The Johns Hopkins Hospital, Baltimore, MD. AP Residency 1990 – 1991. Memorial Sloan-Kettering Cancer Center, New York, NY. Surgical Pathology Fellow. 1991 – 1992. The Johns Hopkins Hospital, Baltimore, MD. AP Chief Resident/Surgical Pathology Fellow. 1992 – 1993. The Johns Hopkins Hospital, Baltimore, MD. CP Resident. 1993 – 1994. The Johns Hopkins Hospital, Baltimore, MD. AP/CP Chief Resident.	
Specialty/Field	Pathology	Date From: 1994 To: Present

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration
Anatomic and Clinical Pathology	June, 1994		Pennsylvania	N/A
Cytopathology	July, 1997			

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
7/1/94	Present	Associate Professor of Pathology, University of Pittsburgh

Concise Summary of Role in Program:
Staff Pathologist

Current Professional Activities / Committees (Limit of 10):
 1990 United States and Canadian Academy of Pathology
 1990 American Society of Clinical Pathologists
 1993 Society for Applied Immunohistochemistry
 1995 Renal Pathology Society
 1995 Pittsburgh Pathology Society
 1 International Society of Urologic Pathology
 1998 American Society of Cytopathology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):
 Pan Y, Lavelle JP, **Bastacky SI**, Meyers S, Pirtskhalaishvili G, Zeidel M, Farkas, DL. Detection of tumorigenesis in rat bladders with optical coherence tomography. *Med Phys* 28:2432-40, 2001.
 Konety BR, Nguyen TT, Brenes G, Sholder A, Lewis N, **Bastacky S**, Potter DM, Getzenberg RH. Detection of bladder cancer using urinary levels of a bladder cancer specific nuclear matrix protein - BLCA – 4. *J. Urol. Pathol.* 164: 634-639, 2000.
 Kronz JD, Silberman MA, Allbrook WC Jr, **Bastacky SI**, et. al. Pathology residents' use of a web-based tutorial to improve Gleason grading of prostate carcinoma on needle biopsies. *Human Pathology* 31: 1044-50, 2000.
Bastacky S, Ibrahim S, Wilczynski S, Murphy WM. The accuracy of urinary cytology in daily practice. *Cancer Cytopathology* 87(3): 118-128, 1999.
Bastacky S, Dhir R, Nangia AK, Brufsky A, Becich MJ. Choriocarcinomatous differentiation in a high-grade urothelial carcinoma: case report and literature review. *J. Urol. Pathol.* 6: 223-233, 1997.

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):
 Johnston J. Goodship: *Self-Assessment Colour Review of Renal Medicine* (pathology contributed by **S. Bastacky**); (Manson Publishing, London).
 Lazo JS, Pitt Br, Glorioso JC III. *Review for USMLE Step 1, 6th edition* (in preparation; pathology questions provided by **S. Bastacky**); (Lippincott Williams and Wilkins, Baltimore).
 Epstein JI, Algaba F, Allbrook WC Jr, **Bastacky S**, et al. "Tumors of the Prostate – Acinar Adenocarcinoma" (chapter 3). In *WHO Classification: Pathology and Genetics of the Urinary System and Male Genital Organs*. IARC Press, 2004.

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):
 Tofovic SP, Zhang X, **Bastacky SI**. Renal function and metabolic status in obese female ZSF₁ rats. Submitted. McHale T, Cieply K, Dhir R, Mercuri T, Ohori P, Monzon, Parwani A, Catroppo J, Sherer C, **Bastacky S**. Comparison of urinary cytology (UC) and fluorescence in-situ hybridization (FISH) of concordant and discrepant cases. *Mod Pathol (supplement)* 18, 155A, 2005. Ye X, Zhu T, **Bastacky S**, McHale T, Li J, Xiao X. AAV-mediated gene therapy for systemic lupus erythematosus (SLE). *Mod Pathol (supplement)* 18, 271A, 2005. Yin M, **Bastacky S**, Acquafondata, McHale T, Dhir R. Evaluation of p16^{Ink4a} immunohistochemical expression as a marker for neoplastic transformation in the urinary bladder. *Mod Pathol (supplement)* 18, 174A, 2005. Dhir R, **Bastacky SI**, Acquafondata M, McHale T, Parwani AV. Increased expression of ephrin A2 (eph A2) tyrosine kinase in metastatic prostate cancer. *Mod Pathol (supplement)* 18, 628A, 2005.

B. Faculty Curriculum Vitae - Complete for each faculty member. One page only.

First Name:	Robert	MI:	L	Last Name:	Peel
Present Position:	Associate Professor of Pathology and Otolaryngology				
Medical School Name:	University of Pittsburgh				
Degree Awarded:	MD	Year Completed:	1968		
Graduate Medical Education Program Name:	Residency Program, University of Pittsburgh				
Specialty/Field	Pathology	Date From:	1968	To:	1972

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration
AP, CP,	1973		PA	N/A
Cytopathology	1997			

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
1988	Present	Associate Professor of Pathology and Otolaryngology

Concise Summary of Role in Program:

Staff Pathologist

Current Professional Activities / Committees (Limit of 10):

American Society of Clinical Pathologists
 Pittsburgh Academy of Medicine
 Pittsburgh Pathology Society
 Minute Men of the School of Medicine Of the University of Pittsburgh
 C.F. Reynolds Medical History Society
 International Academy of Pathology
 College of American Pathologists
 Arthur Purdy Stout Society of Surgical Pathologists
 North American Society of Head and Neck Pathology

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Campbell CD, Brooks DH, Siewers RD, **Peel RL**, and Bahnson HT: Extra anatomic bypass with expanded polytetrafluorethylene. Surg Gynecol Obstet; 148:525-530, 1979.
 Griffith BP, Carroll RG, Hardesty RL, **Peel RL**, and Borovetz HS: Selected lobar injury after infusion of oleic acid. J Appl Physiol: 47 (4):706-711, 1979.
 Koslow S, Davis P, DeMarino G, **Peel R**, Baron R, and Van Thiel D: Hyperintense cirrhotic nodules on MRI. Gastrointest. Radiol. 16:339-341, 1991.
 Kumar S, Schade R, **Peel R**, Lehar S, Joyce R, and VanThiel D. Kaposi's sarcoma with visceral involvement in a young heterosexual male without evidence of the acquired immune deficiency syndrome. Am. J. Gastroenterology 84:318-321, 1989.
 Lee J, and **Peel R**. Concurrent cytomegalovirus and herpes simplex virus infections in skin biopsy specimens from two AIDS patients with fatal CMV infection. Am J Dermatopath. 11:136-143, 1989.
 Myers J, **Peel R**, and Myers E. Malignant lymphoepithelial lesion of the parotid gland. Arch Otolaryngol Head Neck Surg 121:479-481, 1995.
 Nicholas J, Srodes C, Herbert D, Hoy R, **Peel R**, and Goodman M: Metastatic carcinoma in Paget's disease of bone. Orthopedics 10:725-72, 1987.
 Obley DL, Slasky BS, **Peel RL**, Rosenbaum LH, Nicholas JJ and Ellis LD. Bone-forming gastric metastases in muscle-computed tomographic demonstration. J Computed Tomography 7:129-134, 1983.
 Swarnkar A, Jungreis C, **Peel RL**. Central odontogenic fibroma and intracranial aneurysm associated with tuberous sclerosis. Am J Otolaryngol 19:66-69, 1998.
 Taylor RJ, Saul SH, Dowling JN, Hakala TR, **Peel RL**, and Ho M: Primary disseminated Herpes simplex infection with fulminant hepatitis following renal transplantation. Arch Intern Med, 141:1519-1521, 1981.

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):

Surgical Pathology of the Head and Neck, edited by Leon Barnes, Published by Marcel Dekker Inc., NY. 2001.

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):

I give two national courses in Surgical Pathology each year.

B. Faculty Curriculum Vitae - Complete for each faculty member. One page only.

First Name:	Jennifer	MI:		Last Name:	Hunt
Present Position:	Assistant Professor				
Medical School Name:	University of Pennsylvania				
Degree Awarded:	MD, MEd	Year Completed:	1997		
Graduate Medical Education Program Name:					
Specialty/Field		Date From:		To:	

Certification and Re- Certification Information			Current Licensure Data	
Specialty	Certification Year	Re-Certification Year	State	Date of Expiration
AP	2000	2000	PA	N/A

Academic Appointments - List the past ten years, beginning with your current position.

Start Date	End Date	Description of Position(s)
2000	Present	Assistant Professor

Concise Summary of Role in Program:

Dierctor, Molecular Anatomic Pathology – supervises the interpretation of molecular tests and selective research projects pertaining to Thoracic Pathology.

Current Professional Activities / Committees (Limit of 10):

College of American Pathologists Publications Committee and Internet Editorial Board, Member
 University of Pittsburgh Residency Committee, Member
 Short course instructor (USCAP, ASCP, IAP)
 University of Pittsburgh Head and Neck Tissue Bank, Director
 Association for Molecular Pathology Training and Education Committee, Member
 Archives of Pathology and Laboratory Medicine Editorial Board, Member
 Otolaryngology--Head and Neck Surgery International Editorial Board, Member

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years (limit of 10):

Hunt JL, Swalsky P, Sasatomi E, Niehouse L, Bakker A, Finkelstein SD. A microdissection and molecular genotyping assay to confirm the identity of tissue floaters in paraffin embedded tissue blocks. *Archives of Pathology and Laboratory Medicine*. 127(2):213-217, 2003
Hunt JL, LiVolsi VA, Baloch ZW, Swalsky PA, Bakker A, Sasatomi E, Finkelstein SD, Barnes EL. A novel microdissection and genotyping of follicular derived thyroid tumors to predict aggressiveness. *Human Pathology*. 34(4):375-380, 2003.
 Pitsilos S, **Hunt JL**, Mohler ER, Khalapyan TZ, Wolfe ML, Fairman R, Mitchell M, Carpenter J, Golden M, Cines DB, Sachais BS. Immunohistochemical Localization of Platelet Factor 4 in Carotid Plaques. In press, *Thrombosis & Haemostasis*.
Hunt JL, Tometsko M, LiVolsi VA, Swalsky PA, Finkelstein SD, Barnes EL. Molecular evidence of anaplastic transformation in co-existing well differentiated and anaplastic carcinomas of the thyroid. *American Journal of Surgical Pathology*. 27(12):1559-64, 2003
Hunt JL, Yim JH, Tometsko M, Finkelstein SD, Swalsky PA, Carty SE. Loss of heterozygosity of the VHL gene identifies malignancy and predicts death in follicular thyroid tumors. *Surgery*. 134(6):1043-7, 2003.
 Sheikh HA, Tometsko J, Niehouse L, Aldeeb D, Swalsky P, Finkelstein S, **Hunt JL**. Molecular Genotyping of Medullary Thyroid Carcinoma Can Predict Tumor Recurrence. *American Journal of Surgical Pathology*. 28(1):101-6, 2004.
Hunt JL, Fowler MH, Lomago D, Niehouse L, Sasatomi E, Swalsky P, Finkelstein S. Tumor Suppressor Gene Allelic Loss Profiles of the Variants of Papillary Thyroid Carcinoma. In press, *Diagnostic Molecular Pathology*.
 Wang J, Xi L, **Hunt JL**, Whiteside TL, Godfrey TE, Ferris RL. Coordinate expression of chemokine receptor 6 (CCR6) and CCR7 in squamous cell carcinoma of the head and neck—Identification of a metastatic phenotype. In Press, *Cancer Research*.

Selected Review Articles, Chapters and/or Textbooks (Limit of 5):

Barnes EL, **Hunt JL**. WHO nomenclature of salivary gland tumors (2005).
 Barnes EL, **Hunt JL**. Squamous cell carcinoma of the oral cavity and oropharynx: A review of current data. *Selected Readings in Oral and Maxillofacial Surgery*, 3(11), June, 2003.
Hunt JL, Volkerding K. Genetics. In: *Diagnostic Molecular Pathology*. Ed: Leonard DGB. W. B. Saunders, Philadelphia, PA. Pp 142-162; 2003.
Hunt JL. Molecular Markers of Thyroid Carcinogenesis. *Patterns in Pathology, American Journal of Clinical Pathology* 118(S):116-127, 2002.
Hunt JL, Baloch ZW, LiVolsi VA. Sentinel Lymph Node Evaluation for Tumor Metastasis. *Seminars in Diagnostic Pathology* 19(4):263-77, 2002

Participation in Local, Regional, and National Activities / Presentations (Limit of 5):

USCAP Short Course 53: Molecular Pathology for the Anatomic Pathologist
 ASCP Short Course: Squamoproliferative lesions of the head and neck; ASCP Teleconference: Salivary gland tumors
 USCAP abstracts: 2004 (8), 2003 (6), 2002 (6).
 Agaram NP, Collins BM, Barnes L, Lomago D, Aldeeb D, Swalsky P, Finkelstein S, **Hunt JL**. Molecular mutational analysis to demonstrate that odontogenic keratocysts are neoplastic. United States and Canadian Academy of Pathology, 92nd Annual Meeting; Washington, D.C. *Modern Pathology*, 16(1): 217A; January 2003, First author (trainee), winner of the Stowel-Orbison Certificate of Merit for this poster.

RESIDENCY REVIEW COMMITTEE FOR PATHOLOGY
(Anatomic and/or Clinical Pathology and Selective Pathology)
515 N State, Ste 2000, Chicago, IL 60610 • 312-755-5025 • www.acgme.org

PROGRAM INFORMATION FORM (Part 2)

FOR NEW APPLICATIONS ONLY

SECTION 5. BACKGROUND INFORMATION

A. Sponsoring institution/Single Residency Institution (See ACGME Institutional Requirements)

For those institutions which are either a single-program institution (e.g., pathology only), or an institution with multiple residencies accredited by the **same** Residency Review Committee, the institutional review will be conducted in conjunction with the review of the program. **Only programs in these two categories are to complete the following institutional questions. Complete only if "single/limited site sponsor" field in Part 1, Section 2 is yes.**

NOT APPLICABLE

1. Provide an institutional statement that commits the necessary financial, educational and human resources to support the GME program(s) and provide documentation that the statement has been approved by the governing body, the administration and the teaching staff (Supplement I).

NOT APPLICABLE

2. Describe the formal method by which a periodic evaluation of the program's educational quality and compliance with the program requirements occurs. Explain how residents and faculty in the program are involved in the evaluation process.

NOT APPLICABLE

3. Describe how the institution complies with the Institutional Requirements regarding "Resident Eligibility and Selection" and the development of appropriate criteria for the selection, evaluation, promotion and dismissal of residents in accordance with the Program and Institutional Requirements.

NOT APPLICABLE

4. Summarize how the institution complies with the ACGME Institutional Requirements regarding resident support, benefits and conditions of employment to include the details of the resident contract or agreement as outlined in the ACGME Institutional Requirements. (Do not append the resident contract/agreement to the PIF but state when it is given to the residents and applicants. Have a copy available for verification by the site visitor on the day of the survey with the various items required by the ACGME numbered according to the Institutional Requirements.)

NOT APPLICABLE

5. Describe in detail the grievance (due process) procedure(s) that is available to residents, including the composition of the grievance committee, and mechanisms for handling complaints and grievances related to actions which could result in dismissal, non-renewal of a resident's contract, or other actions that could significantly threaten a resident's intended career development.

NOT APPLICABLE

B. General Competencies (not applicable for new applications)

The ACGME is monitoring the implementation of general competencies and assessment by using a common data collection tool. Log onto the Web Accreditation Data System and proceed to the Site Visit Information section and select *Update/Verify Competency and Assessment Form* to enter your information. Once the information has been entered and saved, select *Print ADS Competency and Assessment Form* to generate a printed copy of the form and attach it to the end of PIF.

Not applicable (according to Jevon Truesdale-Central ACGME office this information pertains to approved programs).

SECTION 6. INSTITUTIONAL INFORMATION

Provide the following information for each institution where residents are assigned for required rotations. If more than 4 institutions are involved, follow this same format and insert additional pages as needed. The institutions are previously identified and numbered in Part 1, Section 2.

A. Hospital Data	Institution 1	Institution 2	Institution 3	Institution 4	Row Total
# of Hospital Beds	1547				
Total Hospital Admissions	83,000/yr				
# of Clinical Pathology Tests (Billed Procedures)					
Current Accreditation/Licensure Dates	4/24/04				
American Association of Blood Banks	10/2003				
College of American Pathologists	4/24/04 - 4/24/06				
Food & Drug Admin (Blood Bank)	PUH 4/04 - SYS 5/04 Onsite audit				
JCAHO	12/03-12/06				
HHS (CLIA, 1988)	10/20/02 - 10/19/04				
Other (State, etc.)	PA: 8/15/04 - 8/15/05 NY: 7/1/04 - 6/30/05				

B. Does Institution Participate in ACGME-Accredited Residencies below:	Institution 1		Institution 2		Institution 3		Institution 4	
Internal Medicine	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Obstetrics/Gynecology	YES()	NO(X)	YES()	NO()	YES()	NO()	YES()	NO()
General Surgery	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Pediatrics	YES()	NO(X)	YES()	NO()	YES()	NO()	YES()	NO()
Radiology	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()

C. Pathology Space	Institution 1	Institution 2	Institution 3	Institution 4	Row Total
Square Feet of Diagnostic Lab Space	13056/3800				
Net Sq Ft Office Space for ACP Resident	450/220				
Pathology Research Space	6600/450				
Total Net Square Feet	201/4470				

D. Pathology Equipment/Facilities	Institution 1		Institution 2		Institution 3		Institution 4	
Is a microscope available to each resident?	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Is a Personal Computer (PC) or individual Personal Digital Assistant (PDA) available to each resident?	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Is an on-site pathology library accessible to residents at all times?	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Do residents have access to computer-based literature review services?	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Are photography facilities available to pathology in the institution?	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()
Is a photograph teaching collection maintained for pathology?	YES(X)	NO()	YES()	NO()	YES()	NO()	YES()	NO()

SECTION 7. GENERAL INFORMATION

1. Describe the steps that have been taken to address the citations or recommendations by the RRC following the last accreditation review (if applicable).

NOT APPLICABLE. This is the first submission of this application.

2. Describe the manner in which residents take call. How is faculty back-up for this experience structured? How are call activities reviewed by faculty and how is feedback given to resident regarding their decisions while on call? How do residents exercise graduated responsibility with regard to call?

NIGHT-CALL

The thoracic pathology fellow does not take frozen section night call during the week, weekends or holidays. We have decided as a faculty that the thoracic pathology fellow should concentrate their activities in a careful and structured review of cases at the time when they are freshest and most attentive (during the day). We also want to be sure that they have the energy to fully devote to educational activity of learning to function at the level of an independent pathologist.

3. Other than on-call responsibilities, do residents have a period of training in which they are responsible for activities in more than one section of the laboratory at a time? If so, please describe this experience.

Our fellow is only responsible for Thoracic Pathology.

4. How are residents involved in hospital and local, regional, and/or national activities related to the practice of pathology? Give specific examples, i.e. list hospital committees on which residents serve, CAP inspections in which residents have participated and the area which they inspected, etc.

Our fellow will be encouraged to join both local and national societies for pathology. We have an active Pittsburgh Pathology Society and Pennsylvania Society of Pathology, of which most fellows become members and attend and occasionally take part in meetings. At the national level, the fellow is encouraged to engage in research projects, attend national meetings and present the results of their research usually at the meetings of the USCAP, ASCP, or CAP. The results of their research work will be published in peer-reviewed journals during the year of fellowship or during the following year and is regularly presented and reviewed at our yearly Department of Pathology retreat. If resident work in Thoracic Pathology is an indicator, we suspect the thoracic fellow will be involved on a large number of abstracts/platform presentations at the chief international anatomic pathology meeting, the USCAP.

The fellow periodically will participate in the mock inspections that are performed internally for the CAP inspection protocols by checking the Pathology Laboratory areas for the CAP inspection requirements and are encouraged to attend all Quality Assurance meetings. They currently do not serve on extra-departmental committees with the exception of the Graduate Medical Education Committee.

5. How do residents participate in the educational activities of the department (medical students, medical staff, medical technologists and med tech students, cytotechnologists and cytotech students, other residents in pathology, residents in other departments, etc)?

The thoracic pathology fellow will be extensively involved with teaching activities. They will participate in teaching pathology to the second year medical students laboratory sessions, which are part of the MS2 course in Pathology. They directly supervise and teach post-sophomore fellows and junior pathology residents. They are involved with teaching of residents from other subspecialties, particularly pulmonary medicine and thoracic surgery residents and surgical and medical oncology fellows who rotate in pathology during their curriculum, as well as by presenting to the Thoracic Surgery and Medicine in a fellow based microscopic conference.

The thoracic pathology fellow will also be very involved in extra-departmental conferences, at which they present histologic images and give case presentations. These conferences include thoracic tumor board (bi-monthly), Thoracic Pathology case review QA conference (weekly), Pulmonary medicine grand rounds (weekly), journal club (bi-monthly), and lung transplant biopsy conference.

6. Describe examples of test/instrument evaluation procedures in which residents have participated since your last RRC review.

The on-going test or instrument evaluations revolve mostly around grossing equipment. We recently implemented the use of an automatic cassette labeler in the gross room. This was tested and evaluated by

residents, fellows and the pathology assistants in the gross room. There was uniform agreement that this instrument would decrease the labor of labeling cassettes, and the equipment was purchased for general use. Their input has also been essential in the choice of cameras and video equipment for our laboratory informational –digital imaging, telepathology systems. The Robert E. Lee Room established in honor of one of our recently retired pathologists, houses state-of-the-art computer, cameras and power point graphics, etc. This room was equipped with the input of our residents and fellows. Residents have also been involved in the remodeling of our gross room. Working in conjunction with Toyota representatives, they were involved in redesigning workflow to conform to “learn” methods of tissue processing.

Most recently residents and fellows redesigned their own housestaff offices at Presbyterian including the installation of a wireless network to accommodate their department provided laptop computers.

7. How are residents instructed in review of the medical literature?

There are several opportunities that faculty take to expose the fellow to the most current medical literature. First, the fellow will rotate on the directed consultation bench during their training. In this time, they have the opportunity to work on the private consultation cases of experienced experts in thoracic pathology. In the course of working up these complicated and rare cases, the fellows are guided in literature searches, and are encouraged to cite specific references in their write-ups of the cases for the faculty sign-out.

The second experience, which often requires a short directed literature search and review, are the various tumor boards. At these weekly conferences, the fellow often will give a brief synopsis of the current literature regarding the topic being presented.

Third, the fellow will present up to twice a year at the Diagnostic Pathology Conference, which is a department-wide weekly conference. During this session, the fellow presents one or two interesting cases, gives a detailed and complete literature review, and discuss the histopathologic work-up of these difficult cases.

Fourth, the fellow will present at our monthly journal club, focusing on problems related to pulmonary and mediastinal disease.

8. How are residents exposed to testing procedures (concepts and interpretation) which are not performed in the laboratories through which they rotate (i.e. which are sent to reference labs)?

As the University of Pittsburgh Medical Center is a major referral hospital, all surgical pathology testing is done in-house; in fact, the Thoracic Pathology group at the University of Pittsburgh Medical Center acts as a national reference group for Quest Diagnostics.

9. Describe resident experience with statistical concepts used in the evaluation of testing procedures and test results (sensitivity, specificity, predictive value, correlation studies, reference range determination, etc)?

Statistical concepts are reviewed during literature reviews for the workup of specific cases. In addition, the fellows will present one Diagnostic Pathology Conference per year in which interesting cases are presented with an extensive literature review. During this review, the fellow will be assessed for their knowledge of statistics in evaluating novel tests or special studies that are described in the literature. The fellows are able to participate in the resident lecture series.

The fellows will rotate in a mandatory one-month Informatics rotation in July, with two weeks devoted to biostatistics ranging from fundamental to advanced concepts.

Finally some of the research projects need significant statistical input, both for design and analysis purposes. The fellow is encouraged to interact directly with the Biostatistician and discuss and understand statistical concepts.

10. How does the program monitor resident stress, including mental or emotional conditions inhibiting performance or learning and drug- or alcohol-related dysfunction? How does the program ensure that residents are given reasonable duty and call assignments? Do all residents spend at least 1 full day out of 7 free of hospital duties? Are residents ever on call more often than every third night?

The faculty meets weekly for a staff meeting at which time current issues are discussed. If there are performance issues for a particular fellow, these are discussed privately amongst the faculty and a plan to address and remedy any particular problems would be formulated.

Emotional, mental or drug/alcohol dysfunction would be monitored in a less public forum, and would be handled personally by the fellowship director. We have an alcohol and drug policy in place, to which we adhere. Furthermore, there is a Residents and Fellows Assistance Program (RFAP) available through the house staff affairs office, which offers assistance to residents and fellows who experience substance abuse problems, or who have mental health issues that arise. These issues are also addressed in the Graduate Medical Education Policy Manual.

The Thoracic Pathology fellow is not scheduled for the night calls and has at least 1 full day out of 7 free of Hospital duties. When on service, our fellows work from Monday to about 12:00 noon on Saturday (5.5 days). They have Saturday afternoon and Sunday off service.

11. Has the sponsoring institution implemented procedures regarding academic discipline and resident complaints or grievances?

Yes. There is a grievance procedure in place for both academic and non-academic issues that is published in the house staff affairs manual and is available to all incoming residents and fellows. All policies are on the UPMC web site and addressed in the Graduate Medical Education Policy Manual.

SECTION 8. GENERAL ANATOMIC PATHOLOGY INFORMATION

A. Autopsy Pathology, Including Forensic Pathology

The Thoracic Pathology Fellow will act as consultant to residents on the autopsy bench, but will not do autopsies themselves.

B. Cytopathology

The Thoracic Pathology fellowship focus on surgical pathology practice and cytopathology is not formally part of the Thoracic fellowship pathology training program. However, when pertinent to a case, available cytopathology may be reviewed as part of the case evaluation both at signout and at case review conferences. This is especially true for fine needle aspirations and bronchoalveolar lavage. Cytopathology electives are available during three months of the year.

C. Thoracic Pathology

1. Provide the following data for each institution where residents are assigned for training in surgical pathology.

12-Month period covered by statistics: From: 7/1/2003 To: 6/30/2004

Institution	1	2	3	4	Row Total
Name of Director of Surgical Pathology	Samuel A. Yousem				
Individual Responsible for surgical pathology education of residents	Samuel A. Yousem				
Length of surgical pathology rotation (months)	Minimum of 9 months, with 3 months elective				
Referred outside consultations	1021				1021
Total Thoracic OR consultations	912				912
Total In-house Thoracic specimens	4221				4221
Total Thoracic biopsies*	2141				2141
Total Thoracic Resection Specimens**	1080				1080

***Biopsy specimens include bronchial and transbronchial biopsies, needle biopsies, and core biopsies of lung and mediastinum.**

****Resection specimens include wedge resections, lobectomies, pneumonectomies, segmental resections, thymectomies, chest wall resections, pleural biopsies, pleuropneumonectomies, metastasectomy, and debulking procedures.**

2. Provide the following information summarizing the resident education in surgical pathology. (This information should be limited to a one page summary.)
 - a. Identify the consultative reports/activities which occur commonly in this laboratory section and describe the degree of resident participation in these activities.
 - b. Explain the differences in the roles of residents and fellows.
 - c. Describe the manner in which residents have the opportunity to assume increasing responsibility in surgical pathology as they progress through the program.
 - d. Describe the manner in which resident are given the opportunity to function as consultant to other physicians.
 - e. Do residents preview the slides before sign out?
 - f. Do residents always sign out their surgical cases with a member of the staff?
 - g. Does the resident who does the gross also do the microscopic?
 - h. Describe the formal, structured resident education in the management of surgical pathology laboratory.
 - i. Describe resident experience with specific diagnostic tests (e.g. FISH, EM).

The fellows in our division are generally a mixture of individuals who have done their AP training at our institution and others who are coming from other programs. In all cases, however, this fellowship program encourages and requires graduated responsibility in all facets of the fellowship. The fellows are oriented to the Division during their first two weeks.

- A. Surgical specimens are triaged among six subspecialty benches. The thoracic pathology fellow is only assigned to the thoracic bench during nine months of the fellowship and the remaining three months are used in elective rotations including research, Molecular Pathology, or Bioinformatics, depending on the individual need and interests of the fellow. During the first six months of the fellowship the fellow will participate with the staff pathologist in monitoring the gross examination of specimens, performing frozen sections and interpreting microscopic slides. The staff pathologist closely observes the fellow's performance and allows early on, a modest degree of responsibility. This includes allowing the fellow to select the tissue for frozen section, asking his/her diagnosis while sitting at a multiheaded microscope, and encouraging the fellow to communicate the diagnosis to the surgeon. In the afternoon, the fellow supervises and works with a resident and Pathology Assistant assigned to the thoracic subspecialty bench. He or she will guide junior residents in grossing specimens, oversee the PA activities in grossing and offer advice or assistance on the gross evaluation of specimens. When the slides of these specimens are received, the fellow reviews them with the junior resident, pointing out critical diagnostic features, suggesting important stains or other diagnostic studies that need to be performed, and preparing a preliminary report to be reviewed by the staff pathologist the next morning. Once the case is complete, the fellow, resident and a staff pathologist sit at a multiheaded microscope and review the gross description, microscopic slides and special studies for a final formal report.
- B. The fellow functions as a junior staff pathologist and supervises the resident. This includes (1) offering advice to the resident on grossing specimens, ensuring that appropriate sections are obtained, etc. (2) reviewing microscopic slides with the resident prior to official signout of the case and (3) assisting the resident in dictating the final report.
- C. During the last half of the fellowship, the fellow is given increased responsibility and truly functions as a junior staff pathologist. He/she attends frozen sections alone, prepares the frozen section and arrives at a preliminary diagnosis. The faculty member then reviews the frozen section slides, and after confirming the diagnosis, the fellow discusses the cases with the surgeon. The fellow will also signout cases with the resident, independent of the staff pathologists, and formulates the final pathology report, which is electronically transmitted to the staff pathologist computer. The staff pathologist then reviews all slides and the report by themselves and, if no corrections are needed, electronically signs out the official report. If errors are involved, the fellow and faculty review the case and the report is corrected. The fellow, however, always has the option to request that he/she be present when the staff pathologist reviews the cases.
- D. Fellows are given the opportunity to function as consultants to other physicians in the following ways: (1) they rotate on the consultation service in which difficult cases are sent to staff pathologists for diagnosis or second opinions. The cases are given to the fellow first who reviews the slides, formulates differential diagnosis and suggest special stains. These are reviewed with the staff pathologist. Once the diagnosis is confirmed, the fellow then prepares the formal report and discusses the case over the telephone with the referring pathologist. (2) When in-house clinicians wish to review slides with a pathologist, the fellow is assigned this task and discusses the case, over the microscope with them. (3) Fellows participate in a variety of clinicopathologic conferences. They present the pathology and must be prepared to address any questions that the clinician may have.
- E. Fellows always review their microscopic slides prior to signout and are expected to arrive at a preliminary diagnosis on each case.
- F. Fellows always sign out their cases with a staff pathologist.
- G. Fellows who performed the gross examination of specimens also examine the microscopic slides obtained from these cases.
- H. Fellows are educated in the management of the surgical pathology laboratory using several venues. (1) Through our laboratory information system (COPATH), the fellow learns important quality assurance activities, such as recording and reviewing "adverse events". (2) Through optional participation in weekly pathology staff meetings, meetings with laboratory supervisors, and Q/A meetings, (3) through a formal lecture series given annually by our department, and (4) through mock CAP inspections held annually in-house.
- I. In difficult cases, fellows are expected to select a panel of immunohistochemical stains that may help in arriving at the correct diagnosis. At the molecular level, we have an independent clinical molecular laboratory that supports our daily surgical pathology service. Among routine procedures offered by this laboratory and incorporated in our surgical pathology reports include: (1) FISH studies, primarily EGFR and Her 2/neu amplification, in-situ hybridization for Epstein-Barr viruses, (3) chromosomal studies for selected tumors eg. Synovial sarcoma, Ewing's sarcoma, etc. An independent electronic microscopy laboratory exists for examining perplexing tumors.

3. If physician assistants are employed, what is their impact on resident education?

The Physician Assistants in Anatomic Pathology have the role of Pathology Assistants. We have 10 Pathology Assistants. They assist-provide-teach fellows regarding technical issues in surgical pathology-techniques of frozen sections, use of digital photography and Dragon voice recognition system, take specimen radiographs and provide support for grossing specimens; the latter reduces service obligating of fellows and allows more time for education, including time for reading, allowing them time to attend lectures and educational conferences and allowing more time to dedicate to interesting rather than more routine cases.

SECTION 9. GENERAL CLINICAL PATHOLOGY INFORMATION

A. Blood Banking/Transfusion Medicine

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

B. Medical Microbiology

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

C. Chemical Pathology

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

D. Hematology & Coagulation

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

E. Cytogenetics

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

F. Flow Cytometry/Immunology/Serology

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

G. Urinalysis and Medical Microscopy

NOT APPLICABLE. The thoracic fellowship program does not include training in blood banking/transfusion medicine.

H. Molecular Pathology

1. Provide the following information for each institution where residents are assigned rotations in Molecular Pathology. If more than one institution, follow this format and insert additional pages.

Name of Institution: UPMC Presbyterian/Shadyside	Rotation Length: Elective (up to 2 months)
Molecular Pathology Director: Jennifer Hunt M.D.	# Technical Staff: 3
Person responsible for resident education in Molecular Pathology: Dr. Jennifer Hunt and Dr. Sanja Dacic	

2. Limiting your narrative to one typewritten page, summarize resident education in Molecular Pathology for each institution. In addition, please answer the following questions:
 - a. List the types of interpretive reports generated by residents in this laboratory section (type and number of each).
 - b. Identify the consultative reports/activities which occur commonly in this laboratory section and describe the degree of resident participation in these activities.
 - c. How do residents assume graduated responsibility in this section?
 - d. Explain the differences in the roles of residents and fellows.
 - e. List the type and number of Molecular Pathology studies performed in this laboratory and indicate if additional molecular techniques are part of other laboratory sections.

A. Our anatomic pathology has a molecular pathology division that is focused on solid tumor analysis and testing applicable to anatomic pathology. The laboratory is under the directorship of Dr. Jennifer Hunt and the laboratory has 3 dedicated technologists. Clinical molecular anatomic pathology specimens include gliomas, floater analysis, and microsatellite instability for colorectal cancer, LOH analysis and other solid tumor molecular profiling. There were 141 tests performed from Jan-Oct 04, including 59 MSI tests and 82 glioma molecular tests.

B. The Thoracic fellow and Pathology residents are exposed to the interpretation of these molecular tests on a case-by-case basis by reviewing the test results with the Molecular Pathologist and learning how to generate a final report. The tests are both consultation cases or in home cases that meet criteria for molecular testing. The fellows are able to do elective time that is dedicated to Molecular Anatomic Pathology as part of the normal rotation

schedule.

C. After an initial period reviewing and interpreting the cases with the pathologist, the fellow has the opportunity to first review the tests with the laboratory technician, arrive at an interpretation and final report before reviewing the case with the pathologist for signout.

D. In Molecular Pathology both the residents and fellow assume similar roles having both the opportunity to learn how to evaluate a test and generate a Molecular Pathology report.

E. As indicated above there were 141 tests performed from Jan-Oct 04, by the Molecular Pathology laboratory, including 59 MSI tests and 82 glioma molecular tests. Most recently, DNA sequencing of the EGFR and K-ras genes have been added to our routine evaluation of lung neoplasias. In addition the fellow is also allowed to spend elective time in the Molecular Thoracic Pathology Research Laboratory, under the directorship of Dr. Sanja Dacic. The laboratory provides a breadth of experience in molecular biology techniques applied to cellular and tissue analyses, including real time PCR, tissue microdissection, including laser capture microdissection followed by genomic, RNA and protein analysis. Classic molecular biology methods including northern blot, western blot, Southern blot, cell culture and cloning techniques, and DNA sequence analysis are routinely performed in the laboratory. The fellow also has the opportunity to learn from the DNA array core facility of the Department of Pathology, at the Presbyterian Hospital campus, under the directorship of Dr. Jianhua Luo. Additionally, experience can be attained through interactions with the "Gene expression and Proteomics" research laboratory, housed at Shadyside Hospital. This facility has an Affymetrix and an Amersham gene expression profiling equipment. In addition, this facility has a Ciphergen SELDI-TOF machine and a MALDI-TOF machine. This environment provides exposure to the fellow to cutting edge research facilities, with extensive bio-informatics analysis support.

SECTION 10. LABORATORY MANAGEMENT AND INFORMATION SYSTEMS

Please limit the following narratives to one typewritten page.

1. Summarize structured resident education in laboratory management. How are residents educated with regard to cost-effective use of the laboratory and how do they share this knowledge as a consultant to the clinical staff? How are residents acquainted with management issues in the areas of personnel, budget preparation, regulatory agencies (CAP, HCFA, CLIA, AABB, FDA, OSHA, JCAHO), risk management, and laboratory safety? How are residents involved in quality assurance activities?

In Anatomic Pathology, we encourage and provide opportunities to the fellows to assume the responsibilities that provide practical experiences in laboratory management, through supervising and working with the technologists, the pathology assistants and the junior residents. The fellows are responsible for identifying quality assurance issues in the gross room, transcription, histology, and other areas. CoPath, which is our Laboratory Information System (LIS) for anatomic pathology, has an adverse event function, which is used by the fellows, both for identifying and tracking quality assurance issues. In addition, all cases reviewed by the fellow for conferences are considered to be quality assurance cases, and the fellow is encouraged to render a consultative opinion on each case, with appropriate documentation and discussion.

The fellows have frequent communications with the internal clinical housestaff and faculty and with outside pathologists sending cases for expert opinion, in which they serve as consultants for the management of patients. This occurs both informally (specific case discussion) and formally (management and tumor board conferences).

The fellows participate in departmental educational opportunities for compliance, risk management, and infection control, and are also active participants in mock-CAP inspections of our hospitals. They are also required to train formally in the area of "Research on Human Subjects", which consists of a 2-step computerized courses and tests regarding the ethics and standards of research in the University setting, by taking the Research Practice Fundamentals Course from the University of Pittsburgh School of Medicine.

2. Summarize resident experience with pathology laboratory information systems, database management techniques, etc. Describe resident education in medical informatics and how residents apply this training in support of laboratory management and patient care. Give specific examples.

New fellows are introduced to the University of Pittsburgh computing environment and the Pathology information systems during their arrival orientation. Fellows are provided with their own individual computer workstations. They become familiar with standard applications, e-mail, web-based internet/intranet applications, basic presentation graphics and patient data access through practical experience. Fellows may carry out elective, project oriented rotations in pathology informatics or they may include informatics as a collaborative component in elective projects carried out in other areas of pathology. It is the expectation that thoracic fellows develop one exercise in surgical pathology quality assurance per year in order to improve the quality of patient care, such as in errors in frozen section diagnosis, improvement of diagnoses by cytohistologic correlation, etc.

The department has a nationally known Informatics Division that is very active in education of residents and fellows. On a daily basis, the fellows have access to state-of-the-art electronic medical record systems (MARS), a very extensive intra-departmental web-site with teaching tools for general and transplant pathology, on-line text-books, and many other resources. A new innovation has been access to any departmental seminar on-line, for department members who are off-site or unable to attend conferences. All conferences, including resident presentations, are available for viewing both live ("webcast") and in an archive on the departmental website. The fellows gain experience in writing for the web through participation in creation of web-cases. Previous residents and fellows have used interactive technology to incorporate participant quizzes into their web-cases. A one-month course is given to second year residents. In addition, we offer telepathology slide consultations between our local hospitals as well as in selected parts of the world, for instance, between Pittsburgh and Palermo, Italy where we have part interest in a transplant hospital and are often consulted via telepathology regarding our interpretation of transplant biopsies. Fellows that wish to gain this in-depth experience in informatics may participate in this month as an elective.

SECTION 11. RESIDENT RESEARCH

Describe the research/investigation work by residents during the last three years (including work in progress.) List resulting publications, underlining resident author names. Do not enclose reprints or manuscripts. Add additional pages as needed.

The following list of references illustrates projects completed by recent residents rotating through the Division of Thoracic Pathology and by surgical pathology residents. The names of resident and fellow authors have been underlined.

It should be noted that the Division of Thoracic Pathology has won the Stowell Orbison Award for best paper at the USCAP or the Pulmonary Pathology Society Award for best abstract at the USCAP for the last three years – this is testament to the quality of academics and teaching the thoracic faculty have offered the housestaff trainees in pathology.

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10. Hasegawa T, Iacono AT, Orons PD, Yousem SA. Segmental Nonanastomotic Bronchial Stenosis After Lung Transplantation. Ann Thorac Surg. 2000 Apr; 69(4):1020-31.
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SECTION 12. RESIDENT CERTIFICATION

NOT APPLICABLE

SECTION 13. EVALUATION OF RESIDENTS

How does the program ensure that the Program Director, with participation of members of the teaching staff:

1. At least semi-annually evaluate the knowledge skills, and professional growth of the residents, using appropriate criteria and procedures. Are there regular, formal, written evaluations of residents by the teaching staff? Are evaluations completed at least once every 6 months and after rotations outside the primary institutions or to specialty experiences? Are evaluations discussed with the residents at least once each year?

The fellows evaluate the staff and the program twice a year. The faculty evaluations are sent to the Director of the Fellowship Committee at large in order to maintain anonymity. The comments are then passed on anonymously to the Director of the Thoracic Pathology Fellowship Program for any comments, actions, etc. The program and the curriculum are evaluated twice a year formally, but the fellow meets regularly with the fellowship director and with the director of anatomic pathology to give informal feedback to the faculty. In the past, these informal interactions have led to direct changes. For example, the implementation of the fellow rotation on the consultation service was the result of a fellow's request. The implementation of shadow sign-out and junior faculty level (supervised) responsibilities was also the result of fellow requests. The fellows and staff, who worked together to come up with a reasonable and educational experience developed both of these experiences. Modifications occur routinely, in order to maintain flexibility and optimize the educational effectiveness of the program.

The staff discusses the fellowship program on a monthly basis in the staff meetings. We attempt to respond to the changing or different needs of our fellows, in addition to keeping the highest standards in training pathologists.

A department wide fellowship director is responsible for noting and correcting any problems with the teaching staff in regards to fellows. There issues, though there have not been any in the past, would be dealt with appropriate anonymity and would reflect the overall goals of the Department to provide excellent education to our fellows. Staff members who receive low evaluation scores from residents and fellows would have meetings with the Fellowship Director and the Director of Anatomic Pathology to attempt to discover any philosophical or technical difficulties.

2. Communicate each evaluation to the resident in a timely manner.

Evaluations are available for the fellow to review at any time in their file. The fellowship director discusses the results of these evaluations quarterly with the fellow.

3. Advance residents to positions of higher responsibility on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The faculty individually evaluates the fellow's performance using a standard set of published criteria. The program director, with input from evaluations from the teaching faculty, is responsible for advancing the fellow to the next level of responsibility. At the mid-point of the year, the program director expects the fellow to be performing at a junior faculty level, when he/she is expected to evaluate cases, request and interpret special stains and dictate cases for final sign out by the staff pathologist; promotion to this level of performance is based on performance during the previous quarter assessed from evaluations by the teaching faculty.

4. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.

Formal written evaluations are filled out and collated on a quarterly basis. These are kept in a secure file cabinet, but are available for the fellow to review.

5. Complete a written final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of training and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.

Each fellow has a final, complete evaluation review and letter written which is archived in the fellow's permanent file. The letter includes information regarding the fellow's performance, professionalism, and his or her ability to

practice competently and independently. The letter also includes information regarding the fellows performance related to ACGME general competencies.

SECTION 14. EVALUATION OF THE PROGRAM

How is the educational effectiveness of the program evaluated in a systematic manner? In particular, how is the quality of the curriculum and the extent to which the educational goals have been met by residents assessed? As part of this process, do residents provide periodic written evaluations of the program and teaching staff?

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SECTION 15. EDUCATIONAL EXPERIENCE OF RESIDENTS

APCP - 4 Resident's Educational Program

Specific blocks of rotations/assignments separated by vertical lines, should be identified for each year in the program. The participating institution at which each rotation takes place should be identified by number as designated in Part 1 of this form. Duplicate this section as needed.

Name of Resident _____

The Fellow spends the entire year in the Division of thoracic Pathology. The Fellow has three months of elective time that is spent in a variety of ancillary rotations at the Fellow's discretion, in consultation with the Fellowship Director.

12 Months

Thoracic Pathology Fellow Program	9 months – mandatory thoracic pathology										3 months elective (may be done in block or interspersed)	

SECTION 16. PROGRAM CONFERENCES

List the conferences, seminars, journal clubs, etc. in which residents participate.

Name of Conference	Frequency held	Individual(s) or Department Responsible for Organization of Sessions
Medical Mortality Conference	N/A	
Surgical Mortality Conference	1/month	Faculty
Pediatric Mortality Conference	N/A	
Gross Pathology Conference	2/month	Faculty and Fellows (rotating basis)
Surgical Pathology Conference	1/week	Faculty and Fellows (current cases)
Journal Club/Research Conference	2/month (journal club) 1/week (research conf)	Faculty with resident or fellow presentation
Hematology Conference	N/A	
Clinical Pathology Conference	N/A	
On-call Review	N/A	
Other (specify):		
Pulmonary Medicine Conference	1/week	Faculty
Thoracic Oncology Tumor Board	2/month	Fellow (Faculty backup)
Thoracic Pathology case review QA conference	1/week	Faculty
Lung Transplant Case Conference	1/week	Fellow (Faculty backup)

Limiting your narrative to the space below, summarize resident participation in (attendance, planning, presenting, etc.) conferences.

The fellow presents at weekly clinical-pathology conferences at least one time per week. Secretarial support is scheduled for collecting cases, printing paperwork, and collecting appropriate slides. The fellows then capture images and prepare a PowerPoint type presentation of the cases. They present the pathology, with the support of a faculty member when necessary, and discuss the cases with the clinicians.

Opportunities for more detailed pathology presentations are also in place. At a weekly Thoracic Oncology surgical pathology conference, the fellows are encouraged to present interesting cases from the prior week. Although this is a working conference to some extent, the fellows and faculty use this time to teach the junior residents at the multi-headed scope. A formal presentation of interesting cases is given once per year by each fellow, and is attended by all members of anatomic pathology. In journal club the fellows have opportunity to present to residents, other fellows and staff the results of a recent publication. In the research conference, the fellow presents the results of ongoing research projects, outlines experimental plans and reviews related literature. The fellows lead the gross conference, the journal club, and unknown case sessions regularly, acting as junior faculty.

SECTION 17. OTHER PHYSICIAN TRAINEES

None this year.

SECTION 18. NON-PHYSICIAN TRAINEES

Other educational programs: List other programs using APCP facilities (e.g., medical school courses, post-sophomore fellowships, cytotechnologists, pathology assistants, or masters, doctoral and postdoctoral programs for clinical scientists.

Educational Program Name & Type	# of Trainees
Post sophomore fellowship program	1/year

Limiting your narrative to the space below, summarize resident opportunities to teach medical students, trainees from other specialties, etc.

Our fellows have multiple opportunities to teach medical students and trainees from other specialties both on an informal and a formal basis. The medical student course includes laboratory experiences in organ-specific blocks. The fellows are required to teach approximately 12 hours of teaching for a small group of 15-18 students. The students evaluate their instructors and feedback is provided approximately 6 months after the course ends. Medical students also have the opportunity to rotate in pathology as 1st years and again as 4th years. The 1st year elective in pathology is a paid summer fellowship, which lasts for 8 weeks. These medical students rotate in surgical pathology or autopsy pathology. The fellows and residents are intimately involved in teaching, at a very basic level, and in encouraging the medical students to participate in their daily activities. During the 4th year elective in surgical pathology the fellows spend more time teaching grossing skills and diagnostic skills to the medical students, most of whom have expressed interest in joining a pathology residency. Finally, we have an active program of rotating residents from Surgical Oncology, and the transitional year program. The fellows participate in teaching these residents extensively. The fellows are routinely involved in the teaching of junior pathology residents, including the gross and microscopic evaluations of cases.

SECTION 19. PROGRAM STRENGTHS

Describe the strengths of the program.

1. **Subspecialty Thoracic Pathology signout:** This allows for excellent training in this highly subspecialized area with faculty that has an interest in this particular organ system. Thoracic material from Presbyterian and Shadyside are triaged to the Presbyterian based thoracic bench which handles one of the largest volumes of thoracic material in the country.
2. **Diverse and abundant material:** With two main hospitals in our system, we have a large number of specimens. In addition, as a major referral center and one subspecialty hospitals (Children's Hospital) for a very broad geographical area, the complexity is high.
3. **Consultation rotation:** We offer our fellows the unique opportunity to participate in signing out personal consultation cases with nationally recognized experts. This is a high-volume, intense service, but offers plenty of time to read and study cases.
4. **Independence and graduated responsibility:** We have maximized the opportunities for our fellows to have independence, while carefully maintaining immediate and constant back-up that completely protects our fellows. This includes extensive experience in frozen section interpretation and signout, with "shadow-signout" and junior-faculty responsibilities (with supervision).
5. **Team approach to subspecialty benches:** We attempt to maintain a team approach to our benches. Each week, a faculty member, fellow, resident and PA work together on a particular bench. This allows for excellent learning and teaching opportunities for the fellows and for the maximizing exposure to all specimens that are accessioned to the team. On the other hand, it also ensures that the resident and fellow are not overloaded to the degree that their educational experience is compromised.
6. **Preview time:** Our system is set-up in order for slides to be available for the residents and fellows the day before signout. This ensures that the fellows and residents have the opportunity to preview cases, read about them, and come up with an independent diagnosis. We do insist that the residents and fellows come to signout with their diagnosis written out, as if they were signing out the case. We believe that this encourages independent thinking, teaching interactions at the multi-headed scope, and completeness and accuracy on the part of the trainees.
7. **Research:** We encourage fellows to participate in research projects and provide funding for them (research and for travel to national meetings).
8. **Excellent support staff:** Our fellows are supported by an excellent, dedicated support staff that includes academic secretaries, who often assist them, a dedicated person to file slides, a dedicated person to retrieve filed slides, histotechnologists, a research histology core, and many other invaluable staff members.
9. **It is worthwhile highlighting that the UPMC is home to two unique thoracic institutions.** First, it is the largest lung transplant center in the country allowing fellows to see the rare and unusual diseases in the resected native lungs and to study the pathobiology of acute and chronic lung allograft rejection – the pathology of these conditions was defined for the world by the pathologists of the UPMC. UPMC is also the site of the Simmons Center for Interstitial Lung Disease, drawing patients and their biopsies from around the country to be evaluated and treated for rare interstitial conditions.

Mission Statement of the Division of Thoracic Pathology

The Division of Thoracic Pathology is based at UPMC Presbyterian/Shadyside. It has a broad agenda focused on achieving excellence in clinical service, resident/fellow education, and translational and basic research.

The Division of Thoracic Pathology supports diagnostic services at Presbyterian University Hospital and Shadyside Hospital. In addition it also receives biopsy material from many outpatient clinics run by the University of Pittsburgh Medical Center. This division provides skilled interpretation in the surgical pathology of the lung, entire mediastinum and pleura. This mission supports the focused efforts in thoracic oncology and pulmonary diseases, by the Division of Pulmonary Medicine, Foregut Surgery and Thoracic Oncology division of the University of Pittsburgh Cancer Institute, at the UPMC.

The Division of Thoracic Pathology is active in housestaff education, with much of the educational efforts focused on training of residents through case analysis and discussion. A wealth of internal material is supplemented by an active consultation service; and extensive slide teaching collection and study sets. House-staff officers are trained in the applications of histochemistry, immunohistochemistry, and molecular biological techniques in the evaluation of clinical and pathologic diagnostic problems.

Our research focus is largely oriented toward utilizing the resources of the Thoracic Pathology faculty research areas, the laboratories of the Molecular Anatomic Pathology section of the Division of Anatomic Pathology and the utilization of Departmental core facilities at both the Presbyterian and Shadyside Hospital. Major focus is on

identifying and validating novel molecular markers, for diagnostic and prognostic use. The Division of Thoracic Pathology is committed to advances in the molecular classification of Thoracic malignancies, applying global genomic, transcriptomic and proteomic analysis, in collaboration with the Bioinformatics group of the University of Pittsburgh, aiming an integrated molecular and morphologic diagnosis and prognostic profile of thoracic disease.

SECTION 20. PROGRAM NEEDS

Describe those areas of the program that could be strengthened. What plans are there to address these areas?

- 1. Space: The fellows' office, which is a dedicated space, is small. There are five (5) desks, individual high-quality microscopes and computer terminals, and very high-quality chairs. While these are essential for work and for comfort, with all of this equipment the space is overextended. At our urban academic medical center, space is an enormous concern for everyone. It is unlikely that more contiguous space will become available, and therefore, we do not anticipate being able to expand the fellow's office in the short term.**
- 2. Official accreditation of the Thoracic Pathology Fellowship-Training Program: We believe that the lack of oversight of surgical pathology subspecialty fellowships has been a hindrance to maintaining excellence across the country. It is a weakness of all programs that no external or internal review process exists. For this reason, we are seeking accreditation for our program specifically. Our diagnostic management of case material has moved from signout by generalist pathologists to a Center of Excellence model where cases are signed out primarily by pathologists devoted almost exclusively to the organ being biopsied or resected. Such focus of clinical care and research combined with close interactions with clinician colleagues should be promoted and the accreditation of such specialty fellowships acknowledged.**

Thoracic Pathology Clinical Fellowship
Evaluation

COMPETENCY AND ASSESSMENT FORM (FOR PROGRAM INFORMATION FORM)

**University of Pittsburgh Medical Center Medical Education Program [3004121324]
Pathology Residency Program**

Competency and Assessment Data Summary

Date Last Updated: 3/18/2004

SECTION 1.a: EDUCATIONAL ACTIVITIES FOR THE COMPETENCY AND ASSESSMENT FORM

Competency	Educational Activities
Practice-Based Learning & Improvement	- Intentionally Left Blank -
Interpersonal & Communication Skills	- Intentionally Left Blank -
Professionalism	- Intentionally Left Blank -
Systems-Based Practice	- Intentionally Left Blank -

COMPETENCY AND ASSESSMENT FORM (CONTINUED)

University of Pittsburgh Medical Center Medical Education Program [3004121324]

Competency and Assessment Data Summary

SECTION 1.b: IMPROVING INSTRUCTION FOR THE COMPETENCY AND ASSESSMENT FORM

Improvement	Competency	Comments
Learning Objectives	<ul style="list-style-type: none"> • Patient Care • Medical Knowledge • Practice-Based Learning & Improvement • Interpersonal & Communication Skills • Professionalism • Systems-Based Practice 	New on-line learning objectives for all rotations
Departmental Conferences, Lectures or Discussions	<ul style="list-style-type: none"> • Patient Care • Medical Knowledge 	New unknown slide conference and reorganized AP and CP didactic

	<ul style="list-style-type: none"> • Practice-Based Learning & Improvement • Interpersonal & Communication Skills • Professionalism • Systems-Based Practice 	lectures
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COMPETENCY AND ASSESSMENT FORM (CONTINUED)

University of Pittsburgh Medical Center Medical Education Program [3004121324]

Competency and Assessment Data Summary

SECTION 2: ASSESSING RESIDENTS' LEARNING AND PERFORMANCE

Assessment Method	Clinical Performance Ratings
Competency evaluated using this method	<ul style="list-style-type: none"> • Patient Care • Medical Knowledge • Practice-Based Learning & Improvement • Interpersonal & Communication Skills • Professionalism • Systems-Based Practice
Frequency method is used	Every Rotation
When are assessments documented	- Intentionally Left Blank -
How are assessments documented	<ul style="list-style-type: none"> • Rating Form: >9 Categories • Written Comments
Evaluator	<ul style="list-style-type: none"> • Faculty/Attending Supervisors
Scoring/rating available to evaluator	Yes
Evaluators receive training	Not Applicable

Objective stds trigger required remediation and/or improvement to "pass" or progress	Yes
Uses for results	<ul style="list-style-type: none"> • Oral Feedback to Residents • Other
Importance in resident evaluations	Medium
Additional info	Evaluations have recently been put on line improving turnaround time and compliance.

Application

Apply at <https://path.upmc.edu>