

**Division of Anatomic Pathology Meeting  
St. John's Hospitals, Eastern Health  
Wednesday, January 10, 2007  
Lecture Theatre B – Health Sciences Centre**

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**Present:** Drs. F. Elms, C. Morris-Larkin, P. Wadden, S. Avis, M. Gabril,  
B. Naghibi, A. Pirzada, S. Parai, M. Parai, D. Cook, M. Afrouzian,  
J. Barron, N. Denic

**Absent:** Dr. B. Carter (on vacation)

**I. Call to order:**

The meeting was called to order at 3:45 p.m. Dr. N. Denic welcomed Dr. S. Avis to his new position as Acting Chair, Discipline of Laboratory Medicine, and also welcomed Dr. S. Parai back to work at the Eastern Health.

**II. NEW BUSINESS:**

**1) Subspecialty Task Groups:**

These groups were explained by Dr. N. Denic. So far, the two most urgent groups, Breast and Genitourinary, have met. The Breast Group has their mandate and Terms of Reference done. The Terms of Reference have been passed to all pathologists for their information. As Breast and Genitourinary require more time, the workload for the pathologists in these subspecialties will be looked at and curtailed if necessary. Pathologists are still being recruited and work still being sent to Dynacare to alleviate workload.

The next important group, which is Liver, has met but needs more time. Also, two of three people in the Lymph Node group have had discussions.

Dr. N. Denic has spoken to Dr. O. Howell to try to get funding for training in these subspecialties. Dr. M. Afrouzian (Genitourinary) will be the first to go for subspecialty training to Calgary.

**2) Resident Teaching and Sign-out:**

There seems to be some problems with resident training. With more pathologists retiring or leaving, there is a shortage of staff for teaching and the interest in rounds has dwindled. Residents are upset with this and also the availability of staff for signing out cases. Also cases being sent to Dynacare seem to be taking away cases of interest. All gastric biopsies and skin were being sent but this will be tailored by Dr. D. Cook and Dr. L. Morris-Larkin. The possibility of a resident shadowing one pathologist for a full week was considered as this should allow exposure to a variety of cases.

**Division of Anatomic Pathology Meeting****Wednesday, January 10, 2007****Page Two****2) Resident Teaching and Sign-out (cont'd):**

One problem with the output of cases is the time it takes for receipt of slides. The residents need to get urgent slides as soon as possible but it sometimes takes two days. Big specimens are put aside for processing later so these take longer. Dr. Lynn Morris-Larkin thought maybe big specimens should be processed before small. Dr. A. Pirzada suggested that the cases for residents be done first.

**3) Workload:**

Dr. Howell has informed Dr. Denic that the contract with Dynacare for the next year has been signed. The Site chiefs will try to tailor the number of specimens assigned to each pathologist, with a lesser number being assigned to pathologists in the subspecialty groups. Residents will take a look at all cases with pathologists and only send if they cannot come to a diagnosis, with a comment that these are being sent to Dynacare and resident will follow up.

**4) Cytology Service:**

We will be losing people in the Cytology service, as Dr. Dan Fontaine and Dr. Manal Gabril are leaving. Dr. P. Wadden and Dr. B. Naghibi will be working in this service, along with Dr. P. Vaze, who will be providing locum services as needed. Dr. N. Denic asked for any volunteers to help with Cytology, and thought that Dr. S. Parai may be interested.

Dr. A. Pirzada will ask for funding to send residents out of province for Cytology training, as she feels they are not receiving adequate training. Dr. L. Morris-Larkin and Dr. Pat Wadden agree with Dr. Pirzada and feel that the workload is too much and does not allow the pathologists time to sit with the residents for teaching. The workload has increased since the transfer of St. Clare's Cytology to the Miller Center. Dr. L. Morris-Larkin also thought we should send residents away for training if the University is willing to support this. Dr. P. Wadden thought there was excellent Cytology teaching material / collections and that maybe technical people could help residents screen cytology. Dr. N. Denic feels that if we have four people in Cytology, there should be enough time for teaching.

Dr. A. Pirzada states that we cannot have unsupervised Cytology training for residents and thinks residents should be sent away for training until there are enough available pathologists for teaching.

There is a new liquid-based method being used in Cytology. Pathologists will have to train and certify in this method in order to sign out. Dr. N. Denic thinks that this will take place in June.

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**5) Surgical / Clinical Rounds:**

Dr. N. Denic encouraged pathologists to attend all rounds for the sake of residents and quality assurance. It should be noted on pathology reports when they are discussed at rounds.

**6) Pathology Update:**

Dr. N. Denic is to meet with Dr. O. Howell, Vice-President of Medical Services, regarding sending pathologists for training. Pathology Update sessions will be arranged for presentation of any information received at training. These will take place about an hour on Friday mornings before RHADIP. Dr. Bev Carter will work out the details with Dr. A. Pirzada. This was agreeable with all pathologists.

**7) Quality Management Program:**

Quality Management is in the process of creating a book of policy and procedures for Pathology.

When frozen sections are performed, this needs to be stated in the report, and also if the frozen section correlates with the final diagnosis or not.

When a pathologist is asked by a clinician for a consultation on a case not assigned to him/her, the original pathologist should be informed of the request, and also if there is agreement or not with the report. If there is a discrepancy, this should be communicated with the original pathologist. If a consensus opinion cannot be achieved, this should be sent for a consultation to a third party. An addendum should be issued.

Turnaround times for pathologists are being done regularly, and if felt necessary, these will be discussed with individual pathologists. It is noted, however, that turnaround times are affected by other factors, such as output of slides, complexity of cases, administrative duties, leave from work due to sickness, conferences, etc. 90% of reports should be signed out within 72 hours. Note should be made in the report if there is a delay and the reason for same.

Outstanding cases will also be done monthly by Catherine Parnell in Quality Management. Catherine will put surgical numbers in batches and print a list for each pathologist, instead of the full reports.

A review was done of cases discussed at rounds and on 31 of these; there was no note that they were seen at rounds. This should be documented on reports, along with any phone calls made to clinicians re reports.

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**7) Quality Management Program (cont'd):**

Dr. N. Denic went over survey sent to all clinicians by the Quality Management. It was decided that the subspecialty pathology groups should meet with appropriate clinicians, i.e. urology group with urologists, breast group with surgeons, ENT group with ENT surgeons.

Other reviews being conducted by Quality Management include:

- Review of 1% of cases randomly – this could be reviewed by any one of the pathologists.
- Frozen section correlation with permanent diagnosis.
- Quality of glass slides
- Random review of 5 urgent cases for turnaround times.

Dr. L. Morris Larkin stated that policies need to be developed with regard to specimens that do not need reporting, i.e. normal placenta, products of conception, some bones. This needs to be discussed with clinicians and clinical chiefs. Two such cases agreed upon by all pathologists are normal placenta and products of conception.

Dr. Ford Elms is the new Director of Immunohistochemistry. He will work on validation of Estrogen / Progesterone and Her-2-neu staining. The next stains to be looked at are CD20 and CD117 for prostate.

**8) Case Referrals:**

Dr. N. Denic asked who charges for referred-in cases. The Director of Finance of Western Region Health Care asked Dr. P. Neil, Pathologist, Western Memorial, why pathologists charged for referred-in cases, as this should be considered part of the workload and salary. This was also confirmed by Dr. C. Bradbury from MCP. Dr. Denic thinks that these cases would have to be performed after work hours if charging for same. He will speak to the NLMA regarding this. For the present time, discontinue this practice until he consults with the Vice President's office and the NLMA.

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**9) Recruitments:**

We have nine applicants for vacant pathology positions. Four have all the requirements. We will be starting telephone interviews with these in the near future.

Dr. N. Denic went over Dr. Mung's report. Dr. Mung agrees that the workload, including teaching, is concurrent with the number of positions we currently have – 15.8 FTE's. If the Eastern Health becomes a referral center, we would need an additional 2 FTE's. Another point highlighted in his report was the poor remuneration for pathologists, being the lowest paid across Canada.

Dr. Lynn Morris-Larkin asked that the pathologists make time for Pathologist Assistants, particularly when grossing unusual specimens.

Dr. N. Denic asked that all pathologists submit their requests for leave to the Site Chiefs by the end of March or as soon as possible.

There being no further business, the meeting adjourned at 5:15 p.m.

Respectfully submitted,

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Nebojsa Denic, MD, PhD, FRCPC  
Clinical Chief, Laboratory Medicine Program