

**MRVAMC: AUTOPSY PATHOLOGY: Rotation Director: Byron Croker, M.D., Ph.D., Chief, Pathology**

**1. Description of the rotation:** This rotation is normally included in the Anatomic Pathology rotation at the VAMC, but can also be arranged as an elective rotation. When done concurrently with another rotation, the resident will alternate autopsies with other residents assigned to VAMC services. Approximately 50 autopsies are performed each year at the VAMC on patients with a wide variety of medical conditions. The resident assumes the *major role in the performance of the autopsy*, prosecuting the case with the aid of an autopsy assistant (ACGME competency #1: Pt. Care). After the autopsy has been completed, the resident meets with the appropriate faculty member to review the gross organs and clinical information, and prepares a provisional gross anatomic diagnosis *report* (ACGME competency #4: Communication). After examining the slides, the resident prepares a final anatomic diagnosis *report* which he/she reviews with the faculty member assigned to the case, ordering any appropriate additional immunohistochemical, histochemical or ultrastructural studies. To relate the pathologic findings to the patient's course, the resident creates a prosecutor's discussion. As residents develop increased levels of experience they assume increased levels of responsibility (*graduated responsibility*). Socioeconomic issues related to smoking and alcohol abuse are frequently addressed in this rotation. Occasionally, *medical-legal issues* are dealt with, such as complications related to operative and invasive procedures (ACGME competency #6: Systems-Based Practice). The resident serves as a *consultant* to the clinical staff for questions about the autopsy, with discussion with the attending pathologist as needed (ACGME competencies #4: Communication; #5: Professionalism). As appropriate to the individual case or consultation under review, the ethical, socioeconomic, medicolegal, and cost-containment issues are reviewed and discussed (ACGME competency #6: Systems-Based Practice). As well, research design, statistics and critical review of the literature are discussed (ACGME competencies #2: Medical Knowledge; #3: Practice-Based Learning). By use of the literature, Medline, and textbooks, the resident is trained to become a lifelong learner (ACGME competency #3: Practice-Based Learning).

**2. Goals of the rotation:** Familiarity with the pathologic manifestations of a wide variety of disease processes. Increased experience with clinicopathologic correlation. Expansion of gross dissection skills. Application of immunohistochemistry, ultrastructural studies, and microbiologic tests to the diagnosis of specific diseases.

**3. Duration of the rotation:** Part of VAAP (Eight 4-week rotations)

**4. Duties and responsibilities of residents:** Review of the autopsy permit and medical records prior to performing an autopsy. Prosecution of autopsies and sectioning of organs. Review of gross and microscopic materials and correlation with clinical information. Preparation of *provisional gross anatomic diagnosis and final anatomic diagnosis reports*. Consultation with clinicians and radiologists as needed. There are *no fellows* on this rotation. No shared autopsies were reported from the VAMC.

**5. Teaching staff:** Byron P. Croker, M.D., Ph.D.; Thomas A. Eskin, M.D. (neuropathology); William L. Clapp, M.D.; Li Lu, M.D., cytopathology; Anthony T. Yachnis, M.D. (neuropathology); Luis Alvarez, M.D. (volunteer)

**6. Supervision of residents:** Supervision of residents is provided primarily by the faculty member assigned to each case. The faculty rotations are one week long, so during a single month autopsy rotation the resident will usually have the opportunity to work with several attendings.

**Resident Evaluation:** Written monthly evaluation.  
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