



DRAFT

The American Board of Pathology

Core Competencies: Autopsy

The Autopsy Director or designated Autopsy Faculty should document the ability of the resident during their second (i.e., baseline), fifteenth (i.e., mid-point), and thirtieth (i.e., last ABPath required) full autopsy or the full autopsy closest to these numbered autopsies.

The explanatory comments following each category title denotes, in italics, skill-associated competencies (i.e., *skills activity*), as well as other important competencies (i.e., *judgment, communication, professionalism, systems-based practice, and practice-based learning and improvement*). Competencies in Medical Knowledge and Patient Care are understood as being essential throughout all aspects of the autopsy procedure so are not listed separately.

Competency Scoring Rubric

The resident was unable to perform the task (1) or would not be permitted to perform the task at their current level of training at our institution (1A)	The resident was able to perform the task, but extensive guidance was needed.	The resident was able to perform the task with a moderate amount of guidance	The resident was able to perform the task with minimal guidance	The resident was able to perform the task without assistance	Explanatory Comments (if needed)
1 or 1A	2	3	4	5	

Note: In the actual scoring form, this scoring rubric will appear beneath each of the categories below but is not repeated here for clarity.

Categories

1. Autopsy Consent Review

The resident can review (*skills activity*) the consent for autopsy to determine the adequacy of documentation.

2. Medical Records Review, Medicolegal Jurisdiction Determination, and Communication

The resident can review the medical records (*skills activity*) and extract the salient information to guide the autopsy (*skills activity / judgment*) and determine (*judgment*) the medicolegal jurisdiction of the autopsy (i.e., Is the autopsy a medical examiner case?).

The resident should also be able to communicate with clinical faculty members, if more information is needed (*communication/systems-based practice/professionalism*), and convey a composite of their findings to the autopsy director or designated faculty (*communication/professionalism*).

Based on the above analysis, the resident should be able to craft a plan of approach for the autopsy (*judgment*) (e.g., collecting blood or other cultures, , conducting and documenting a careful abdominal in situ examination looking for an suspected small bowel obstruction of unknown etiology, with or without perforation, plan to qualitatively and quantitatively assess hemorrhagic complications in a surgical death, etc. (*skills activity/judgment*).

3. External Examination

The resident can perform a thorough external examination (*skills activity*), document the pertinent findings, positive or negative (*skills activity/judgement*), and communicate any relevant findings to the autopsy attending pathologist (*communication/judgment*). The resident can also perform or supervise both routine and any additional pertinent photographic documentation (*skills activity/judgment*).

4. Opening incision and in-situ examination

The resident can create an appropriate opening incision (*skills activity*) and conduct an in-situ examination with appropriate documentation of findings, negative and positive (*skills activity/ judgment/ professionalism/communication*).

5. Evisceration and Dissection

The resident can eviscerate organ by organ and/or en block (*skills activity*) and appropriately dissect the organs (e.g., genitourinary, pulmonary, etc.) (*skills activity*), and document and present the findings to the attending pathologist (*professionalism, communication*).

6. Histologic Section Submissions

The resident can review the organs for gross pathology (*skills activity*) and select the appropriate areas of diseased or normal tissue (*skills activity/judgment*) to submit for histologic assessment and, if needed, ancillary studies (e.g., flow cytometry, molecular diagnostics, microbiology) according to the institutional standard operating procedure and specific details of the case (*skills activity/judgment*).

6. Central Nervous System Dissection (as permitted)

The resident can remove (*skills activity*) and adequately preserve (i.e. fix) (*skills activity/judgment*) the brain and spinal cord.

7. Provisional/Preliminary Anatomic Diagnosis (PAD)

The resident, based on all available data (e.g., medical records review and gross examination) can synthesize a narrative that best represents the patient's acute and chronic disease process(es) and their cause and mechanism of death (*judgment/skills activity*). They can then complete clear, well-written, and accurate Provisional Anatomic Diagnoses (PAD) (*communication/skills activity*) by the expected deadline (*professionalism*). The resident reviews the proposed PAD with the attending pathologist (*communication*) and seeks and receives feedback (*communication/professionalism*) for the completion of the PAD.

8. Neuropathology

The resident participates in brain cutting, consistent with institutional procedures, documents the findings, reviews histologic preparations and other studies, and incorporates these findings into the Final Anatomic Diagnoses (FAD) (*skill activities/communication*).

9. Histologic Review and Work-Up

The resident can adequately review the histologic findings for all tissues submitted, can render an appropriate histologic interpretation (*skills activity/judgment*), can present their impressions to their autopsy faculty, and can appropriately order and interpret ancillary studies needed to complete the case (*skills activity/judgment*) in a timely fashion, appropriate to institutional procedures (*professionalism*).

10. Final Anatomic Diagnosis

The resident considers all available data (i.e., anatomic, laboratory, clinical) to produce a clear, accurate, well-written final FAD document (*judgment*), per institutional guidelines, on or before the stated deadline and presents those findings as requested (e.g., departmental autopsy conference, multidisciplinary clinicopathologic correlation case conference, morbidity and mortality conference, etc.). (*skills activity/communication/professionalism/systems-based practice/practice-based learning and improvement*)

ABP Path