MRVAMC PULMONARY PATHOLOGY: Rotation Director: Li Lu, M.D., Ph.D., Clinical Assistant Professor

1. Description of the rotation: Using a combination of current pulmonary pathology cases and teaching sets, the resident is provided with a broad and in-depth exposure to the pathology of pulmonary diseases. Current cases from Shands Hospital, the Veterans Administration Medical Center, and the Diagnostic Referral Laboratory are reviewed initially by the resident and subsequently by the resident and attending pathologist on service. The workup of these cases frequently includes immunohistochemistry, and occasionally immunofluorescence (Goodpasture syndrome) or electron microscopy (pleural tumors, other unusual tumors) (Competency #1,#2,#3,#5, see note). The resident interfaces with clinicians and radiologists regarding questions about the clinical history and radiologic findings, provides feedback about pathologic interpretations, and answers questions related to pathologic workup of cases. The attending and/or resident present some of these cases at the weekly interdisciplinary pulmonary conference (Competency #1,#4, see note).

A comprehensive teaching sets of glass slides with case description illustrating the common and the uncommon pulmonary diseases are a valuable learning resource for the resident. A large collection of slides from lung transplant cases is a unique feature of the set (Competency #2,#3, see note).

Depending upon the resident's interests other educational and/or research activities may also be included in this rotation. Participation in bronchoscopies, pulmonary medicine rounds, and evaluation of radiologic studies with radiologists can be arranged. A research project can also be completed during this rotation. The resident is encouraged to discuss his/her interests with the attending faculty prior to the rotation so that desired activities can be scheduled. As appropriate to the individual case or consultation under review, the ethical, socioeconomic, medicolegal, and cost-containment issues are reviewed and discussed (Competency #6, see note). As well, research design, statistics and critical review of the literature are discussed. By use of the literature, Medline, and textbooks, the resident is trained to become a lifelong learner (Competency #2, #3, see note).

2. Goals of the rotation: During the first 4 weeks of the rotation, the resident is expected to gain a solid foundation in the pathology of common pulmonary diseases, including common lung neoplasms, lung transplant pathology, obstructive lung diseases, infections, and pleural processes. As the resident progresses, greater attention will be given to the differential diagnosis of more unusual processes, including interstitial lung diseases, lymphoproliferative diseases, collagen vascular diseases, unusual infections and tumors, vasculitis and other vascular abnormalities, congenital abnormalities, etc. Correlation of pathologic lesions with clinical and radiologic findings will be addressed (Competency #2, #3, see note).

3. Duration of the rotation: Four weeks. This rotation may also be scheduled in combination with another VA rotation.

4. Duties and responsibilities of residents: Independent review of active cases prior to signout with the attending pathologist is expected at each year of training to maximize the learning value of the signout experience. Independent review of the teaching sets, followed by discussion and review of the cases, will provide a systematic introduction to categories of diseases. The resident will serve as a consultant to clinicians and radiologists and participate in the case discussion in the weekly multidisciplinary pulmonary conference. (Competency #1,#2,#3,#4,#5, see note).

5. Teaching staff: Li Lu, M.D., Ph.D., Peter A. Drew, M.D., M.D., Robert Allan, M.D., Clinicians and radiologists, depending upon the residents interests.

6. Supervision and evaluation of residents: Residents are supervised by the teaching staff. Evaluation of the resident is based upon the resident's competencies in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice as recommended by ACGME guidelines.

Revised 2-3-2004

Note: The 6 ACGME competencies: #1. patient care; #2. medical knowledge; #3. practice-based learning and improvement; #4. interpersonal and communication skills; #5. professionalism; #6. systems-based practice.

Pulmonary Pathology Rotation CORE CURRICULUM
Submitted by Li LU, M.D., Ph. D.

During the first 4-week rotation, diagnostic competency should be achieved in the following areas:

Normal lung histology
Atelectasis
Cystic fibrosis
Diffuse alveolar damage
Thromboembolism and its consequences
Pulmonary hypertensive arteriopathy
Acute and organizing bronchopneumonia
Manifestations of mycobacterial infections
Manifestations of fungal infections
- Histoplasmosis
- Cryptococcosis
- Coccidiomycosis
- Aspergillosis,
- Mucormycosis

Cytomegalovirus pneumonia
Herpes simplex virus pneumonia
Pneumocystis carinii pneumonia
Dirofilaria granuloma
Aspiration pneumonia
Emphysema
Chronic bronchitis
Bronchiectasis
BOOP
Asthma
Asbestos exposure
Sarcoidosis
Usual interstitial pneumonia
Desquamative interstitial pneumonia
Alveolar proteinosis
Langerhans cell histiocytosis
Chronic eosinophilic pneumonia
Hypersensitivity pneumonia (EAA)
Chemotherapy/radiation pneumonitis
Squamous cell carcinoma
Adenocarcinoma
Bronchioloalveolar carcinoma
Small cell carcinoma
Large cell carcinoma
Carcinoid
Hamartoma
Inflammatory pseudotumor
Mesothelioma
Thymoma

During the second 4-week rotation, diagnostic competency should be extended to include the following:

Congenital cysts
Congenital cystic adenomatoid malformation
Pulmonary veno-occlusive disease
Legionella pneumonia
Manifestations of nocardia infection
Manifestations of respiratory viral infections
Strongyloides infection
Types of bronchiolitis
Allergic broncho-pulmonary aspergillosis
Asbestosis
Silicosis
Coal worker's pneumoconiosis
Lymphangioleiomyomatosis
Lymphoid interstitial pneumonia
Giant cell interstitial pneumonia
Idiopathic hemosiderosis
Amiodarone toxicity
Manifestations of rheumatoid arthritis
Manifestations of other collagen vascular diseases
Manifestations of graft versus host disease
Wegener's granulomatosis
Churg-Strauss angiitis
Spindle cell carcinoma
Tumorlet
Large cell neuroendocrine carcinoma
Diffuse pulmonary neuroendocrine cell hyperplasia
Mucoepidermoid carcinoma
Adenoid cystic carcinoma
Pleomorphic adenoma
Granular cell tumor
Pulmonary blastoma
Sclerosing hemangioma
Lymphomatoid granulomatosis
MALT lymphoma
Basaloid carcinoma
Squamous papilloma
Lung involvement by hematopoietic neoplasms
Amyloidosis
Atypical adenomatous hyperplasia
Fibrous tumor of pleura
Infectious causes of pleuritis
Sclerosing mediastinitis
Thymic carcinoma
Thymic cyst
Pericardial cyst
Lymphangioma
Other mediastinal tumors