

**PEDIATRIC PATHOLOGY: May Arroyo, M.D., Assistant Professor, William Donnelly, M.D., Professor**

**1. Description of the rotation/Duties and responsibilities of residents:** The pediatric pathology rotation offers a unique and concentrated experience in the surgical and autopsy pathology of pediatric disorders (ACGME competency #2: Medical Knowledge). In surgical pathology, particular focusses include pediatric solid tumors (Wilms tumor, neuroblastoma, teratomas, etc), congenital malformations, metabolic diseases, and selected placental abnormalities. Residents evaluate the surgical cases and prepare them directly under the supervision of the pediatric pathologist (ACGME competency #1: Pt. Care). With experience, residents are given greater supervision and performance responsibilities. The pediatric autopsy requires an appreciation of the fourth dimension as it applies to pediatric pathology - the element of time in the life of the fetus, infant or child, and the changes in appearance and the diagnostic problems posed at different ages. Special emphasis is given to the study of developmentally related changes, iatrogenic complications of treatment in the pediatric age group, and the problems posed in analyzing malformation complexes and chromosomal anomalies. There is a separate set of defined performance objectives for pediatric autopsies.

**2. Goals of the Rotation:** The resident should be able to:

- i. Plan and execute complete autopsy examinations of normally and abnormally developed fetuses and live born infants and children (ACGME competency #1: Pt. Care).
- ii. Choose and execute contributory radiographic studies, prepare anatomical specimens (e.g. malformed hearts), and prepare specimens for appropriate supporting studies (e.g. virologic, microbiologic, immunologic, biochemical, cytogenetic, molecular, ultrastructural).
- iii. Complete proper examinations of congenital problems such as Hirschsprung disease, renal and pulmonary anomalies, encountered in the surgical pathology setting.
- iv. Correctly prepare histologic and biologic analytic materials from pediatric embryonal tumors (e.g. Wilm tumor) to facilitate proper classification and analysis of the tumor according to standard national treatment protocols (e.g. Pediatric Oncology Group; National Wilms Tumor Study, Children's Cancer Group).
- v. Evaluate products of conception and placentas in light of clinical settings.
- vi. Prepare requests for appropriate extramural consultation and protocol review when indicated.
- vii. Locate the ever changing important current diagnostic and evaluative techniques in the proper literature (ACGME competencies #2: Medical Knowledge; #3: Practice-Based Learning).

**3. Duration of the rotation:** 4 weeks or more.

**4. Duties and Responsibilities:**

- i. Performance of all elements of prosection of a perinatal, stillbirth, pediatric autopsy initially under the supervision of a senior resident and with increased experience, independently. An autopsy assistant will provide assistance with prosection.
- ii. Preparation of a provisional gross anatomic diagnosis report to be reviewed and signed by the attending faculty assigned to the autopsy.
- iii. Independent review of microscopic slides and composition of a draft of the final diagnosis report including a list of diagnoses, clinical summary, prosector's discussion, gross and microscopic description sections, neuropathology report, list of cassettes and SNOMED codes.
- iv. Microscopic slide review with attending faculty and revision of draft final anatomic diagnosis report as appropriate.
- v. Gross photography of interesting and/or unusual cases.

**5. Teaching staff:** May Arroyo, M.D., William H. Donnelly, M.D.

**i. Resident Supervision:** Reports are generated in concert with the attending faculty and signed out by the attending faculty (ACGME competencies #4: Communication; #5: Professionalism).

**ii. Resident Evaluation:** Written monthly evaluation. **Revised 6-28-2004**