

NEUROPATHOLOGY ROTATION

Division of Neuropathology

The neuropathology rotation should be viewed as an opportunity to review (learn) the basics of neuropathology in a highly interactive environment. In return for this learning opportunity we ask several things on their part. Most important is their adherence to our daily schedule of events (see Neuropath Weekly Schedule). If they cannot attend a particular session, they should phone in advance so that we do not needlessly prepare teaching sessions for ourselves.

In return, they will be notified in advance if other commitments/duties prevent a scheduled event from being held.

The only service required during the neuropathology rotation is the preparation of neurologically oriented case histories on all “neuro” autopsies. These cases are designated as “neuro” cases by the neuropathology fellow in consult with the first year resident performing the autopsy. These cases will either have neurologic symptoms at the time of death or will have had a past history of a neurologic abnormality. They will be informed by the neuropathology fellow or the neuropathology secretary that a “neuro” autopsy has been performed and that a neuro history is needed. They should obtain the patient’s chart and summarize the patient’s neurologic history in not more than two pages. This clinical summary can be emailed to the neuropath secretary by the Friday prior to the Monday of the brain cutting. Remember, this history is for pathologists and excess clinical information only confuses. **Please keep abbreviations to a minimum and use complete sentences only.** This history will become part of the final neuropathologic report.

At the time the case is presented at brain cutting be prepared to present the clinical history in a complete but succinct form. The focus of the presentation should be on the neurological aspects of the case.

GOALS AND OBJECTIVES

Goals & Objectives for the Neuropathology Rotation for Neurology and Pediatric Residents

Patient Care

Goal: The neurology rotator has an important role in neurosurgical and neuroautopsy diagnosis which is a function of his/her accurate discovery of historical data in patient's records. An accurate history and interpretation of laboratory results by the neurologic rotator is important in arriving at an accurate differential diagnosis and may suggest ancillary tests or special stains which contribute to the proper neuropathologic diagnosis. This contributes directly to therapy of living patients and may identify disease entities important for family members. Residents are expected to:

Objective:

- Determine either the neurologic symptoms at the time of death or determine any past history of neurologic abnormality

Medical Knowledge

Goal: The resident rotating on Neuropathology must demonstrate knowledge in the preparation of neurologically oriented case histories on all “neuro” autopsies. This rotation should also be viewed as an opportunity to review (or learn for the first time) the basics of neuropathology in a highly interactive environment.

Residents are expected to:

Objectives:

- Research and write up the clinical histories on patients by reviewing the patient’s chart or reviewing records on Clinical Desktop.

- Present the clinical history in a complete but succinct form and be prepared to discuss the gross and microscopic neuropathology expected.
- Attend and contribute to daily neuropathology conferences which are both practical and didactic.

Practice-based Learning and Improvement

Goal: The resident rotating on Neuropathology will demonstrate practice-based learning and improvement in the recognition and interpretation of neuropathologic characteristics of many clinical entities and understanding the requirements for making and defending neuropathologic diagnoses. Residents are expected to develop skills and habits to be able to meet the following goals:

Objective:

- During the rotation process the resident should demonstrate increasing capability in recognition of case material presented as unknown specimens and questions posed during conferences about the pathologic differential diagnosis and role of immunohistochemical techniques in arriving at a definitive diagnosis..

Interpersonal and Communication Skills

Goal: The resident rotating on Neuropathology must effectively communicate clinical information and a clinical differential diagnosis to neuropathology fellows and attending pathologists as well as other rotators and health professionals.

Residents are expected to:

Objectives:

- Research and write up the clinical histories on patients by reviewing the patient's chart or reviewing records on Clinical Desktop.
- Present the clinical history in a complete but succinct form. The focus of the presentation should be on the neurological aspects of the case.

Professionalism

The resident rotating on Neuropathology must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

Objectives:

- Mandatory attendance of the daily neuropathology conferences that do not conflict with clinical commitments.

Systems-based Practice

The resident rotating on Neuropathology must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- Understand the role of the neuropathologist, appropriate history and the electronic medical record as they pertain to neurological abnormalities or neurologic symptoms in patients.

DUTIES/NEUROPATHOLOGY WEEKLY SCHEDULE

Monday:

***** 9:15 – Neuropathology Autopsy Microscopic Review – Rm. 3209 IOH Bldg.**

This conference is attended by all neuropathology rotators and residents rotating on autopsy as well as the Neuropathology fellow and Neuropathology faculty attending on the autopsy service. Other Neuropathology faculty frequently attend the conference too. The fellow presents the microscopic findings of brains cut at recent braincutting conferences.

1:30 – Sign Out of Surgical Cases – Rm. 3209 IOH Bldg – *Neurology rotators encouraged to attend.*

4:00 – Neuro-oncology Tumor Bd. Meeting (optional) 5th Fl. McMillan Tuesday:

***** 9:15 – Neuro Autopsy Brain Cutting Conf - Autopsy Suite**

- Neurology rotator will present the clinical history in a complete but succinct form and be prepared to discuss the gross and microscopic neuropathology expected.

1:30 – Sign Out of Surgical Cases – Rm. 3209 IOH Bldg – *Neurology rotators encouraged to attend.*

Wednesday:

***** 9:15 – Neuropathology Microscopic Rounds – Rm. 3209 IOH Bldg**

This conference is attended by the entire neuropathology division and is held at the multi-headed scope. Each conference consists of the fellow presenting recent interesting and/or difficult cases from the surgical neuropathology services

1:30 – Sign Out of Surgical Cases – Rm. 3209 IOH Bldg – *Neurology rotators encouraged to attend.*

3:00 – Peripheral Nerve and Muscle Conference (held the first Wed. of every month; optional) Rm. 3209 IOH Bldg.

Thursday:

***** 9:15 – Neuropathology Teaching Conference (*Conf. cancelled January, June, July and August*) – Rm. 3209 IOH Bldg (Conference taught by either Robert Schmidt or Rick Perrin, Research Associate Professor of Alzheimer's Disease Research Center)**

Dr. Cairns will hold his sessions at the multiheaded microscope (IOH 3209) and cover such topics as CNS neoplasms, the neuropathology of AIDS, frozen section interpretation or Memory and Aging cases.

Dr. Schmidt will cover a selected topic in neuropathology. The format for each conference will vary from microscopic sessions, to gross review, to kodachrome slide presentations. Topics covered will include demyelinating diseases, infectious diseases, basic neuropathologic processes, brain neoplasms, and pediatric neuropathology. All neuropathology rotators and autopsy residents are expected to attend. Usually conferences are held in Dr Schmidt's office (IOH 3406)

1:30 – Sign Out of Surgical Cases – Rm. 3209 IOH Bldg – *Neurology rotators encouraged to attend.*

Friday:

1:30 – Sign Out of Surgical Cases – Rm. 3209 IOH Bldg – *Neurology rotators encouraged to attend.*

Saturday:

10:00 Sign Out Conference with Dr. Pestronk, Neuromuscular (4th Fl Irene Walter Johnson Bldg, Neuromuscular area reading room)

***** = Mandatory attendance by neurology/neurosurgery rotators Contact Information:**

Contact Persons:

Neuropath Fellow 2-7427; beeper: 871-4884 Jordana Stewart,
Neuropath Secretary 2-7426

Where to report: (3rd Floor IOH Bldg., Rm. 3407) Start time: 9:15 a.m.

At the end of the rotation, an evaluation is sent by the Neurology Residency Coordinator to the attending(s)

who worked with the resident(s).