

Frozen and Placenta/Autopsy Step-Down Rotation: Rotation Director: Jesse Lee Kresak, MD

1. **Rotation Description:** Intraoperative consultations (i.e., frozen sections) are among the most stressful and important duties of an anatomic pathologist. Guiding the surgical course of a patient and communicating effectively with a surgeon and surgical team are skills that residents must master during residency training. A dedicated frozen section month for junior residents allows for learning the skills required to perform frozen sections before beginning call duties; however, frozen sections are not continuously ongoing, and there is often downtime between cases.

Following an autopsy service, residents will draft timely reports for compliance with College of American Pathologists regulations. Residents are unable to return to University of Florida Health Shands Hospital campus to finish these reports if they participate in external rotations. Because of this, residents should remain for a month's duration on the UF Health Shands Hospital campus following an autopsy rotation. With efficient time-management skills, residents should still be able to perform duties applicable to anatomic pathology while completing their autopsies.

The Frozen and Placenta Rotation should cover both of the above needs for junior pathology residents.

2. **Rotation Goals:** The goals of this rotation are multifaceted. First, residents will be exposed to the challenging task of intraoperative consultations. Second, residents will be exposed to grossing and the histologic evaluation of placenta pathology. Lastly, the rotation is designed to follow autopsy rotation to allow for continuity of autopsy cases while on UF Health Shands Hospital campuses.
 - a. **Objectives**
 - Become proficient at frozen section technique, including choosing appropriate tissue, cutting, and staining.
 - Develop interdepartmental communication skills.
 - Become competent in the gross and histologic diagnosis of placental disease.
 - Produce quality written reports for all remaining autopsy cases.
 - Employ time-management skills to balance both frozen section and placenta duties with autopsy completion.
3. **Rotation Duration:** Four weeks, following an autopsy rotation
4. **Trainee Duties and Responsibilities:** Residents must report to the gross room, following the morning conference at 8:30 a.m.
 - a. **Placentas:** Residents will call the GYN pathologist on service first thing in the morning to arrange a sign-out time for placentas, so the remainder of the day can be arranged. Residents are responsible for grossing and preparing a report for four placentas daily.
 - b. **Frozen Sections:** Residents are responsible for frozen sections between 8:30 a.m. and 2 p.m. (with the exception of a GYN sign-out hour). Frozen section responsibilities include reviewing the electronic health record for the daily schedule of the operating room (OR) and determining a list of potential frozen sections. **Residents are also responsible for obtaining patient histories and reviewing the patients' charts, including imaging when applicable, for the potential frozen cases.** When the specimen arrives for frozen section analysis, residents should prepare the frozen section slide, including obtaining appropriate tissue, cutting on the cryostat and performing staining processes.

By the end of this rotation, residents are expected to diagnose frozen section slides; this will

vary by the attending on frozen sections that day. Residents must also communicate results back into the OR suites.

- Whether the resident is on frozen sections at the UF Health Shands Hospital North or South Tower is at the discretion of the resident and the pathologists' assistants (PA), depending on the coverage and/or potential cases of interest.
- c. **Autopsies:** After 2 p.m., residents are free to work on autopsy reports and sign-out slides with the autopsy attendings. The goal is to complete all autopsy reports by month's end.
- This schedule can be flexible, according to the needs of the UF Department of Pathology, immunology and Laboratory Medicine. For example, if an autopsy attending is only available in the AM, frozen sections can be performed in the PM. Or, if at 2 p.m. a resident is right in the middle of many frozen sections, that person can (and probably should) complete those before leaving for the afternoon. Open communication with all parties is vital.
5. **Teaching Staff:** Jesse Lee Kresak, MD, Robin Foss, Melanie Zona, Demaretta Rush MD, and other anatomic pathology faculty
6. **Resident Supervision:** Trainees are supervised in the grossing room by PA's and pathologists and at sign-out by faculty members.
7. **Resident Evaluation:** Residents are evaluated by the participating faculty in New Innovations upon completion of the rotation. Evaluations will be based on all three rotation components (frozen sections, autopsy reports and placenta) and will incorporate the following ACGME Milestones:
- a. **PC3 | Interpretation and Diagnosis:** Demonstrates knowledge and practices interpretation and analysis to formulate diagnoses (AP)
 - b. **PC4 | Reporting:** Analyzes data and appraises, formulates and generates effective and timely reports (AP)
 - c. **PC5 | Procedure - Surgical Pathology Grossing:** Demonstrates attitudes, knowledge and practices that enable proficient performance of gross examination (analysis and appraisal of findings, synthesis and assembly, and reporting) (AP)
 - d. **PC6 | Procedure - Intraoperative Consultation/Frozen Sections:** Demonstrates attitudes, knowledge and practices that enable proficient performance of gross examination, frozen section (analysis and appraisal of findings, synthesis and assembly, and reporting) (AP)
 - e. **MK1 | Diagnostic Knowledge:** Demonstrates attitudes, knowledge and practices that incorporate evidence-based medicine and promote lifelong learning (AP/CP)
 - f. **MK3 | Procedure - Autopsy:** Demonstrates knowledge and practices that enable proficient performance of a complete autopsy (analysis and appraisal of findings, synthesis and assembly, and reporting) (AP)
 - g. **SBP1 | Patient Safety:** Demonstrates attitudes, knowledge and practices that contribute to patient safety (AP/CP)
 - h. **PROF3 | Professionalism:** Demonstrates responsibility and follow-through on tasks (AP/CP)
 - i. **ICS2 | Interdepartmental and Health Care Clinical Team Interactions:** Displays attitudes, knowledge and practices that promote safe patient care through interdisciplinary team interactions (AP/CP)
 - j. **ICS1 | Intradepartmental Interactions and Development of Leadership Skills:** Displays attitudes, knowledge and practices that promote safe patient care through team interactions and leadership skills within the laboratory (AP/CP)