

REPORT DOCUMENTATION PAGE				Form Approved OMB No. 0704-0188	
The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.					
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.					
1. REPORT DATE (DD-MM-YYYY) 17/03/2018		2. REPORT TYPE poster		3. DATES COVERED (From - To) 03/17/2018-03/23/2018	
4. TITLE AND SUBTITLE Surgical Pathology Bootcamp: A Military Experience				5a. CONTRACT NUMBER	
				5b. GRANT NUMBER	
				5c. PROGRAM ELEMENT NUMBER	
6. AUTHOR(S) Nathaniel Smith, Maj				5d. PROJECT NUMBER	
				5e. TASK NUMBER	
				5f. WORK UNIT NUMBER	
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 JBASA-Lackland, TX 78236-9908 210-292-7141				8. PERFORMING ORGANIZATION REPORT NUMBER 17514	
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 59th Clinical Research Division 1100 Willford Hall Loop, Bldg 4430 JBASA-Lackland, TX 78236-9908 210-292-7141				10. SPONSOR/MONITOR'S ACRONYM(S)	
				11. SPONSOR/MONITOR'S REPORT NUMBER(S)	
12. DISTRIBUTION/AVAILABILITY STATEMENT Approved for public release. Distribution is unlimited.					
13. SUPPLEMENTARY NOTES USCAP 2018, Vancouver, British Columbia, Canada, March 17-23, 2018					
14. ABSTRACT Surgical Pathology Bootcamp: A Military Experience Nathaniel Smith, Ryan Collins, and Jordan Hall The views expressed are those of the authors and do not reflect the official views or policy of the Department of Defense or its Components. Background A common complaint among pathology department faculty is the variable medical knowledge and histological experience of incoming residents. While multifactorial, deficiencies are likely attributable to a lack of pathology emphasis during clinical years of medical school and the move towards more organ system-based modalities of learning. Methods of accelerating the transition from medical student to pathology resident are crucial but thus far non-standardized. Here, we describe the results of a 4-week surgical pathology "bootcamp" experience in the largest military pathology residency program in the US.					
15. SUBJECT TERMS					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT UU	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON Clarice Longoria
a. REPORT	b. ABSTRACT	c. THIS PAGE			19b. TELEPHONE NUMBER (Include area code) 210-292-7141

Surgical Pathology Bootcamp: A Military Experience

Nathaniel Smith, Ryan Collins, and Jordan Hall

The views expressed are those of the authors and do not reflect the official views or policy of the Department of Defense or its Components.

Background

A common complaint among pathology department faculty is the variable medical knowledge and histological experience of incoming residents. While multifactorial, deficiencies are likely attributable to a lack of pathology emphasis during clinical years of medical school and the move towards more organ system-based modalities of learning. Methods of accelerating the transition from medical student to pathology resident are crucial but thus far non-standardized. Here, we describe the results of a 4-week surgical pathology "bootcamp" experience in the largest military pathology residency program in the US.

Design

Six pathology interns were assigned to two teams of three persons. A 20-item glass slide and medical knowledge exam and 33-item self-assessment of baseline grossing/microscopic skills were administered on the first day. The self-assessment was scored on a scale from 1 to 5 utilizing well-defined criteria. Each team alternated between grossing and signout the following day without preview. The daily grossing and frozen section workload (~150 cases) was split evenly among the team members. Continuous direct teaching of grossing and frozen section dissection was provided by upper level residents, staff, and pathologist assistants. A daily organ-based microscopic didactic was given by an upper level resident and a daily gross conference of interesting cases from the previous day was led by interns. A 58-item slide and written post-assessment, 33-item skills self-assessment, and frozen section skills practical was administered on the final day.

Results

The average scores on the written and slide pre-assessment was $36.0 \pm 16.2\%$ (SD) which increased to $80.0 \pm 12.6\%$ (SD) on the post-assessment ($p < 0.05$). The average slide practical score was $32 \pm 12.0\%$ (SD) which increased to $74.0 \pm 16.2\%$ (SD) after bootcamp ($p < 0.05$). The average score on additional glass slides based on lecture material was $81.4 \pm 10.9\%$ (SD). Individual self-assessment scores increased throughout all grossing and microscopic skills measures (Figures 1 and 2). The frozen section skills assessment was completed with an average time of 11.5 minutes.

Conclusion

The interns showed marked improvement of baseline knowledge, practical skills, and diagnostic acumen after completion of bootcamp. A combination of high expectations and intensity of a 4-week long surgical pathology rotation specifically tailored to incoming interns was successful in transitioning medical students to surgical pathology residents within a relatively short time.

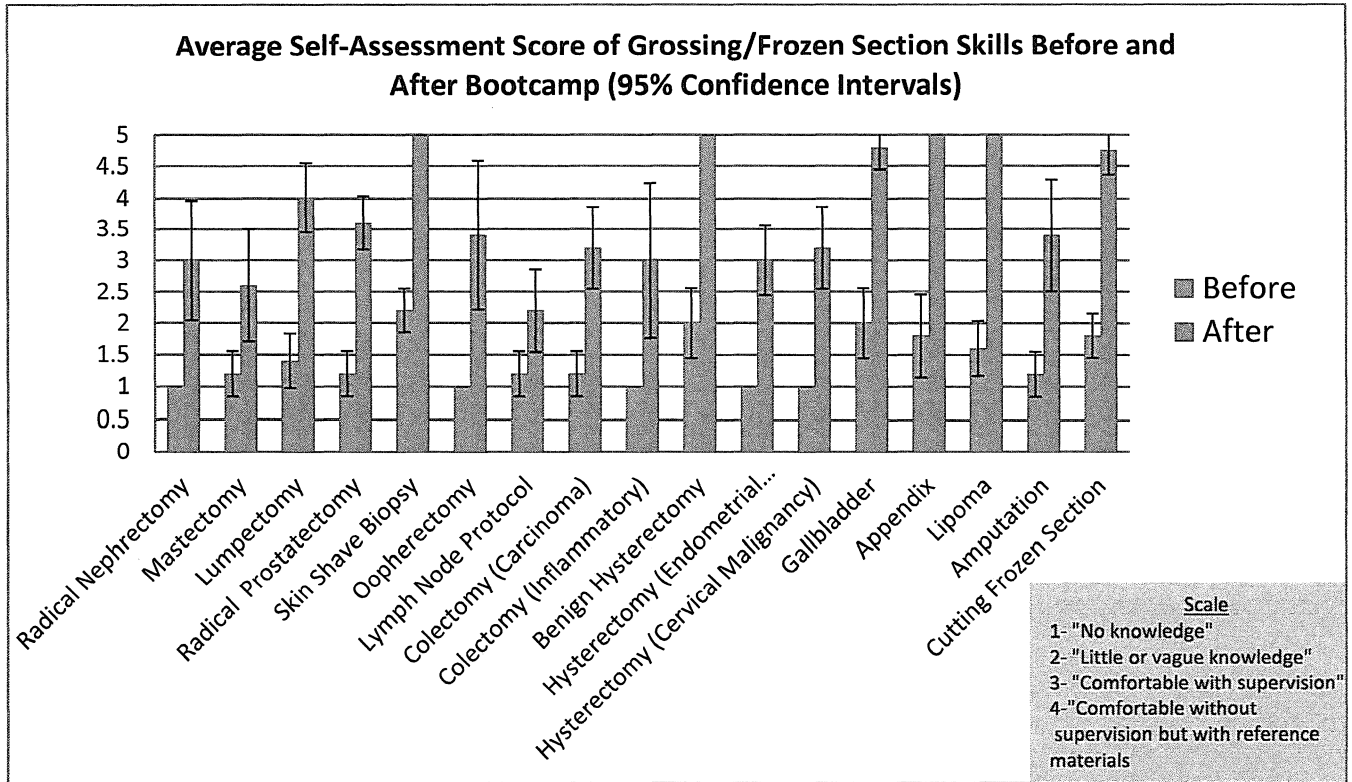


Figure 1

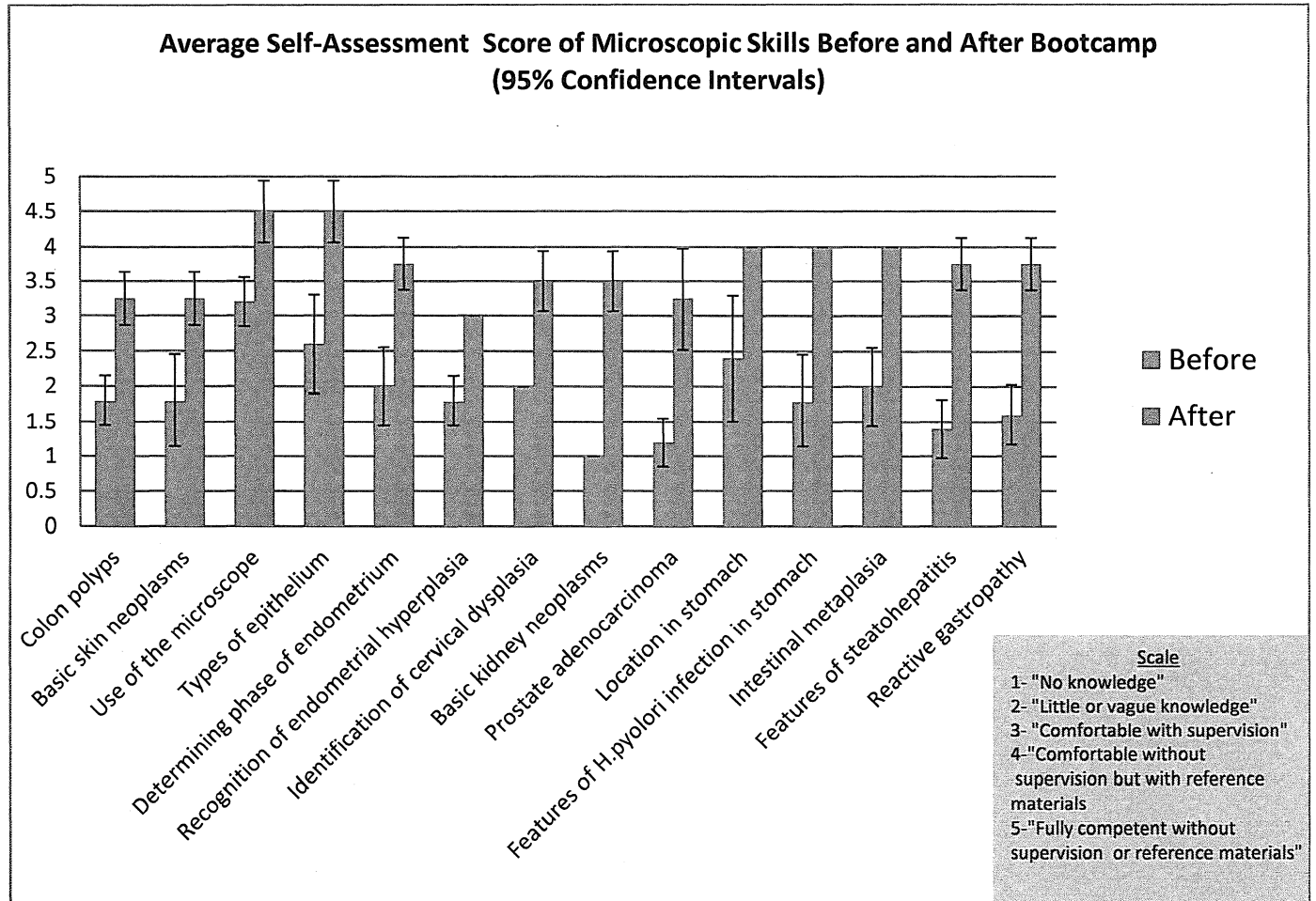


Figure 2