

# Analyzing Anatomic Pathology On-call Summaries to Improve Pathology Resident On-call Experience and Patient Care

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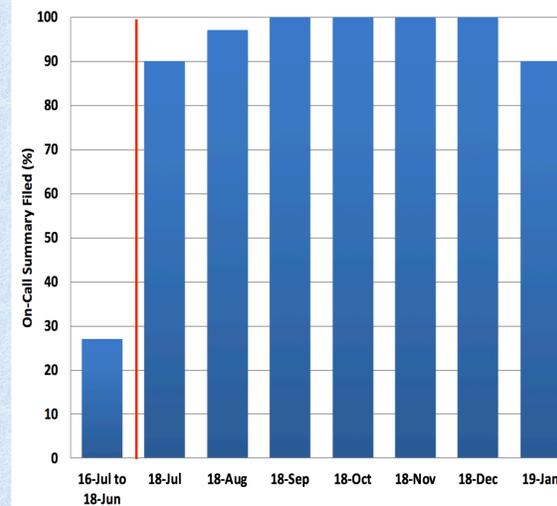
The authors of this abstract have indicated that they have no conflicts of interest that relate to the content of this abstract.

**Background:** Pathology on-call experiences help prepare trainees for successful transition from residency to academic or private practice careers, and as such are an integral component of training. However, few data exist on the nature of the pathology resident on-call workload and experience.

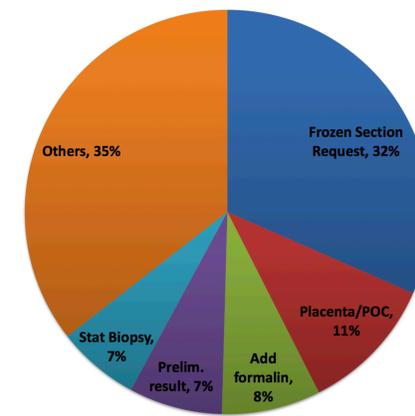
**Design:** At our institution, pathology residents begin taking on-call duties in postgraduate year 2. Immediately following each 24-hour cycle, the on-call resident is supposed to create a detailed summary of all received calls and sent to the appropriate anatomic or clinical pathology faculty and trainees as part of the routine patient care “hand off.” We reviewed the anatomic pathology (AP) on-call summaries from July 2016 to June 2018. For each documented call, we tabulated information pertaining to the date and time, reason for the call, and subsequent resolution.

**Results:** Of the 510 possible call intervals in the review period, residents filed 138 anatomic pathology on-call summaries (27%). These summaries documented 227 individual calls that were received by the residents. After implementing reminders at monthly residency program meetings, the percentage of filed on-call summaries significantly improved (from below 30% to above 90%) (Fig 1). The most frequent after-hours call was for frozen section consultation (72 calls). The second most frequent call was for information on disposition of placentas and products of conception (25 calls) (Fig 2). The subspecialty areas generating the most after-hours calls were the GYN/Endocrine and GI services (53 and 45 calls, respectively) (Fig 3). On weekdays, most calls were received between the hours of 5 and 8 p.m. (72 out of 128 calls) (Fig 4).

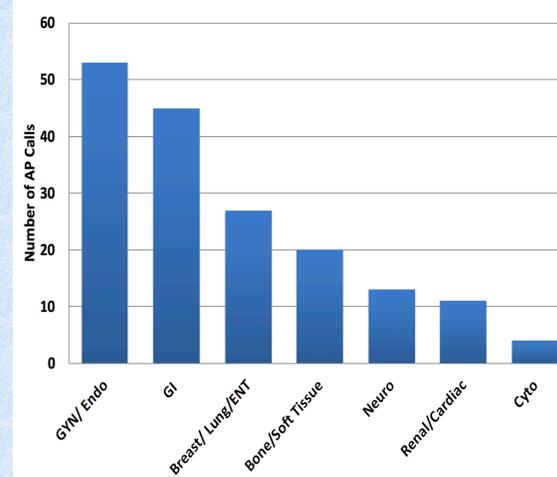
**Fig 1. On-call Summary File Rate Before and After Reminders**



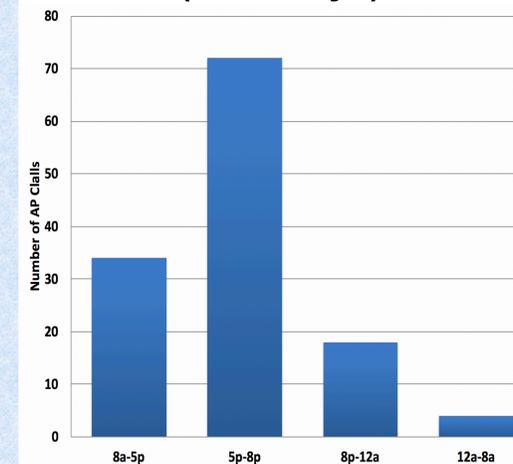
**Fig 2. AP calls by Frequency**



**Fig 3. AP Calls by Subspecialty**



**Fig 4. Time of AP Calls (Weekdays)**



## Conclusions:

- A significant number of AP calls are recurring pre-analytical issues (e.g. disposition of specimens) that may be amenable to education of submitting physicians/staff.
- Frequent and recurring reminders to complete on-call summaries are effective (and necessary) for maintaining quality of care.
- Residents have greater exposure to GYN, Endocrine, and GI frozen sections during their calls. Deliberate emphasis on frozen section training for the other subspecialties may be warranted during residents’ frozen section rotations.
- Weekday AP calls were most frequent in the early evening, leaving residents largely free of AP call duties in the late evening and early morning hours.
- To our knowledge, this is the first study analyzing AP resident on-call workload. This information is useful in improving not only resident on-call experience (as fewer pre-analytical calls will increase resident time for other educational activities) but also the quality and efficiency of patient care.
- Future efforts include implementation of specific interventions and analysis of their effect on the number and nature of after-hours calls. Analysis of clinical pathology on-call summaries is also planned.

## References:

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2. Buck, TP, Connor IM, Horowitz GI et al. CallWall: tracking resident calls to improve clinical utilization of pathology laboratories. Arch Pathol Lab Med. 2011;135(7):920-4