

IACC 2023 Case-based discussion (CBD) scenario

Specialty: **Histopathology**

CBD Scenario

CBD Scenario Title	Dissection of an appendix										
CBD Scenario Aim	The aim is to test the trainee's knowledge of how to dissect one of the most common low-complexity specimens that is received in a histopathology department.										
CBD Focus (please provide the codes of the module(s) this scenario addresses)	SCC110				SLS300						
GSP Domains covered (enter X to indicate all that apply)	GSP 1	X	GSP 2	X	GSP 3	X	GSP 4		GSP 5		
CBD Scenario description	<p>You are about to cut up an appendix, as part of a Category B and C dissection session.</p> <ul style="list-style-type: none"> Describe the checks that would be undertaken at the cut-up bench, both before and during dissection of this specimen. Why are these checks undertaken? What is the most common pathological condition that leads to surgical removal of the appendix? Describe some of the common underlying causes of this condition. Give examples of common clinical terms that are found on a histology request form for an appendix. <p>On slicing, copious amounts of mucin are seen in the appendix. What would you do next?</p>										
CBD Scenario model answer/ assessor guidance Detailed guidance that will be available for the assessors. Include	<ul style="list-style-type: none"> Dissector and assistant check that the Pathology Number on the specimen pot and the request form match. Check that the patient demographics on the specimen pot and request form match. Check that the specimen details on the specimen pot 										

<p>guidance on what kinds of behaviours, actions, comments should secure a pass. What should the assessor expect to see? Assessors will be asked to plan questions in advance including links to trainee's IACC submission.</p>	<p>and request form match. Check any clinical details that are provided.</p> <ul style="list-style-type: none"> • These checks are done to ensure that the correct specimen is processed for the correct patient. To ensure there is no transposition of information which may lead to a patient receiving the wrong diagnosis and inappropriate treatment. • Acute appendicitis. Common underlying causes include obstruction by vegetable matter, obstruction by compacted faecal material (faecolith), structural abnormality (e.g. diverticulum) and epithelial ulceration followed by infection by bowel bacteria. • Acute appendicitis, right iliac fossa (RIF) pain, increase in white cell count (WCC) • This is indicative of a neoplastic condition such as a LAMN (Low grade Appendiceal Mucinous Neoplasm), HAMN (High grade Appendiceal Mucinous Neoplasm) or a mucinous adenocarcinoma. <p>Advice on how to dissect this specimen should be sought from a more senior colleague. If already signed-off as competent, then process the entire specimen making sure that the surgical margin (base) can be identified.</p> <p>Assessors should be assured that the trainee knows which clinical governance checks should be done prior to and after dissecting a specimen. Also, an awareness of the implications of not undertaking these checks should also be demonstrated.</p> <p>An awareness of the causes and clinical presentations of acute appendicitis should also be demonstrated by the trainee.</p> <p>The trainee should also show that they know when to stop and seek guidance from a more senior colleague when they come across an unusual finding at the dissection bench.</p>
<p>Trainee instructions</p> <p>Please include any specific information to be provided to the trainee as part of the CBD scenario</p>	<p>No specific instructions. All guidance is provided in the scenario.</p>

Criteria being assessed by this CBD scenario

Aspect	Please indicate if this criterion is being assessed
1. Understands the clinical context of the scenario, including priority setting and testing strategies	X

2. Understands scientific principles of scenario	X
3. Can discuss the relevant procedures involved in the scenario and associated health and safety issues	
4. Understands and applies the appropriate test validation, IQC, EQA, relevant professional/clinical guidelines	
5. Understands and applies associated IT/bioinformatics and other appropriate resources	
6. Is able to interpret and report patient results and provide appropriate clinical advice	
7. Can discuss the significance of patient results within the clinical context of the referral	X
8. Understands the ethical, legal and social implications of the scenario	
9. Is aware of the importance of audit and can use this tool effectively	
10. Output meets accepted laboratory/professional standards	
11. Demonstrates awareness of the limits of responsibility and when to seek advice	X
12. Consideration of patient/professionalism	
13. Overall ability to perform	