Clinicopathologic Conference

Overview

Clinicopathologic Conferences (CPCs) have been presented by each PGY3 resident to the department since September 1996. The objectives of CPCs are:

1) to provide PGY3 residents with an opportunity to analyze an unknown case through
    a. formulating differential diagnoses
    b. demonstrating diagnostic medical-decision making skills
    c. presenting a cogent discussion on the case and their clinic reasoning to the entire department
2) to demonstrate pathologic and/or laboratory correlation to the clinical aspects of diseases affecting neonates, children, and adolescents.

The focus is on the diagnostic decision process rather than the outcome.

There are generally 4 people involved in a CPC: the Chief Resident, the Faculty member, the PGY3 resident, and the Pathologic/Laboratory/Specialty Correlation Speaker.

Responsibilities

1. The **Chief Resident**, once selected as a PGY3, will coordinate the CPC schedule for the academic year. The CR will solicit faculty members and ensure a diverse representation of cases and specialties, to include general primary care pediatrics. Residents may express a desire of the types of CPC cases but there should be no expectation of the specialty or field relevant to the case, just as it is in general practice when a patient presents.

The chief resident will also be involved in keeping the CPC on schedule by a) sending a reminder email 2 months in advance with the CPC guidelines to the faculty member and PGY3 resident, and b) sending a reminder email the week before the presentation.

The chief resident will be available to assist the assigned faculty member in obtaining a pathologic/laboratory/specialty correlation speaker if the faculty member requires assistance.

The chief resident will advertise the CPC on the department academic calendar, in the weekly department email (the Plan of the Week), and with an additional, more formal e-mail invitation the week of the CPC.

2. The **assigned faculty member** will provide the scheduled PGY3 with a case summary 1-2 months in advance of their presentation date. The emphasis is on choosing cases for which there is pathologic/laboratory confirmatory correlation. In the past, faculty members will start the process by giving the resident a copy of the de-identified clinical note detailing the patient's initial presentation. The faculty member will discuss the case with the resident periodically before the scheduled CPC; this can occur via face-to-face meetings, emails, or phone calls. The faculty member should give all information that the patient or parents would provide to a general pediatrician. Faculty members should try not to hide case details that were available at the time of presentation. Likewise, faculty members should not fabricate details.

The faculty member will also contact the appropriate expert for the pathologic/laboratory correlation. Traditionally, this has been a pathologist. However, modern diagnostic techniques of imaging and genomics may be the substitution for the 'pathologic' correlation; thus, a radiologist or geneticist are also appropriate experts. Sometimes, other subspecialties are also involved in the case and may be appropriate to include as well.

The faculty member will speak briefly to the department after the resident presentation and pathologic/laboratory correlation. The faculty member should focus on follow-up of the patient and should highlight diagnostic pitfalls that occurred in the real-life workup of the patient. The faculty member should not provide a redundant review of the diagnostic process that the resident presented.

3. The **resident** will review the case, comment as needed on the care provided to the patient, formulate a differential diagnosis, arrive at a likely diagnosis based on the information provided, and present a discussion of the case to the department. The discussion should focus on development of a differential diagnosis, the most likely disease entity, and how the diagnostic decision making process of narrowing down the differential diagnosis occurred. Residents can utilize any resources (including staff) in formulating their discussion, but should not expect staff to provide them with "the answer" to their case. The emphasis in this exercise is more on the thinking process than the answer itself.

The resident will prepare a presentation that presents the case and then outlines their diagnostic decision process. Focus should be on features of the case, epidemiology of considered diagnoses, and pertinent positives and negatives. The resident should suggest the top 3 most likely diagnoses in the differential and proffer a primary diagnosis and a confirmatory procedure or test.

The resident will provide a copy of their CPC presentation to the program coordinator after the presentation.

Clinicopathologic Conference

4. The **pathology/laboratory/radiology/genomic correlation speaker** may be a pathologist, radiologist, geneticist, or other specialist. The speaker should prepare a presentation showing the results of the confirmatory procedure and the pathologic/laboratory diagnosis.

Logistics

CPC Format:	Resident case presentation	25-30 minutes
	Pathological/radiologic/specialty review	10-20 minutes
	Pediatric staff discussion	15 minutes

Attendees of the CPC are eligible for CME Credit.