

**Updated 6/9/2009**

## **RESIDENT SUPERVISION:**

### **A. Anatomic Pathology:**

**Surgical Pathology:** All final diagnoses of microscopic materials in surgical pathology are established by the attending staff or reviewed by the attending staff *before* release to the clinician and medical record. In addition to attending faculty, there are 3 Pathology Assistants in the Surgical Pathology suite that will instruct and assist the residents concerning the gross examination and description of tissues and organs and the proper selection of tissues for sectioning and microscopic examination. Qualified senior residents may provide *preliminary* pathology diagnoses, provided that ***clinical staff is told that these are preliminary diagnoses that may be altered by the attending physician.*** Until a resident has received approval to do so (see graduated responsibility below), frozen sections are reviewed by a faculty member prior to reporting to the clinician/surgeon. In this way, residents in surgical pathology are highly supervised.

**Autopsy Pathology:** All final diagnoses of gross and microscopic materials in autopsy pathology are made by the attending staff or reviewed by the attending staff before release to the clinician and medical record. Senior residents may provide *preliminary* diagnoses, provided that ***clinical staff is told that these are preliminary diagnoses that may be altered by the attending physician.*** In this way, residents in autopsy pathology are highly supervised.

### **B. Clinical Pathology:** All clinical consultations (e.g., thyroid profiles, lipid profiles, serum protein electrophoreses, etc.,) developed by the residents are reviewed by the attending faculty and revised or edited as appropriate prior to release of the consultation. Senior residents may provide *preliminary* diagnoses. *The clinical staff are told that these are preliminary diagnoses and that these diagnoses may be altered by the attending physician.* In this way, residents in clinical pathology are highly supervised.

Note: Pathology is a unique discipline in clinical medicine where the major pathology “product” is the gross or microscopic “diagnosis”, “consultation”, or “interpretation.” Because the assignment of a diagnosis or interpretation via consultation in AP or CP is a specific event in time (e.g., either the report has or has not been released), the attending faculty have the opportunity to provide very high levels of supervision of the residents to insure proper medical care of the patients at Shands Hospital at the University of Florida and patients at the MRVAMC.

## **GRADUATED RESPONSIBILITY**

The following is a generalized overview of the usual progression of resident graduated responsibility. Additionally, senior level residents may earn privileges to perform even more independent functions, as approved by the faculty, see *Graduated Responsibility Evaluation Forms and Privileges* below.

Graduate medical education in pathology is based on the principle of progressively increasing levels of responsibility in the diagnosis and management of tissues and laboratory tests that concern both inpatients and outpatients under the supervision of the faculty. The faculty are responsible for evaluating the progress of each resident in acquiring the skills necessary for the resident to progress to the next level of training. Factors considered in this evaluation include the resident’s clinical experience, judgment, professionalism, cognitive knowledge, and technical skills. These levels are defined as postgraduate years (PGY) and refer to the clinical years of training that the resident is pursuing. Training in pathology includes the study of Anatomic Pathology and Clinical Pathology (AP/CP) although residents can elect (with the permission of the department chair and the residency training committee) to study solely Anatomic Pathology (AP only) or Clinical Pathology (CP only). The requirements for training in pathology include four years of training for certification in Anatomic Pathology and Clinical Pathology (AP/CP), including 18 months of core Anatomic Pathology and 18 months of core Clinical Pathology. The requirements for training solely in Anatomic Pathology (AP only) require 3 years of training. Similarly, the requirements for training solely in Clinical Pathology (CP only) require 3 years of training. Pathology programs leading to subspecialization after core programs range from one (e.g., dermatopathology, cytopathology and hematopathology) to two years (neuropathology). This training is traditionally called fellowship training when new skills and responsibilities are acquired in the diagnosis and management of patients’ tissues and laboratory tests. At each level of training, there is a set of competencies that the resident is expected to master. As these are learned, greater independence is granted to the resident in the routine diagnosis and management of pathology cases at the discretion of the faculty who, at all times, remain responsible for all aspects of the diagnosis and management of the pathology cases. Examples of expected competencies and responsibilities for each level follow.

**PGY 1:** Individuals in the PGY-1 year are closely supervised by senior level residents, Pathology Assistants in the gross room or faculty. Examples of tasks that are expected of PGY-1 physicians include: performance of autopsies, gross organ and tissue examination (including description and gross diagnostic interpretation), selection of tissue sections for microscopic interpretation from the gross tissues/organs obtained by autopsy, surgery or biopsy, microscopic examination of tissue sections with identification of the process as benign/malignant/inflammatory, etc. and creation of differential diagnoses, microscopic examination of cytological specimens with identification of the process as benign/malignant/inflammatory, etc. and creation of differential diagnoses, interpretation of routine laboratory consultations provided by chemistry, etc., development of written reports of the Anatomic or Clinical Pathology findings, communication of preliminary and final diagnoses to pertinent members of the team and faculty. Regarding gross organ and tissue descriptions and reporting as a PGY-1, initially the PGY-1 resident only grosses tissues and organs under the direct supervision of senior residents, pathology assistants or faculty. After an initial introduction and confirmation of basic competency through direct observation of the resident's progress by the senior Pathology Assistant in the Grossing Room, the straight-forward cases are then triaged to the resident. Close supervision of PGY-1 residents is provided by the Department's highly capable pathology assistant staff. The attending staff provides supervision when the need arises. With training and instruction, individuals may perform the following procedures without direct supervision by a Staff Practitioner or higher level Resident: Gross examination and dissection of biopsies, skin excisions and simple organ resections; preparation of frozen sections; prosection of autopsies; and preparation of cytology samples. With direct supervision, individual may perform gross examination and dissection of complex specimens and selection of appropriate tissues for frozen section.

The first year curriculum focuses on: autopsy pathology, clinical chemistry, microbiology, hematology and blood banking, surgical pathology including GU, breast, ENT, GI, liver, gynecologic and orthopedic pathology and cytopathology. In the resident's first 3 months in surgical pathology, the resident reviews the cases at the time of sign-out with the attending on service. After the first 3 months on surgical pathology services, the resident graduates to reviewing the cases prior to sign out the morning that the slides become available. This practice is carried out for another 6 months which carries the resident into their PGY-2 year. In the first month on a consult service or on the general laboratory rotation, all laboratory data used to construct a consult are reviewed concurrently with the attending pathologist before the consult is generated. The consult is then created and final review is provided by the attending pathologist. The resident is expected to exhibit a dedication to the principles of professional preparation that emphasizes primacy of the patient as the focus for care. The first year resident must develop and implement a plan for study, reading and research of selected topics that promotes personal and professional growth and be able to demonstrate successful use of the literature in dealing with pathologic specimens and patients. The resident should be able to communicate with medical colleagues who submit patient tissues or blood fluids for pathological study, patients and families about the disease process and the diagnosis and proper analysis of the tissues/body fluids submitted. Based upon the pathologic diagnosis, the pathology resident can assist in developing the plan of care as outlined by the attending. At all levels, the resident is expected to demonstrate an understanding of the socioeconomic, cultural, and managerial factors inherent in providing cost effective care. Call begins once the PGY-1 resident has received a general orientation to both AP and CP services.

**PGY 2:** Individuals in the second post graduate year are expected to perform more independently the duties learned in the first year and may supervise the routine activities of the first year residents. At the PGY-2 level, the residents' diagnostic acumen focuses on making specific diagnoses in addition to creating lists of differential diagnoses. The resident continues to review the surgical pathology cases prior to sign out in the morning that the slides become available. The PGY-2 resident begins to gross-in more complex and larger cases with assistance from the pathology assistant staff or faculty as needed. The PGY II resident should be able to demonstrate continued sophistication in the acquisition of knowledge and skills in both Anatomic and Clinical Pathology and further their ability to function independently in evaluating Anatomic and Clinical Pathology specimens while making diagnostic judgements and documenting those judgements in writing in the format of a consult. Management of clinical laboratory problems becomes more of a priority for the PGY-2 resident than the PGY-1 resident while written consult service responsibilities continue. PGY-2 Residents may perform some procedures without direct supervision such as gross examination and dissection of complex resection specimens, selection of appropriate tissues for frozen section, preliminary interpretation of permanent sections and discussion with clinicians, and ordering of special stains, flow cytometry, electron microscopic studies. With direct supervision, residents may perform bone marrow biopsies and fine needle aspirates.

The PGY-2 curriculum focuses on: Clinical Pathology topics (including blood bank, chemistry, hematology, microbiology, hematopathology), molecular pathology and dermatopathology, in addition to, continued study in autopsy pathology, surgical pathology and cytopathology. Following successful completion of the introductory rotations in clinical pathology in the PGY-1 or PGY-2 years which consist of laboratory rotations, didactic lectures, discussions, and journal clubs, the resident is ready to advance to individual Clinical Pathology rotations or the

general laboratory rotation. In the PGY-2 year while on a consult service or on the general laboratory rotation, the resident constructs the consult on their own and this consult is reviewed together with the attending faculty member. The revised consult is then printed and signed by the attending pathologist. The resident should take more of a leadership role in teaching the PGY-1 and medical students the practical aspects of Anatomic and Clinical Pathology and be able to explain complex diagnoses to the health care team, patient and family. The resident should be adept at the interpersonal skills needed to handle difficult situations relating to patient care and/or laboratory management. The PGY II should be able to incorporate ethical concepts into patient care and discuss these with the medical staff managing the patient, the patient, family, and other members of the health care team.

**PGY 3:** In the third year, the resident should be capable of making all common histopathologic diagnoses on gross, microscopic section and cytologic smear and make all common clinical pathology diagnoses, solve all routine blood bank problems and transfusion medicine problems, understand all basic principles of laboratory operation and instrumentation and supervise the PGY-1 and PGY-2 residents in their daily activities. At or before the PGY-3 level in surgical pathology, the resident signs out the case independently of the attending staff. The resident's final diagnoses are then reviewed by the attending and discrepancies are resolved by the resident and attending reviewing the slides concurrently. The PGY-3 resident is expected to act independently in grossing tissues but can always consult with the pathology assistants and staff as need arises. At or before the PGY-3 year while on consult services or on the general laboratory rotation, the resident is expected to work independently in developing the consult and sending the consult to the attending faculty member for review. The attending will discuss discrepancies with the resident and the consult is modified as appropriate. If there are no discrepancies, the consult is signed by the attending faculty member and released to the medical record. Individuals in the third post graduate year may perform, without direct supervision, all routine procedures except for providing final microscopic diagnoses (anatomic and clinical pathology) and interpretations of frozen sections. Additional privileges for frozen section interpretation may be assigned as appropriate.

The PGY-3 curriculum focuses on: immunopathology and histocompatibility testing, cytogenetics, and continued study in autopsy pathology, surgical pathology, cytopathology and clinical pathology. It is expected that the PGY-3 resident be adept in the use of the literature and routinely demonstrate the ability to research selected topics and present these to the team. At the completion of the third year, the resident should be ready to assume senior level responsibility.

**PGY 4:** Individuals in the fourth post graduate year assume an increased level of responsibility as the senior resident on service and are expected to be able to diagnose the more rare, complex and unusual cases that are required for competency as a diagnostic Anatomic or Clinical Pathologist.

The PGY-4 curriculum focuses on: laboratory management, neuropathology, forensic pathology, and continued study in autopsy pathology, surgical pathology, cytopathology and clinical pathology. The fourth year is one of senior leadership and the resident should be able to assume responsibility for organizing the service and supervising junior residents and students. The resident should have mastery of the information contained in standard texts and be facile in using the literature to solve specific problems. The resident will be responsible for presentations at conferences and for teaching junior residents and students on a routine basis. The PGY IV should begin to have an understanding of the role of the practitioner in an integrated health care delivery system and to be aware of the issues in health care management facing patients and physicians. By their final year of training, residents are expected to achieve competency in fine needle aspiration (FNA) techniques, and may elect to perform bone marrow aspirations and biopsies on living patients.

**PGY 1 through PGY 4:** Satisfactory performance on rotations allows the resident to progress to higher levels of graduated responsibility as outlined above. Evaluations of the resident's performance are regularly reviewed by the program director and residency training committee. Twice yearly the resident meets with the program director to review the resident's evaluations and progress. At this time the resident also receives a letter from the program director summarizing the resident's evaluations for the previous six months. Yearly the residency training committee reviews the resident's evaluations to determine if advancement to the next PGY year is warranted. If promotion is deserved, the resident is offered a written contract for the following year.

**FELLOWSHIP TRAINING:** Individuals engaged in training beyond the core program are expected to be competent in the skills learned in the core residency. They should be focused on becoming proficient in the skills defined by the subspecialty they are pursuing. As they progress through the training program, they are given progressive responsibility in the skills that make up the information content of the specialty at the discretion of the faculty.

**ALL YEARS:** Residents at every level are expected to treat all other members of the health care team with respect and with recognition of the value of the contribution of others involved in the care of patients and their

families. The highest level of professionalism is expected at all times. Residents are expected to treat others with respect and consideration. Ego and personality conflicts are not conducive to good patient care. Long hours and the stress of practice can precipitate conflict. The resident should be aware of the situations where this is likely to happen and try to compensate by not escalating the situation.

The resident is expected to develop a personal program of reading and self-instruction. Besides the general reading in the specialty, residents should engage in directed reading daily with regard to problems that they encounter in Anatomic and Clinical Pathology. Residents are expected to attend all conferences at the services and program level. The conference program is designed to provide a didactic forum to augment the resident's reading and clinical experience.

Residents shall follow hospital policies and procedures and support the mission, vision and values of the facility. Residents shall maintain a professional appearance, professional respect for all tissues and organs submitted and safety of the patient when dealing with patients directly.

#### **MRVAMC: GRADUATED LEVELS OF RESPONSIBILITY AND EVALUATION FOR PATHOLOGY AND LABORATORY MEDICINE RESIDENTS**

I. Pathology residents' responsibilities will be reviewed annually by the VA Pathologists' Quality Assurance Committee. Based on written and oral faculty evaluations, residents will be accorded privileges corresponding to a particular post-graduate year (PGY) of training. Residents new to the program will be considered as PGY-1 residents. For residents who have received training at another pathology residency program prior to joining the University of Florida program, a review will be done after 2 - 4 months of training to assess their appropriate PGY level.

II. Post Graduate Year 1 - With training and instruction, individuals may perform the following procedures without direct supervision by a Staff Practitioner or higher level Resident: Gross examination and dissection of biopsies, skin excisions and simple organ resections; preparation of frozen sections; prosection of autopsies; and preparation of cytology samples. With direct supervision, individual may perform gross examination and dissection of complex specimens and selection of appropriate tissues for frozen section.

III. Post Graduate Year 2 - Individuals in the second post-graduate year may supervise the routine activities of PGY-1 individuals. PGY-2 Residents may perform some procedures without direct supervision such as gross examination and dissection of complex resection specimens, selection of appropriate tissues for frozen section, preliminary interpretation of permanent sections and discussion with clinicians, and ordering of special stains, flow cytometry, electron microscopic studies. With direct supervision, residents may perform bone marrow biopsies and fine needle aspirates.

IV. Post Graduate Years 3 - 4 - Individuals in the third post graduate year may supervise PGY-1 and 2 Residents in their routine activities. Individuals in the third post graduate year may perform, without direct supervision, all routine procedures except for providing final microscopic diagnoses (anatomic and clinical pathology) and interpretations of frozen sections. Additional privileges for frozen section interpretation may be assigned as appropriate.

VI. The resident's final grade will be derived from variable contributions from the component grades.

#### *Graduated Responsibility Evaluation Forms and Privileges*

Periodically, senior level residents may be offered increased levels of responsibility, such as evaluation of intraoperative frozen sections or review of BALs. Activities where independent function is allowed will be decided by a consensus opinion of the faculty, and distributed to the resident. Faculty backup is always available to the resident and they are expected to seek out guidance if they need help. The follow page is an example of the approved memo:

The following table lists many of the activities and the nature of the supervision required when you perform these activities during your pathology residency at the University of Florida's Department of Pathology. This determination was made by the faculty, and is based on the number of years of pathology residency you've completed and your accomplishments.

The definition of "direct supervision" varies with the task. For tasks related to gross examination, ordering of stains and other ancillary diagnostic tests, preliminary interpretation and discussion with clinicians, frozen section preparation, and autopsy prosection, direct supervision means that either the attending physician, the pathologists assistant, or upper level (non-PGY1) resident reviewed and/or discussed the case with you prior to performing the procedure. For frozen section interpretation activities, direct supervision means that the attending physician reviewed the frozen section slides with you prior to your contacting the submitting service. For cytopathology preparation activities, direct supervision can be provided by the attending physician, pathologist's assistant, or cyto- or histo-technologist.

With more experience, residents will usually be allowed more latitude to determine when the need for direct (as opposed to indirect) supervision is present. Nonetheless, it must be emphasized that the faculty member on service or on-call is always available to provide direct supervision, and you should not hesitate to ask for help when you feel it is needed.

	Perform with supervision as you deem it necessary	Perform with direct supervision only
<b>ANATOMIC PATHOLOGY</b>		
Gross Examination and sectioning of simple specimens		
Gross examination and sectioning of complex specimens (radical resections)		
Ordering of special stains, IHC and other ancillary tests		
Preliminary interpretation and discussion with clinicians		
Hematopathology: Triage of flow cytometry		
Hematopathology: Dictate Cases		
Assessment of frozen section appropriateness and gross specimen evaluation with selection of areas for frozen section (FS) cutting and staining		
Interpretation of a FS for organ procurement <b>Day/Night</b>		
Interpretation of a FS for tumor margin assessment <b>Day/Night</b>		
Interpretation of a FS for lymph node metastasis <b>Day/Night</b>		
Interpretation of a FS for new pathologic diagnosis <b>Day/Night</b>		
Preliminary interpretation of cytologic specimens (ie: BALs)		
Presentation of cases at tumor board and/or departmental conferences		
Prosection of an autopsy		
Provisional Gross Anatomic Diagnosis (PGAD) of an autopsy		
<b>CLINICAL PATHOLOGY</b>		
Peripheral Blood Smear interpretation and discussion with clinicians		
Body Fluid Review (ie: joint crystals)		
Approval/Triage of Send Out Lab Testing		
Consultations/Interpretations Write-ups:		
Serum Protein Electrophoresis/Immunofixation Electrophoresis		
Urine Protein Electrophoresis/Immunofixation Electrophoresis		
CSF Protein Electrophoresis/Immunofixation Electrophoresis		
Hemoglobin Electrophoresis		
HIV-1 EIA & WB Interpretation		
Factor V Lieden Mutation PCR (DRL)		
Prothrombin 202210 PCR (DRL)		
Endocrine Autoantibodies Immunofluorescence Assay (DRL)		
Approval of conditional release products		
Approval of special attribute orders		
Consultation on transfusion reactions		