Royal Medical Services

Professional Training Division

Logbook for Histopathology Residents

Explanatory Notes

This is an important document. The logbook is an integral part of basic training and it will provide a record of your experience and your academic and educational activities. It will be part of your assessment as you move through basic training and it will be required for the final year of residency and Board examination.

This logbook is intended to be a record of all procedures you perform or participate in as part of your training.

Training Posts Held

On this page you are required to list, in chronological order, the posts which you have held during residency program at the completion of each post, the trainer or consultant to whom you have been attached must sign to indicate that you have satisfactorily completed the post. When you apply to sit the final assessment, the trainer or consultant with whom you are attached will verify that the log book is complete and authenticated.

Educational and Academic Activities

You must record the fact that you have sat for and succeeded the basic board examination. A copy of the Jordan Medical Council Primary board certificate should be included with your logbook. On this sheet, records of attendance at other training courses, meetings, and lectures should be recorded. It is not intended that you record educational activities within the unit to which you are

attached. Publications and other personal contributions should be included as well as any involvement in research projects.

The logbook is divided into numbered segments, corresponding to the training posts held. Details of your record of practical procedures should be completed for each of these posts. There is a consolidation page to summarize the record of procedures performed.

Personal details:

Full Name in Arabic:

Full name in English:

National number:

Start date of your residency program:

Your signature: _____

Head of the Department: _____

Signature & Stamp: _____ Date: _____

Training Posts Held

Post Number	Hospital	Residency Year	Start Date	Finish Date	Consultant	Consultant signature
1st						
2nd						
3rd						
4th						
5th						
6th						
7th						
8th						
9th						
10th						

11th						
12th						
13th						
14th						
15th						
16th						
17th						
18th						
19th						
20th						

This form should only be signed by the consultant or trainer at the end of the post, provided that the trainee has finished the period of the training satisfactorily.

Educational and Academic Activities

Mandatory Certificate (s):

Jordan Medical Council First Part Board Examination Certificate:

Date of Issuing the Certificate:

Certificate Number:

Other Courses:

Course	Date	Location	Course Director

Other activities, including CME hours:

Other Activities (cont):

Surgical Pathology

Year 1

System	Macroscopic pathology	Microscopy	Knowledge base

General	Correctly identify patient details relevant to each specimen Correctly orientate specimens Open fresh specimens Correctly obtain fresh tissue for touch preparation, freezing, electron microscopy etc. Ink excision margins Lymph node anatomy and dissection in cancer specimens	Set up a microscope correctly Recognise normal histology and normal variations of common tissue types Select/identify appropriate histochemical stains for glygogen, fat, mucins and amyloid Familiarity with basic immunohistochemical markers for major tissue and tumour types and interpretation of a basic panel of immunohistochemical markers on an undifferentiated tumour	Normal anatomy and histology Pathological basis of disease Common pathological abnormalities
Breast	Appropriate handling of a simple lumpectomy Needle biopsies	Fibrocystic change, fibroadenoma	*In situ* and invasive carcinoma fibrocystic change, fibroadenoma
Upper gastrointestinal tract	Endoscopic biopsies	Recognise *Helicobacter* associated gastritis; oesophageal and gastric malignancy on biopsy	*Helicobacter* associated gastritis, reactive gastritis, Barrett's oesophagus, oesophageal carcinoma, gastric carcinoma, coeliac disease, duodenitis
System	**Macroscopic pathology**	**Microscopy**	**Knowledge base**
Lower gastrointestinal tract	Appendicectomy Polypectomy Endoscopic biopsies	Recognise colorectal carcinoma on biopsy Identify presence of inflammatory bowel disease (IBD) and attempt to classify type on biopsy Distinguish hyperplastic (metaplastic) from adenomatous polyps	Appendicitis, inflammatory bowel disease, hyperplastic polyp, adenomatous polyp, high-grade dysplasia, colorectal carcinoma

		Recognise high-grade dysplasia Report colorectal carcinoma resection specimens	
Skin	Accurate gross description of skin lesions Appropriate handling of orientated or complex skin specimens	Diagnose basic skin cancer types including squamous cell carcinoma, basal cell carcinoma and typical cases of melanoma Recognise presence of severely atypical features in naevi Adequate morphological description of features seen in an inflammatory skin biopsy	Basal cell carcinoma, squamous cell carcinoma, melanoma, melanocytic naevi, haemangioma, seborrhoeic keratosis, actinic keratosis, chronic dermatitis NOS, epidermal inclusion cysts, dermatofibroma
Lymphoreticular pathology	Lymph node for neoplastic and nonneoplastic Disease Bone marrow trephine biopsies	Screen lymph node dissections and marrow biopsies for metastatic tumour Recognise common reactive node patterns including follicular hyperplasia and sinus histiocytosis Recognise granulomas	Follicular hyperplasia, General basic knowledge about lymphomas granulomatous diseases, metastatic carcinoma
ENT **Head and neck**	Mucosal biopsy Tonsillectomy Nasal polypectomy	Recognise reactive changes in tonsils	Simple nasal polypi
System	**Macroscopic pathology**	**Microscopy**	**Knowledge base**
Female genital tract	Hysterectomy and/or salpingooophorectomy for benign disease	Recognise leiomyomata, secretory and proliferative endometrium. Report hysterectomy and/or salpingooophorectomy for benign conditions	Leiomyoma, secretory and proliferative endometrium, endometrial atrophy, endometrial hyperplasia, endometrial carcinoma, chronic cervicitis, ovarian cystic follicles/theca cysts,
Liver and gall bladder	Open or needle biopsies of liver	Report cholecystectomies Recognise normal liver on	Chronic cholecystitis, cholesterolosis

	Cholecystectomy	needle biopsy. Value of special stains	Steatosis, cirrhosis, chronic hepatitis
Cardiovascular system	Blood vessels, including temporal artery biopsy	Recognise inflammation in temporal artery specimen	For example, temporal arteritis, atheroma
Male genital tract	Prostate chippings	Benign prostatic hyperplasia	Prostatic adenocarcinoma, benign prostatic hyperplasia.
Endocrine pathology	Thyroidectomy	Recognise normal thyroid and parathyroid Recognise nodular colloid goitre	Nodular colloid goitre Know main types of carcinoma
Soft tissue	Soft tissue tumour resection, simple (i.e. lumpectomy)	Recognise morphological features suggestive of main subtypes of tumours (i.e. lipomatous, fibromatous, myomatous, neural, vascular characteristics)	Lipoma, angiolipoma, neurofibroma, dermatofibroma
Renal and urological pathology	Nephrectomy specimens Bladder biopsies	Assess deviation from normal histology Recognise presence of cancer in bladder biopsies Report nephrectomy for non-neoplastic disease	Chronic pyelonephritis

Surgical Pathology

Year 2

System	Macroscopic pathology	Microscopy	Knowledge base
Breast	Mastectomy. Wide local excision for macroscopic tumour Axillary lymph node dissection	Diagnose invasive cancer on needle biopsy Report mastectomy or wide local excision specimens	Ductal carcinoma *in situ*, invasive ductal carcinoma, invasive lobular carcinoma, fibrocystic change,

	Screening specimen for microcalcification		fibroadenoma
Upper gastrointestinal tract	Endoscopic biopsies Radical esophagectomy Radical gastrectomy Antrectomy	Recognise *Helicobacter* associated gastritis; oesophageal and gastric malignancy on biopsy Report oesophageal and gastric malignancy resection specimens	*Helicobacter* associated gastritis, reactive gastritis, Barrett's oesophagus, oesophageal carcinoma, gastric carcinoma, coeliac disease, duodenitis
Lower gastrointestinal tract	Colectomy/proctectomy for cancer or inflammatory bowel disease Appendicectomy Polypectomy Endoscopic biopsies	Recognise colorectal carcinoma on biopsy Identify presence of inflammatory bowel disease (IBD) and attempt to classify type on biopsy Distinguish hyperplastic (metaplastic) from adenomatous polyps Recognise high-grade dysplasia Report colorectal carcinoma resection Specimen	Appendicitis, inflammatory bowel disease, hyperplastic polyp, adenomatous polyp, high-grade dysplasia, colorectal carcinoma
Respiratory	Bronchial biopsies Open biopsy of lung Pneumonectomy or lobectomy Pleural biopsy specimens	Recognise presence of the common subtypes of primary lung cancer in biopsies Recognise the presence of metastatic cancer in the lung Report lung cancer resection specimens Describe the features of non-neoplastic lung disease Recognise the various types of mesothelioma	Squamous cell carcinoma, small cell carcinoma, adenocarcinoma, metastatic carcinoma, vasculitis, interstitial pneumonia Mesothelioma
Skin	Accurate gross description of skin lesions Appropriate handling of orientated or complex	Diagnose basic skin cancer types including squamous cell carcinoma, basal cell carcinoma and typical cases of melanoma Recognise presence of	Basal cell carcinoma, squamous cell carcinoma, melanoma, melanocytic naevi, haemangioma, seborrhoeic keratosis,

	skin specimens	severely atypical features in naevi Adequate morphological description of features seen in an inflammatory skin biopsy	actinic keratosis, chronic dermatitis NOS, epidermal inclusion cysts, dermatofibroma
Lymphoreticular pathology	Lymph node for neoplastic and nonneoplastic disease Gain experience of examining bone marrow trephine biopsies, where locally available Taking tissue for supplementary techniques (e.g. flow cytometry)	Screen lymph node dissections and marrow biopsies for metastatic tumour Recognise common reactive node patterns including follicular hyperplasia and sinus histiocytosis Detect high-grade lymphoma, common types of low-grade lymphoma and Hodgkin's disease in lymph node specimens and marrow biopsies	Follicular hyperplasia, sinus histiocytosis, high-grade lymphoma, common types of low-grade lymphoma, Hodgkin's disease, granulomatous diseases, metastatic carcinoma
ENT **Head and neck**	Mucosal biopsy Tonsillectomy Nasal polypectomy Salivary gland tumour	Recognise reactive changes in tonsils; distinguish from high-grade lymphoma Identify main types of salivary gland Tumour	Simple nasal polypi, pleomorphic adenoma, adenocarcinoma, Warthin's tumour
System	**Macroscopic pathology**	**Microscopy**	**Knowledge base**
Female genital tract	Hysterectomy and/or salpingooophorectomy for malignant or benign disease Cervical loop/cone biopsy	Recognise leiomyomata, secretory and proliferative endometrium, endometrial and cervical carcinoma Report hysterectomy and/or salpingooophorectomy	Leiomyoma, secretory and proliferative endometrium, endometrial atrophy, endometrial carcinoma, cervical carcinoma, chronic cervicitis, ovarian cystic

			follicles/theca cysts, ovarian cystadenoma, ovarian cystadenocarcinoma
Liver and gall bladder	Open biopsy of liver Resections for metastatic tumour Cholecystectomy	Report cholecystectomies Recognise normal liver on needle biopsy. Value of special stains Identify presence of cirrhosis, hepatitis or metastatic tumour in needle biopsy	Chronic cholecystitis, cholesterolosis Steatosis, cirrhosis NOS, chronic hepatitis NOS, metastatic carcinoma
Cardiovascular system	Blood vessels, including temporal artery biopsy	Recognise inflammation in temporal artery specimen	For example, temporal arteritis, Atheroma
Male genital tract	Vas deferens Prostate biopsies and chippings Orchidectomy and prostatectomy specimens	Report normal vas deferens Recognise presence of cancer in prostatic needle biopsies Report orchidectomy Recognise seminoma, embryonal carcinoma	Prostatic adenocarcinoma, benign prostatic hyperplasia. Germ cell tumours
Endocrine pathology	Thyroidectomy Parathyroidectomy	Recognise normal thyroid and parathyroid Recognise nodular colloid goiter	Nodular colloid goitre Know main types of carcinoma
Soft tissue	Soft tissue tumour resection, simple (i.e. lumpectomy)	Recognise morphological features suggestive of main subtypes of tumours (i.e. lipomatous, fibromatous, myomatous, neural, vascular characteristics)	Lipoma, angiolipoma, neurofibroma, dermatofibroma Recognise high-grade sarcoma Knowledge of immunohistochemical techniques to apply Understand value of cytogenetics
Renal and urological pathology	Nephrectomy specimens Bladder biopsies	Assess deviation from normal histology Recognise presence of cancer in bladder biopsies Report nephrectomy	Chronic pyelonephritis Bladder carcinoma, renal cell carcinoma. Glomerulonephritis

Neuropathology	Neurosurgical tumour biopsy specimens	Distinguish intrinsic from metastatic tumours of the brain Recognise benign tumours of the meninges and peripheral nerves	Knowledge of the classification of tumours of the central nervous system Understand the value of immunohistochemistry in the diagnosis of CNS tumours
Osteoarticular pathology	Handling a trephine bone-biopsy Use of calcified versus de-calcified sections	Normal bone Normal synovium	Osteoporosis versus osteomalacia Main types of primary bone tumours

Surgical Pathology

Years 3 and 4:

System	Macroscopic pathology	Microscopy	Knowledge base
Breast	Mastectomy. Wide local excision for macroscopic tumour Axillary lymph node dissection Screening specimen for	Diagnose invasive cancer on needle biopsy Report mastectomy or wide local excision specimens	Ductal carcinoma *in situ*, invasive ductal carcinoma, invasive lobular carcinoma, fibrocystic change,

	microcalcification		fibroadenoma
Upper gastrointestinal tract	Endoscopic biopsies Radical oesophagectomy Radical gastrectomy Antrectomy	Recognise *Helicobacter* associated gastritis; oesophageal and gastric malignancy on biopsy Report oesophageal and gastric malignancy resection specimens	*Helicobacter* associated gastritis, reactive gastritis, Barrett's oesophagus, oesophageal carcinoma, gastric carcinoma, coeliac disease, duodenitis
Lower gastrointestinal tract	Colectomy/proctectomy for cancer or inflammatory bowel disease Appendicectomy Polypectomy Endoscopic biopsies	Recognise colorectal carcinoma on biopsy Identify presence of inflammatory bowel disease (IBD) and attempt to classify type on biopsy Distinguish hyperplastic (metaplastic) from adenomatous polyps Recognise high-grade dysplasia Report colorectal carcinoma resection Specimens	Appendicitis, inflammatory bowel disease, hyperplastic polyp, adenomatous polyp, high-grade dysplasia, colorectal carcinoma
Respiratory	Bronchial biopsies Open biopsy of lung Pneumonectomy or lobectomy Pleural biopsy specimens	Recognise presence of the common subtypes of primary lung cancer in biopsies Recognise the presence of metastatic cancer in the lung Report lung cancer resection specimens Describe the features of non-neoplastic lung disease Recognise the various	Squamous cell carcinoma, small cell carcinoma, adenocarcinoma, metastatic carcinoma, vasculitis, interstitial pneumonia Mesothelioma

		types of mesothelioma	
Skin	Accurate gross description of skin lesions Appropriate handling of orientated or complex skin specimens	Diagnose basic skin cancer types including squamous cell carcinoma, basal cell carcinoma and typical cases of melanoma Recognise presence of severely atypical features in naevi Adequate morphological description of features seen in an inflammatory skin biopsy	Basal cell carcinoma, squamous cell carcinoma, melanoma, melanocytic naevi, haemangioma, seborrhoeic keratosis, actinic keratosis, chronic dermatitis NOS, epidermal inclusion cysts, dermatofibroma
Lymphoreticular pathology	Lymph node for neoplastic and nonneoplastic disease Gain experience of examining bone marrow trephine biopsies, where locally available Taking tissue for supplementary techniques (e.g. flow cytometry)	Screen lymph node dissections and marrow biopsies for metastatic tumour Recognise common reactive node patterns including follicular hyperplasia and sinus histiocytosis Detect high-grade lymphoma, common types of low-grade lymphoma and Hodgkin's disease in lymph node specimens and marrow biopsies	Follicular hyperplasia, sinus histiocytosis, high-grade lymphoma, common types of low-grade lymphoma, Hodgkin's disease, granulomatous diseases, metastatic carcinoma
ENT **Head and neck**	Mucosal biopsy Tonsillectomy Nasal polypectomy Salivary gland tumour Laryngectomy	Recognise reactive changes in tonsils; distinguish from high-grade lymphoma Identify main types of salivary gland Tumour Report laryngectomy specimens	Simple nasal polypi, Salivary gland tumors Laryngeal carcinoma
Female genital tract	Hysterectomy and/or salpingooophorectomy for malignant or benign	Recognise leiomyomata, secretory and proliferative	Leiomyoma, secretory and proliferative

	disease Cervical loop/cone biopsy	endometrium, endometrial and cervical carcinoma, endometrial and myometrial sarcomas. Report hysterectomy and/or salpingooophorectomy	endometrium, endometrial atrophy, endometrial carcinoma, endometrial and myometrial sarcomas, cervical carcinoma, chronic cervicitis, ovarian cystic follicles/theca cysts, ovarian cystadenoma, ovarian cystadenocarcinoma and other ovarian tumors
Liver and gall Bladder Pancreas	Open biopsy of liver. Resections for metastatic tumour. Hepatectomy. Cholecystectomy. Pancreaticoduodenectomy	Report cholecystectomies Recognise normal liver on needle biopsy. Value of special stains Identify presence of cirrhosis, hepatitis or Malignancy Pancreatic and periampullary tumors	Chronic cholecystitis, cholesterolosis Steatosis, cirrhosis NOS, chronic hepatitis NOS, primary or metastatic carcinoma Pancreatic and periampullary tumors
Cardiovascular system	Blood vessels, including temporal artery Biopsy	Recognise inflammation in temporal artery Specimen	For example, temporal arteritis, atheroma
Male genital tract	Vas deferens Prostate biopsies and chippings Orchidectomy and prostatectomy specimens	Report normal vas deferens Recognise presence of cancer in prostatic needle biopsies Report orchidectomy Recognise germ cell tumors. Report prostatectomies	Prostatic adenocarcinoma, benign prostatic hyperplasia. Germ cell tumours
Endocrine pathology	Thyroidectomy Parathyroidectomy	Recognise normal thyroid and parathyroid Recognise nodular colloid goiter Recognise types of	Nodular colloid goitre Know main types of carcinoma

		carcinoma Thyroiditis	
Soft tissue	Soft tissue tumour resection, simple or complex procedures	Recognise morphological features suggestive of main subtypes of tumours (i.e. lipomatous, fibromatous, myomatous, neural, vascular characteristics)	Lipoma, angiolipoma, neurofibroma, dermatofibroma Recognise high-grade sarcoma Knowledge of immunohistochemical techniques to apply Understand value of cytogenetics
Renal and urological pathology	Nephrectomy specimens Bladder biopsies Renal biopsies	Assess deviation from normal histology Recognise presence of cancer in bladder biopsies Report nephrectomy	Chronic pyelonephritis Bladder carcinoma, renal cell carcinoma. Understand the value of electron microscopy in the diagnosis of glomerulonephritis
Neuropathology	Neurosurgical tumour biopsy specimens	Distinguish intrinsic from metastatic tumours of the brain Recognise benign tumours of the meninges and peripheral nerves	Knowledge of the classification of tumours of the central nervous system Understand the value of immunohistochemistry in the diagnosis of CNS tumours
Osteoarticular pathology	Handling a trephine bone-biopsy Use of calcified versus de-calcified Sections Proper handling of amputation specimens	Normal bone Normal synovium Reporting of bone tumors	Osteoporosis versus osteomalacia Main types of primary bone tumours
Paediatric pathology	Description and processing of biopsy specimens Examination, description and sampling of placentas	Recognise common inflammatory and neoplastic conditions occurring in childhood	Common paediatric tumours, e.g. neuroblastoma, nephroblastoma, rhabdomyosarcoma Awareness of special

			stains in paediatric pathology Understand value of cytogenetics
Special techniques	Understand principles of 'special'histochemical and immunohisto-chemical methods Understand principles of common molecular pathology techniques Understand principles of electron microscopy	Know when to resort to special techniques Be able to recognise histological features of histochemical and immunohisto-chemical stains in normal and diseased tissues	Understand cost–benefit issues when considering the use of additional techniques initiate special techniques in preparation of cases

Cytopathology:

Starts in the 2nd year of training.

2nd Year of Residency :

Cytopathology: General cytopathology

Category	Topic Knowledge base	Trainees should be able to demonstrate their knowledge of or ability to:

General cytology	Microscopy	Set up a microscope How to screen a slide
	Technical aspects	Sampling devices used and the fixation of specimens Seen and has a basic knowledge of the range of methods for converting a raw sample into a slide
	Confidentiality	The importance of confidentiality in cytology practice
	Morphology	The components of a cell The differences in morphology in air dried and fixed preparations The nuclear features used to diagnose malignancy Features used to determine differentiation of a neoplasm The appearances of common organisms

Cytopathology: Cervical cytopathology

Category	**Topic Knowledge base**	**Trainees should be able to demonstrate their knowledge of or ability to:**
Cervical cytology	Cervical screening	The pathogenesis of cervical carcinoma The process by which cervical screening prevents the development of cervical carcinoma The roles of the various disciplines involved in delivering the cervical screening programme, e.g. General Practitioners, Public Health, Laboratories, Colposcopy

		Units, Gynaecologists The numerical reporting system, patient call and recall mechanisms, failsafe
	Technical aspects	Liquid based cytology techniques
	Normal	Recognise normal cellular components in cervical specimens
	Adequacy	The methods and rationale for sampling the cervix The principles of assessing adequacy of a cervical specimen
	Benign cellular changes	The physiology and recognition of squamous metaplasia Iatrogenic changes which may occur in the cervix

Cytopathology: Non-cervical cytopathology

Category	**Topic Knowledge base**	**Trainees should be able to demonstrate their knowledge of or ability to:**
Non-cervical cytology	Interpretation Reporting	Recognise normal cell populations and the typical patterns of the common benign and malignant neoplasms seen in the respiratory tract, effusions and urine The role of needle aspirate samples from lung, breast, thyroid, salivary gland, lymph node and other sites

		The structuring of reports and have an appreciation of the clinical uses of cytopathology and the consequence of reports – positive and negative Correlation with histology where available

Cytopathology

3rd and 4th Years of Residency:

Category	Topic Knowledge base	Trainees should be able to demonstrate their knowledge of or ability to:
Cervical cytology	Cervical screening	The pathogenesis of cervical carcinoma The process by which cervical screening prevents the development of cervical carcinoma The roles of the various disciplines involved

		in delivering the cervical screening programme, e.g. General Practitioners, Public Health, Laboratories, Colposcopy Units, Gynaecologists The numerical reporting system, patient call and recall mechanisms, failsafe
	Technical aspects	Liquid based cytology techniques
	Normal	Recognise normal cellular components in cervical specimens
	Adequacy	The methods and rationale for sampling the cervix The principles of assessing adequacy of a cervical specimen
	Benign cellular changes	The physiology and recognition of squamous metaplasia Iatrogenic changes which may occur in the cervix
Infections	Knowledge of features of infections in cervical samples.	Recognise typical morphological appearances of specific organisms commonly seen in cervical specimens, e.g. *Trichomonas*, *Candida*, herpes simplex, human papilloma virus, actinomyces
	Borderline nuclear changes	Circumstances in which this category is used and the implications of its use Borderline nuclear changes Circumstances in which this category is used and the implications of its use
	Cervical intraepithelial neoplasia (CIN, CGIN) and dyskaryosis	Criteria for diagnosis of dyskaryosis Features used to grade dyskaryosis Typical examples of dyskaryosis Criteria for diagnosis of glandular abnormality
	Squamous carcinoma and adenocarcinoma	Criteria for diagnosis of possibly invasive lesions
	Management of women with abnormal smears and colposcopy	The implications of reporting abnormal smears, and awareness of the role of colposcopy in the diagnosis and management of cervical disease

	Quality assurance including internal quality control (IQC), external quality assurance (EQA) and audit	Quality Assurance procedures involved in cervical screening, including internal quality control (IQC), external quality assurance (EQA) and audit Current national quality standards and indicators

Cytopathology: Non-cervical cytopathology

Category	Topic Knowledge base	Trainees should be able to demonstrate their knowledge of or ability to:
	Interpretation Reporting Ability to perform FNA from palpable masses	Recognise normal cell populations and the typical patterns of the common benign and malignant neoplasms seen in the respiratory tract, effusions and urine The role of needle aspirate samples from lung, breast, thyroid, salivary gland, lymph node and other sites The structuring of reports and have an appreciation of the clinical uses of cytopathology and the consequence of reports – positive and negative Correlation with histology where available

Minimum practical experience:

First Year Residents

-Surgical histopathology: a minimum of 1000 cases per annum
-Seminars: 2 per annum
-Participation in clinicopathologic meetings and inter-institutional meetings
- Ability to demonstrate effective time management and task prioritisation

2nd Year Residents:

-Surgical histopathology: a minimum of1500 cases per annum
-Cytology: 4 weeks per annum

-Seminars: 2 per annum
-Participation in clinicopathologic meetings and inter-institutional meetings
- Ability to demonstrate effective time management and task prioritisation

3rd & 4th Year Residents:

-Surgical histopathology: a minimum of 1500 cases per annum
-Cytology: 8 weeks per annum
-Seminars: 2 per annum
-Participation in clinicopathologic meetings and inter-institutional meetings
-Participation in day to day practical teaching of junior residents.
- Ability to demonstrate effective time management and task prioritization

SUMMARY OF TRAINING ATTACHMENTS AND EXPERIENCE GAINED

Please complete the table below, for each attachment indicating the number of specimens dealt with/reported in each category

Year of training (1–4)								
Hospital								
Dates	**From**	**To**	**From**	**To**	**From**	**To**	**From**	**To**
	+/-	**No.**	**+/-**	**No.**	**+/-**	**No.**	**+/-**	**No.**
Surgical pathology								
Gynaecological cytopathology								
Non-gynaecological cytopathology								
Breast (total)								
• Mastectomy								
• Core biopsy								
• WLE								
• Localisation biopsy								

• Lumpectomy								
Lung (total)								
• Lobectomy/pneumonectomy								
• Interstial disease biopsy								

Year of training (1-4)								
Hospital								
Dates	**From**	**To**	**From**	**To**	**From**	**To**	**From**	**To**
	+/-	**No.**	**+/-**	**No.**	**+/-**	**No.**	**+/-**	**No.**
Gastrointestinal (total)								
• Appendix								
• Colectomy								
• Colectomy for IBD								
• Colectomy/APR for cancer								
• Colonic biopsies								
• Colonic/ileal resections								
• Gallbladder								
• Gastrectomy								
• Gastric biopsies								
• Liver biopsies								
• Oesophageal biopsies								
• Oesophagectomy								
• Pancreatectomy								

Year of training (1-4)								
Hospital								
Dates	**From**	**To**	**From**	**To**	**From**	**To**	**From**	**To**
	+/-	**No.**	**+/-**	**No.**	**+/-**	**No.**	**+/-**	**No.**
Urology (total)								
• Nephrectomy								
• Cystectomy								
• Prostatectomy								
• Orchidectomy								
• Radical cystoprostatectomy								
Renal (total)								
• Biopsies								
Gynaecological pathology (total)								
• Cervical biopsy								
• Endometrial biopsy								
• Oophorectomy for cancer								
• Hysterectomy for cancer								
• Wertheim’s for cervical cancer								

• Hysterectomy for non-malignant conditions								

Year of training (1-4)								
Hospital								
Dates	**From**	**To**	**From**	**To**	**From**	**To**	**From**	**To**
	+/-	**No.**	**+/-**	**No.**	**+/-**	**No.**	**+/-**	**No.**
Haematopathology (total)								
• Bone marrow biopsy								
• Lymph node biopsy								
Head and neck (total)								
• Laryngectomy								
• Larynx-Biopsy								
• Nasal cavity								
• Nasopharynx								
• Neck dissection								
• Oral cavity								
• Salivary gland								
• Temporal artery								
• Thyroid gland								

• Tonsil								

Year of training (1-4)								
Hospital								
Dates	**From**	**To**	**From**	**To**	**From**	**To**	**From**	**To**
	+/-	**No.**	**+/-**	**No.**	**+/-**	**No.**	**+/-**	**No.**
Liver								
Neuropathology								
Paediatric (total)								
• Childhood malignancies								
Skin (total)								
• Melanomas								
Thoracic								
Other (specify)								

Summative evaluation:

5: excellent 4: very good 3: good 2: poor 1: unacceptable

Clinical and technical skills	**5**	**4**	**3**	**2**	**1**
Problem identification					
Patient management					
Emergency treatment					
Procedure skills					
Descriptive evaluation :					
Personal and professional maturity	**5**	**4**	**3**	**2**	**1**
Punctuality					
Emotional and professional maturity					
Relationship with other medical personnel					
Appling ethical principls in patient care					
Communication skills					
Descriptive evaluation :					

	5	**4**	**3**	**2**	**1**
Overall performance					
Descriptive evaluation :					

Recommended to sit for exam:	Yes	No
If No why:		

The resident eligibility for exam should include:

1. Overall evaluation should not be less than 3
2. Lack of any documented misconduct or unethical behavior

Supervisor name and signature _____

Program director signature _____

Chief of department name and signature _____