



GASTROINTESTINAL, HEPATIC AND PANCREATICOBILIARY PATHOLOGY FELLOWSHIP PROGRAM

KEY INFORMATION:

Length of Fellowship	Primary Location	Number of Positions per year	Applications due	Time Breakdown (Teaching vs. Clinical vs. Research)	Call Requirements
1 year	Foothills Medical Centre 7 th Floor McCaig Tower 3134 Hospital Drive NW	1	March 31 yearly (~18 months prior to July start)	10% vs. 80% vs.10% Allocation is flexible and can be tailored to the fellow's interests.	No

Eligibility Requirements

All applicants for MD Post Graduate Fellowships must fulfill the following prerequisites:

- ⇒ Royal College Certification in Diagnostic and Molecular Pathology or Diagnostic and Clinical Pathology or equivalent OR eligibility for Royal College certification in Diagnostic and Molecular Pathology or Diagnostic and Clinical Pathology
- ⇒ Legally allowed to work in Canada
- ⇒ Able to satisfy the eligibility requirements of the College of Physicians and Surgeons of Alberta (CPSA) for [Post Graduate Trainees](#)

Introduction/Background

Gastrointestinal (GI), hepatic, and pancreaticobiliary pathology is a high-volume, citywide subspecialty practice delivered by multiple faculty with focused interest and subspecialty training/experience across Calgary sites (FMC, RGH, SHC, ACH). The service includes alternating comprehensive in-house subspecialty sign-out and a citywide consultation/consensus model. This concentrated case mix provides broad exposure to neoplastic and non-neoplastic pathology of the luminal GI tract, liver/biliary tree, and pancreaticobiliary system, and supports advanced training toward independent subspecialty practice.

Supervising Faculty

Program Director
Dr. Parham Minoo

Other Supervising Faculty:

Drs. Stefan Urbanski, Parham Minoo, Shaun Medlicott, Andrew Schell, Emma Whitcomb, Marie-Anne Brundler, Konstantin Koro, Kate O'Connor, James Cotton, Hisham Assem, Jeremy Ward

Statement of Clinical Focus/Educational Purpose of the Fellowship

The purpose of the fellowship is to train a subspecialty pathologist who can:

- Diagnose routine, complex, and unusual GI, hepatic, and pancreaticobiliary specimens (biopsies and resections) with appropriate use of ancillary testing.
- Function effectively as a consultant, integrating clinical/radiologic/laboratory information, communicating clearly with clinicians and pathologists, and recognizing diagnostic uncertainty and limitations.
- Contribute to the academic mission through teaching, quality activities, and scholarship (research or other scholarly output).

The fellowship follows a supervised clinical practice model with graduated autonomy, complemented by structured teaching, rounds, and scholarly activity, consistent with contemporary GI pathology fellowship training standards.

Curriculum/Rounds

The Fellow is expected to attend and participate in the following rounds:

- Weekly GI Citywide Consensus Rounds: Wednesday 1100-1200 hrs, online and/or in-person multi-headed microscope (FMC). Review of interesting or challenging surgical pathology cases.
- GI Teaching Rounds: TBD. Online and/or multi-headed microscope (FMC). Review and presentation of interesting teaching cases by various members of the GI group/including fellow. These rounds are scheduled at the discretion of the DMP Lead resident.
- Arthur Child Tumour Board Advanced GI Malignancy Rounds: Bi-weekly, Tuesday 0730-0830 hrs. Rounds that include clinicopathological correlation of complex and advanced GI malignancies for treatment planning. Fellows are encouraged to review cases and present under the instruction of the staff pathologist.
- Arthur Child Tumour Board – GI Oncology: weekly, Thursday 1630-1730 hrs. Rounds that include clinicopathological correlation of complex and advanced GI malignancies for treatment planning. Fellows are encouraged to review cases and present under the instruction of the staff pathologist.
- (Optional) TBCC Endocrine Pathology Rounds: Bi-weekly, Tuesday 1200-1300 hrs. Rounds that include clinicopathological correlation of complex gastroenteropancreatic neuroendocrine neoplasms (but not limited to).

Specific Rotations (as applicable)

Foothills Medical Centre, Rockyview General Hospital, South Health Campus, Peter Lougheed Centre

General Objectives

In line with CanMeds objectives.

Evaluation/Assessment

The Fellow will be evaluated at least quarterly:

1. The fellow will be evaluated continuously throughout the year by the supervisors. Official evaluations will be done at the 3, 6, and 9-month points, and a final evaluation by the supervisor with the input from all teaching faculty members and project collaborators. Evaluations will be based on CanMEDs competencies outlined in this document. Evaluations will also be verbally discussed with the Fellowship Committee.
2. 360° Feedback: at least once during the year, incorporating feedback from residents/learners and laboratory/support staff.

Fellow Responsibilities/Specific Objectives

By the end of the fellowship, the fellow is expected to demonstrate competence to independently (with staff oversight as required) manage and report a broad range of GI/hepatic/pancreaticobiliary cases.

Clinical responsibilities include:

1. Case preparation and sign-out
 - Preview slides, draft reports/synoptics, propose likely differentials, and recommend ancillary workup.
2. Grossing and specimen management

Directly supervise gross examination of complex resections (e.g., esophagectomy, gastrectomy, pancreaticoduodenectomy, colectomy, hepatectomy), including appropriate sampling strategies.

Supervise GI rotation trainees, providing step-by-step supervision or consultation only, depending on the trainee's level. Feedback to staff and completion of resident evaluations, including feedback.

3. Ancillary testing

Select and interpret special stains/IHC and integrate molecular results where applicable; practice cost-effective utilization.

4. Clinicopathologic correlation

Obtain and synthesize pertinent clinical/radiologic/lab data (EPIC/Netcare/Millennium and direct clinician contact when required) to support diagnosis.

5. Communication

Communicate urgent/critical findings promptly, document communications, and provide clear interpretive comments where appropriate.

6. Consultation practice

Participate in intradepartmental consensus and extra-institutional consultations; recognize limitations and seek subspecialty input when needed.

7. Logbook/portfolio

Maintain a case log capturing: site, specimen type, key diagnosis, and notable ancillary tests used.

Terminal Objectives/Outcome

Upon completion of the fellowship, the fellow will be:

- Prepared to practice as a consultant GI/hepatic/pancreaticobiliary pathologist with strong diagnostic judgment and communication skills
- Able to integrate clinicopathologic information and ancillary studies appropriately and cost-consciously
- Comfortable participating in consensus practice, tumor boards, and consultative interactions
- Equipped with experience in scholarship and teaching, supporting an academic or community subspecialty career trajectory

Additional Training Opportunities

Opportunities may include:

- Focused exposure to pediatric GI pathology (ACH)
- Molecular/pathology-lab interactions relevant to GI cancers and biomarker reporting
- Endoscopy experience (pending discussion with clinical services)

Resources and Recommended Reading

Teaching collection

Glass and digital slides, organized by organ systems or pathology, are available for review at the fellow's request. The request for slides can be coordinated with Drs. Koro and Minoo.

Essential Reading

1. Surgical Pathology of GI Tract, Liver, Biliary Tract, and Pancreas, Odze & Goldblum's, 4th Ed. 2022
2. WHO Classification of Tumours of the Digestive System (2025), 6th Ed.
3. Atlas of Gastrointestinal Pathology: A Pattern Based Approach to Neoplastic Biopsies. (2019)
4. Atlas of Gastrointestinal Pathology: A Pattern Based Approach to Non-Neoplastic Biopsies (2014)
5. Survival Guide to Gastrointestinal Mucosal Biopsies (2018), Montgomery

CanMeds Objectives

Medical Expert

1. Demonstrate working knowledge of the anatomy, embryogenesis, and histology of the GI, hepatic, and pancreaticobiliary systems.
2. Demonstrate skill in gross dissection and sampling of routine and complex GI/pancreas/liver specimens. Included are also triaging and management of small biopsy specimens from the pancreas, liver (neoplastic and nonneoplastic), and other sites.
3. Demonstrate working knowledge in integrating clinical, radiologic, and laboratory testing data available to generate a list of the most likely differential diagnoses to guide further workup and ancillary studies utilization.
4. Demonstrate working knowledge and application of current staging protocols (current AJCC 8th Ed. and Ver 9, as appropriate) pertaining to the GI, hepatic, and pancreaticobiliary systems.
5. Demonstrate working knowledge in the classification and workup of GI, pancreaticobiliary, and liver neoplasms (benign and malignant) and utilization of ancillary studies (special stains and immunohistochemistry, etc.) in making a diagnosis.
6. Demonstrate working knowledge and diagnostic skills in common neoplastic and nonneoplastic pathologist of the digestive tract.
7. Demonstrate proficiency in the interpretation of liver needle core biopsies, adequacy requirements for interpretation for medical liver disease and neoplastic (primary and metastatic) conditions.
 - a. Accurately and succinctly describe the microscopic findings, provide a pathologic diagnosis, and/or generate a differential diagnosis.
 - b. Provide appropriate grade and stage for specific medical liver disease conditions.
 - c. Select the appropriate immunohistochemical and special stains (and molecular biological procedures, where applicable) relevant to the problem based on the gross, histologic, clinical, radiologic, laboratory, and other data available.
8. Demonstrate working knowledge of histological findings seen in acute and chronic liver allograft rejection.
9. Review and presentation of oncology tumor board cases, internal and external consultations, and intra-departmental consultations.
10. Maintain a logbook of the cases encountered (site, specimen, diagnosis based on WHO classification).
11. Independently review archival teaching slide collection

Communicator

1. Obtain and synthesize information from clinical colleagues, available electronic medical records, and other essential sources as necessary for diagnosis.
2. Communicate effectively with clinical treatment teams (including surgeons, gastroenterologists, surgical and medical oncologists), technical and support staff.
3. Formulate clear, concise, and complete reports that accurately and adequately describe the specimen and the diagnosis (and diagnostic uncertainty where necessary)
4. Demonstrate ability to answer questions on etiology, pathogenesis, and pathology of disease without preparation and be aware of knowledge limitations.
5. Assist in the continuing education of physicians and other members of the hospital staff by participating effectively in interdisciplinary tumor board rounds and meetings.
6. When scheduled, the trainee will assist in the preparation, interpretation, and reporting of intraoperative frozen sections.

Collaborator

1. Become part of the clinical team through interactions with clinical colleagues directly and at rounds.
2. Participate in the education of residents, medical students, pathology assistant students, and other trainees, as part of graduated responsibility to the level of a junior staff member
3. Understand the role of the intra- and extradepartmental review of diagnostic material.

Leader

1. Utilize time and resources effectively to balance patient care, learning needs, and outside activities.
 - a. Understand finite health care resources and use discretion in the utilization of resources without unnecessary waste.
 - b. Utilize resources effectively (i.e., glass slide teaching sets, recommended reading, didactic lecture series) in order to facilitate self-directed learning.
2. Demonstrate understanding of quality as it pertains to GI/pancreaticobiliary/liver specimens.
3. Understand the importance of turn-around-time for pathology diagnoses due to (1) introduction or changes in treatment management based on pathologic diagnosis, (2) the high level of stress experienced by patients with symptomatic or image-detected lesions, and (2) the need to start curative and/or palliative treatments as quickly as possible to reduce morbidity and/or mortality

Health Advocate

1. Recognize and respond to those issues, circumstances, or situations in which advocacy on behalf of patients or the community is appropriate
2. Demonstrate the ability to recognize those situations that require consultation or notification of the Department of Health.

Scholar

1. Participate in at least one (1) research project/scholarly activity during the fellowship year under the supervision of an attending staff pathologist to guide and oversee the progress. The fellow will meet with a staff pathologist within the first month of starting to identify a suitable project. The focus of the scholarly activity is to provide experience in research methodologies, literature review, data generation and analysis, among others, with an aim of first author presentation at national/international scientific meetings and/or publication.
2. Develop, implement, and document a personal continuing education strategy and participate in a personal learning project (PLP). The fellow will meet with a preceptor within the first month of starting to identify a learning objective, learning strategy, and approach to meet this requirement. The primary goal is to highlight important aspects in continuing education, including:
 - a. Accept responsibility for self-learning and self-evaluation
 - b. Demonstrate the ability to identify gaps in knowledge and experience
 - c. Assess personal learning needs and choose an appropriate learning method
 - d. Evaluate the outcome of the self-learning experience
3. Apply the principles of critical appraisal to sources of medical information and stay current with evidence-based literature pertinent to the practice of hepatic pathology

Professional

1. Demonstrate appropriate time management skills, including punctuality, timely case preparation and review, timely submission and follow-up of forms required for ancillary testing, and prompt and effective communication where delays occurred or are anticipated
2. Deliver the highest quality practice of surgical pathology with integrity, honesty, and compassion.
3. Demonstrate effective consultation, as an anatomical pathologist, with respect to patient care, education, and legal opinion.
4. Recognize personal limits of expertise. The resident must be able to:
 - a. Recognize when he/she should seek consultation from another pathologist.
 - b. Recognize when he/she should seek consultation from a specialist other than a pathologist.
5. Exhibit appropriate personal and interpersonal behaviors. For this, the fellow will:
 - a. Demonstrate appropriate interpersonal relationships with peers, supervisors, support, and clinical staff, showing concern, respect for others, and sensitivity to gender/ethnic and other social issues
 - b. Respond appropriately to criticism

- c. Act as an appropriate role model for students and others.
 - d. Address interpersonal differences in professional relations.
 - e. Maintain an appropriate balance between personal and professional roles
 - f. Be accountable for his/her personal actions
 - g. Have a high degree of self-awareness
 - h. Be reliable and conscientious in the discharge of his/her professional responsibilities.
6. Practice surgical pathology in an ethically responsible manner that respects the medical, legal and professional obligations of belonging to a self-regulating body. The resident will:
- a. Demonstrate an ethical approach to the performance of duties within the laboratory.
 - b. Know and understand the professional, legal and ethical codes to which physicians are bound.
 - c. Understand and apply relevant legislation relating to the health care system in order to guide him/her in the practice of surgical pathology.
7. Recognize, analyze and know how to deal with unprofessional behavior in the practice of medicine, including but not exclusive to health problems such as psychiatric illness or substance abuse, taking into account local and provincial regulations.

Certification

Upon successful completion of the fellowship, the candidate will be issued a formal certificate from the Post-Graduate Education Office of the University of Calgary