FRCPath Part 2 practical exam macroscopic examination and the OSPE

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Changing horizons - trainers and trainees
What we will look at

1. Macroscopic examination section
2. OSPE- oral OSPE and written OSPE
3. Presentation of your answers to the examiners
Opportunity for some easy point scoring!
The things you need to know and do

1. Know what is expected of you
2. Advance preparation
3. Tactics to improve your delivery
Time to dispel the myths!

- Examiners WANT you to pass
- 4+ years of preparation and training
- Training ‘on the job’ as well as courses etc

- Why would you ‘get it wrong’ when you have a much better chance of ‘getting it right’????
Assembling all your knowledge

The eternal struggle.

getting stuff from here

To here.
The macroscopic specimens
Macroscopic Specimens

What do you get?
• 4 photographs/ 4 specimens
• Resection specimens
• Cancer/ non cancer
• One or more pathologies

What is expected of you?
• Decide what the specimen is
• Decide where the pathology is in the specimen
• Mark in pen what blocks you would take- know why
• Answer some questions on each specimen and your handling of it
Macros- core questions

1. Describe the anatomy of the specimen and any pathological lesion present
2. What is the likely diagnosis?
3. What blocks would you take and why?
4. Prognostic features/ management /further tests etc
1. Macro- anatomy of the specimen and pathological lesion present

**Do’s**
- Describe as you would in cut-up
- Approx size / measurement
- Anatomy of the specimen
- Lesion- shape/outline/size
- Colour/ texture-
  - red (inflamed); black (infarcted); yellowish (necrotic); whorled/fibrotic/heterogenous

**Don’ts**
- Don’t go overboard on measurements (mm)
- Don’t go overboard on colours

GET TO THE POINT

ANATOMY

LESION (S)
2. What is the likely diagnosis?

- One likely diagnosis
- +/- second pathology if present
- GO FOR THE DIAGNOSIS

- ? Other possibilities – mention differentials
- Confident of likely diagnosis at this stage
3. What blocks would you take and why?

- Mark blocks on photo with pen
- Ok to use megas if appropriate
- Any further slicing of the specimen needed
- Key blocking
  - Focal lesion (eg tumour)
  - Margins
  - Other relevant cut-ends- BV, other key structures
  - LN; normal background

USE COMMON SENSE- WHAT YOU WOULD DO NORMALLY
4. Prognostic information

- Tumours-TNM, staging, grading
- Other tests may be relevant - prognostic and predictive
- Targeted therapy
- Non tumours - other relevant features - resection margins, multi-system disease
Oral OSPE- the scenario

Management scenario
OSPE scenario - Principle of this

1. Viva format - no advance preparation
2. Meet 2 examiners
3. Given a scenario - typed, with questions at the end of the text
4. Given 5 mins approx to read and gather thoughts/ notes
5. Discuss - go through questions
The TEST- the pathologist as a manager!

![Image of a seal](image-url)
Crisis management in the workplace
Crisis Management preparation

TEMPLATE

How to approach

BUZZ WORDS

CHECK LIST
OSPE- the scenario- template to approach

1. Identify the issue
2. Identify the key people on whom it impacts- internal / external
3. Communicating the problem to key stakeholders
4. What is the key impact of the problem- this is what has to be addressed
5. Priorities- to be dealt with
6. Short term problem/crisis handling
7. Long term prevention of such problems in the future
1. Identify the issue

**CRISIS**

1. **Staffing** - shortage
2. **Staff** - behaviour problem / interpersonal issues
3. **Equipment failure** / IT
4. **Service delivery** - capacity / different areas
5. **Quality issues** - specimen mix up / carry over
6. **Accreditation** process
2. Identify key people impacted

• Depends on issue
• Interpersonal- specific people
• Service delivery- users- clinical hospital/ GP’s/ coroners etc
• Crisis ‘hit’ on department- staffing/ funding- morale of staff within dept to be maintained
3. Communication of the problem
3. Communicating problem- to whom

- Key stakeholders
- Depends on the problem
- Staff within department
- Users of service- clinical; GP’s; screening programmes
- Those who can help- network hospitals
- CLINICAL DIRECTOR OF LABORATORY SERVICE
- HR DEPARTMENT
- HOSPITAL MANAGEMENT
Communication

“What if, and I know this sounds kooky, we communicated with the employees.”
4. Key impact of the problem

**Issue- hit on staffing, funding, facilities**
- Delivery of service - routine diagnostics, cytology, screening specimens, frozen sections, molecular service, MDM’s
- KPI’S- TAT, accreditation
- CPD of staff
- Training

**Issue- individual issue- behaviour etc**
- Impact on other people with whom they engage
- Morale in department
5. PRIORITIES

HUNTING, GATHERING.... IT'S SO HARD TO PRIORITIZE!
5. Priorities

The service
• Delivery of the service
• What can/ cannot be delivered
• Look at components-
  – Cancer biopsies
  – Cancer resections
  – Non cancer cases
  – Cytology specimens
  – Frozen sections
  – Screening program specimens

The people involved
• Staff morale within department
• Those whose service is now being compromised- clinical
• THE PATIENT- quality assurance of the service being delivered
• Trainees in dept- impact on training program
6. **Short term problem/crisis handling**

**Service delivery**
- Rationalise what can/cannot be delivered
- ? Suspension of certain services short term
- Prioritisation system for specimens
- Investigate sending our to commercial labs
- Investigate sending to other network hospitals

**People involved**
- Engage with clinicians- prioritise urgent cases
- Overtime / extra hours – remuneration, safety etc
- Senior trainees ? Contribution ‘acting up’
- Colleagues in other network hospitals- to assist
- Locum staff
- Engage with HR and Management- facilitate financial commitment to solutions
7. Long term prevention

• Staffing- recruitment, making department attractive
• Equipment- service contracts; Service level agreements with other service lab providers
• Behaviour- staff morale, staff value, leadership training,
• Bring your clinical colleagues on board- recognise value of service the lab provides- their support is more valuable than their antagonism (MDT)
KEY ‘buzz words’ ‘concepts’ in OSPE scenario

COMMUNICATION
KEY STAKEHOLDERS
PRIORITISE
STAFF MORALE
TEAMWORK
ENGAGEMENT
HR; HOSP MANAGEMENT
NETWORK HOSPITALS
OSPE written

Problem solving

More case specific
OSPE written- the format

- Written exercise
- More often case specific
- Written paragraph describing a problem
- MDM type cases often
- Managing problem in a service-network, error situation
OSPE written

• Given the scenario as a written text
• Associated questions to be answered- written
• Clear marking structure
• 0,1,2 etc depending on detail in answers
• Can score quite well
OSPE written- examples

- MDT type case
  - Right hemicolecetomy for cancer
  - Staging and grading
  - Prognostic features
  - Ancillary studies- MSI, molecular RAS, BRAF
  - Implications and relevance

- Problem type case
  - Central laboratory providing breast pathology to several hospitals
  - Problems with fixation of specimens, delayed delivery, Friday surgery
  - Problems associated
  - How to solve
Presentation of your answers to the examiners
The elephant in the room!

FEAR
Of failure

"I'm right there in the room, and no one even acknowledges me."
Fear of failure......leading to

• Conveying lack of confidence
• Changing you mind on a diagnosis
• Retracting answers
• ‘dithering’

DON’T do this

First answer often most likely to be correct
Preparation for Presentation

Presenting **yourself**

Presenting **your knowledge**

Presenting **your experience**

*Talk the talk... walk the walk*
Preparation

- Mental preparation
- Presentation - what you say and how you say it
- Appearance/body language
Mental preparation

• FEAR- of ‘getting it wrong’
• Fear of ‘drying up’ – ‘forgetting’

Fear- the enemy

F = False
E = Expectation
A = Appearing
R = Real
What is the worst that can happen?

• You are presented with something less familiar to you/ you haven’t seen in a while

• Remember you have ‘seen it all’ in your training
Time to go back to first principles
# Back to first principles

## Macros

- Where in the body
- Describe it
- Size, shape, colour
- Margins
- Tumour-stage
- Non-tumour-disease activity
- *Differentials will emerge*

## OSPE scenario

- Crisis management
- Who is affected?
- Who should I communicate with?
- What do I prioritise?
- What are the impacts?
- *Don’t forget the buzz words*
Preparation - what you say and how you say it

• **STOP, LOOK, LISTEN**

• Deep breath
• Read slowly
• Listen carefully

• **Organise** your thoughts
• **Structure** your thoughts
What you say and how you say it

• Lots of time
• OSPE- questions do the organising for you
• Resist the tendency to ‘blurt out’ answer
• Have a ‘template’ in your mind/ buzz words
• Slowly, *logically*- give your answers
• Don’t suddenly ‘pull back’- makes you sound indecisive or uncertain
What you say and how you say it

- **Confidence**

- Of course there are differentials but there is also an obviously likely diagnosis

- Don’t cloud the picture

- ‘this is my preferred diagnosis...etc’
The big DON’T’s

• Never admit your weakness

• Don’t say
  - ‘I don’t see this where I work…’
  - ‘I haven’t seen this for a while…’

What this really says is

Watch out for me-

I am likely to get this wrong
The big DON’Ts

Don’t put a red flag over your head saying ‘this is my weakness’
Keeping up appearances!
The apparel oft proclaims the man (and woman...)

Shakespeare, Hamlet
Appearance

• Creates an impression
• Dress code: smart casual!
• Be comfortable

Not the day to push the boundaries
Finally- on the day(s)

- Well rested
- Travel in advance
- Be on time (advance recce..)
- Smart appearance-body language
- Confident
- Decisive
- Buzz words
On the Day.... 3 rules

• Be relaxed / confident

• Bring your vast knowledge/ experience to the exam

• Hand it over .............effectively
Thank You