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**UNIVERSITY OF NAIROBI**

**SCHOOL OF MEDICINE**

**DEPARTMENT OF HUMAN PATHOLOGY**

**MBChB**

NAME……………………………………………………………………...

REG. NO………………………………………………………………......

GROUP...…………………………………………………………………..

DATES OF ROTATION……………………………………………………..

SIGNATURE………………………………………………………………..

HEAD OF ANATOMIC PATHOLOGY……………………………………....

COMMENT………………………………………………………………...

SIGNATURE…..……………………………………………………………

DATE……..………………………………………………………………..

EXTERNAL EXAMINER……………………………………………………..

COMMENT………………………………………………………………..

SIGNATURE……………………………………………………………….

**Marking Scheme (for official use only)**

Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotation Group:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary

Logged activities: \_\_\_\_\_\_\_\_\_\_\_/300

Autopsy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/300

Total mark: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/600

Total mark (Percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Comment on the performance of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detailed mark distribution: Logged activities:

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| --- | --- | --- |
| ACTIVITY | TOTAL MARKS ELIGIBLE | MARKS AWARDED |
| CYTOLOGY FNA LOGS | 50 |  |
| CYTOLOGY PAP LOGS | 50 |  |
| SURGICAL PATHOLOGY LOGS | 50 |  |
| FORENSIC PATHOLOGY LOGS | 50 |  |
| PEDIATRIC PATHOLOGY LOGS | 50 |  |
| CLINICAL PATHOLOGY LOGS | 50 |  |
| Total marks | 300 |  |

**AUTOPSY PATHOLOGY**

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| --- | --- | --- | --- |
| ACTIVITY | AUTOPSY 1  | AUTOPSY 2 | AUTOPSY 3 |
| Completeness of report (total 10 marks) |  |  |  |
| Summary of clinical and autopsy findings (5 marks) |  |  |  |
| Correct Cause of Death Formulation (15 marks) |  |  |  |
| Correct manner of death (5 marks) |  |  |  |
| Discussion Section 1: Justification of manner of death (10 marks) |  |  |  |
| Discussion section 2: clinical -Pathological correlation (10 marks) |  |  |  |
| Discussion section 3: opinion on how similar mortality can be prevented (10 marks) |  |  |  |
| Discussion section 4: Bibliography (10 marks) |  |  |  |
| Description of External Pathology using skin marking diagram: 10 marks |  |  |  |
| Description of external examination using autopsy template: 10 marks |  |  |  |
| Description of histopathology (where available): 10 marks (bonus) |  |  |  |
| **Total marks** |  |  |  |

**OBJECTIVES OF THE CLERKSHIP ROTATION**

1. To ensure that the student understands the role of anatomical pathology in the diagnosis, follow up and clinical pathological correlation of disease processes.
2. To understand the rationale and procedure for carrying out forensic and clinical autopsies and death notification
3. Ensure that the student is able to understand quality assurance in anatomical pathology and to be able to obtain and preserve cytopathological and histopathological specimens
4. Ensure that the student is able to objectively request for various tests carried out in anatomical pathology

At the beginning of the rotation the students shall be provided with file copies of this protocol.

Prior to completion of this rotation, the candidate ought to have completed the following:

1. Participated in at least *one (1)* pediatric autopsy at least *one (1)* adult clinical autopsy and one (1) adult forensic autopsy and written full reports
2. Participated in and logged in at least least *five (5)* forensic autopsies, five (5) pediatric autopsies and five (5) clinical autopsies and documented them on the log book.
3. Observed at least *one (1)* special PM dissection technique in one case. The techniques include:
	* + 1. Evisceration of the spinal cord
			2. Pelvic dissection in the female reproductive system
			3. Demonstration and dissection of the vertebral arteries
			4. Evisceration of the brain
			5. Autopsy histopathology

\***All post mortem reports MUST be written using the post mortem template**

**Hand in at least three (3) post mortem reports at the end of then clerkship rotation.**

1. Histopathology:
2. Observed trimming in at least five (5) specimens
3. Observed processing of at least five (5) specimens
4. Observed staining of at least five (5) specimens
5. Participated in the reporting of at least five (5) histopathological specimens as evidenced by the duly completed logging forms on the same.
6. Cytopathology
	* + 1. Attend at least four (4) FNAC Clinics
			2. Screened at least five (5) FNAs
			3. Written reports on at least five (5) fine needle and other aspirates as evidenced by the duly completed logging forms on the same.
7. Pap smears
	* + 1. Attend at least five (5) pap smear sessions at the gynae clinic is protocol
			2. Observed the staining of at least five (5) pap smears.
			3. Reported at least five (5) pap smears as evidence by the duly completed logging forms on the same.
8. Attended all the clerkship presentations for their respective rotations as evidenced by the signed log and typed presentations.

**A completed log book must be handed in for marking at least two weeks prior to sitting of the final examinations**

**FNAC LOGGING FORM**

Pathologist…………………………………………………………………………..

Technologist………………………………………………………………………….

DATE Received in the laboratory……………………………………………………

Date Dispatched……………………………………………………………………..

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| SERIALNUMBER | LABNUMBER | SITE OF ASPIRATION | CLINICAL DIADNOSIS | CYTOPATHOLOGICAL DIAGNOSIS | DATE REPORTED | SUPERVISOR SIGNATURE |
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**PAP SMEAR LOGGING FORM**

Pathologist……………………………………………………………………………

Technologist…………………………………………………………………………..

DATE Received in the laboratory…………………………………………………….

Date Dispatched……………………………………………………………………...

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**SURGICAL PATHOLOGY LOGGING FORM**

Trimming Date………………………………………………………………………...

Doctor’s Name (TRIMMING)…………………………………………………………..

DATE Received in the laboratory…………………………………………………….

Technologist’s Name...………………………………………………………………...

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| SERIALNO. | LABNO. | SITE OF BIOPSY | TYPE OF BIOPSY(EXCISION, INCISION, PUNCH, NEEDLE. ETC) | CLINICAL DIADNOSIS | HISTOPATHOLOGICALDIAGNOSIS | DATE REPORTED | SUPERVISORSIGNATURE |
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**FORENSIC AUTOPSY LOGGING FORM**

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| SERIALNUMBER | DATE | AUTOPSY NUMBER | CIRCUMSTANCES | CAUSE OF DEATH | SUPERVISORNAME | SUPERVISOR SIGNATURE |
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**PEDIATRIC AUTOPSY LOGGING FORM**

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| SERIALNUMBER | DATE | AUTOPSY NUMBER | CIRCUMSTANCES | CAUSE OF DEATH | SUPERVISORNAME | SUPERVISOR SIGNATURE |
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**ADULT CLINICAL AUTOPSY LOGGING FORM**

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| SERIALNUMBER | DATE | AUTOPSY NUMBER | CIRCUMSTANCES | CAUSE OF DEATH | SUPERVISORNAME | SUPERVISOR SIGNATURE |
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**AUTOPSY REPORTS**

A complete autopsy must have the following:

1. Biodata and other identifying information.
2. Clinical (or antemortem) diagnosis.
3. Autopsy Diagnosis in WHO ICD 10 format
4. Manner of death
5. Clinical Summary.
6. Summary of autopsy findings
7. Discussion section providing the following opinions:
	1. The manner of death and why the specific manner of death has been identified.
	2. Clinical-Pathological correlation (how the autopsy findings explain the clinical features)
	3. How similar mortalities can be prevented
	4. Bibliography (list of books or other sources referred to in the development of this report)
8. Detailed description of autopsy findings in standardized external examination using
	1. skin marking diagram
	2. gross pathology description template
	3. Attached clinical summary, police forms or other relevant documents

UNIVERSITY OF NAIROBI

SCHOOL OF MEDICINE

**CLERKSHIP PRESENTATIONS MBChB IV STUDENTS**

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| No. | Date: | Topic: | Facilitator/ Supervisor’s Name | Facilitator/ Supervisor’sSignature |
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