PEDIATRIC PATHOLOGY FELLOW SIX COMPETENCIES
PLACENTA

Note: The faculty member on placentas is the fellow's immediate supervisor during that week

1. PATIENT CARE		
OBJECTIVES Complete and accurate interpretation of placental gross and microscopic features. Clinicopathologic correlation with clinical history; understanding of when submitted clinical history is likely incomplete.	**SPECIFIC ACTIVITIES** Preview and diagnose cases before signing out with faculty.	**ASSESSMENT** Weekly evaluations by the faculty member on service, with rapid feedback to the fellow; summary incorporated into quarterly evaluations.

2. MEDICAL KNOWLEDGE		
OBJECTIVES Understand the pathophysiology and significance of placental lesions.	**SPECIFIC ACTIVITIES** Review the Placental Pathology volume of the AFIP/ARP Atlas of Nontumor Pathology, and other sources as directed.	**ASSESSMENT** Weekly evaluations by the faculty member on service, with rapid feedback to the fellow; summary incorporated into quarterly evaluations.

3. PRACTICE –BASED LEARNING AND IMPROVEMENT		
OBJECTIVES 1. Learn to identify personal knowledge gaps and to improve medical judgment. 2. Use information technology systems to research patient information and the medical literature.	**SPECIFIC ACTIVITIES** 1. Compare pre- and post-signout diagnoses. 2. Conduct literature searches for case diagnosis, review with faculty and other trainees.	**ASSESSMENT** Weekly evaluations by the faculty member on service, with rapid feedback to the fellow; summary incorporated into quarterly evaluations.

4. INTERPERSONAL AND COMMUNICATION SKILLS		
OBJECTIVES 1. Prepare concise, accurate, and complete surgical pathology reports. 2. Give clear and accurate case presentations.	**SPECIFIC ACTIVITIES** 1. Submit signout-ready reports or complete diagnosis lists to faculty. 2. When indicated, include placental findings in presentations at clinical conferences.	**ASSESSMENT** Weekly evaluations by the faculty member on service, with rapid feedback to the fellow; summary incorporated into quarterly evaluations. Evaluations by conference attendees, included in quarterly evaluations.

5. PROFESSIONALISM		
OBJECTIVES 1. Review cases in a timely manner without sacrificing quality. 2. Take responsibility for checking the transcription of clinical history and obtaining additional clinical information when necessary. 3. Attend required conferences and present cases when indicated.	**SPECIFIC ACTIVITIES** See conference list for required conferences; attend other conferences when own cases are discussed.	**ASSESSMENT** Weekly evaluations by the faculty member on service, with rapid feedback to the fellow; summary incorporated into quarterly evaluations. Evaluations by other conference attendees, included in quarterly evaluations.

6. SYSTEMS-BASED PRACTICE		
OBJECTIVES Learn the role of placental examination in providing patient care in a large, complex system.	**SPECIFIC ACTIVITIES** Participate in at least one session of the Parkland Stillbirth Committee, unless excused.	**ASSESSMENT** Documentation of attendance at Stillbirth Committee.

PEDIATRIC PATHOLOGY FELLOWSHIP
PLACENTA STUDY LIST
2012 Site Visit

The following have several components to learn: morphologic features, pathophysiology, effect on clinical care

NORMAL PLACENTAL DEVELOPMENT
Villous growth and development
Expected appearance of membranes and parenchyma at different gestational ages
Implantation: trophoblast invasion, vascular remodeling

PLACENTAL FINDINGS
Acute chorioamnionitis with grade and stage
Subacute chorioamnionitis
Chronic chorioamnionitis
Acute chorionic plate vasculitis
Umbilical vasculitis and funisitis
Villitis: chronic, acute, active chronic, necrotizing
Eosinophilic/T-cell vasculitis
Intervillositis, acute and chronic histiocytic
Decidual vasculopathy, including atherosis
Infarcts
Tenney-Parker change
Distal villous hypoplasia
Accelerated villous maturation
Retroplacental hematoma and/or abruption
Chorioamnionic hemosiderosis
Massive perivillous fibrin deposition and maternal floor infarct
Fetal thrombotic vasculopathy and avascular villi
Meconium-induced vascular necrosis
Chronic deciduitis with plasma cells
Infections: cytomegalovirus, syphilis, toxoplasmosis, listeriosis
Single umbilical artery, incomplete arterial involution
Deep implantation (accreta increta, percreta)

Gross findings:
Twin placentation
Abnormal size (small, large)
Umbilical cord coiling and strictures
Velamentous umbilical cord and vessels
Circumvallate membrane insertion

MATERNAL CONDITIONS
Diabetes mellitus and gestational diabetes
Preeclampsia
Chronic hypertension
Thrombophilia
Infections: cytomegalovirus, syphilis, toxoplasmosis, listeriosis, herpes
Cervical incompetence
Prior Cesarean section

POST PARTUM HYSTERECTOMY
Examination with placenta delivered and with placenta in situ
Placenta previa
Implantation site
Changes after prior Cesarean section