

Program Overview: Duration and Scope of Training

Principles:

- A. The AP/CP residency program is defined as a 4-year period of organized educational experience designed to provide basic and advanced competencies in pathology that prepare qualified physicians for certification to practice pathology. The program incorporates a considerable degree of flexibility to permit career differentiation. Certification in pathology is provided by the American Board of Pathology (ABP) that is dependent upon meeting an appropriate course of study with successful completion of the ABP examinations in anatomic pathology (AP) and clinical pathology (CP). AP and CP boards are separate ABP examinations and are separate certifications. With appropriate training and successful passage of the ABP examinations, the resident will be certified in AP and CP.
- B. The program shall be integrated to provide all anatomic and/or clinical pathology elements that the practicing pathologist must have as working tools while providing training in the techniques and methods of those disciplines. Training also includes the consultative role of the pathologist in clinical practice. This experience will not involve arbitrary divisions between those elements traditionally the realm of anatomic or clinical pathologists. Graduated responsibility, informatics, cost management and medical ethics are important elements of the educational program as well as the 6 general ACGME competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice). Journal clubs and use of the medical literature are integral to the educational process. The University of Florida provides access to various support services for emotional problems and alcohol and drug abuse. The State of Florida offers treatment programs for impaired physicians that can allow the rehabilitated physician to re-enter practice.
- C. The training period must give maximal opportunity for the candidate to (a) develop skills in subdisciplines of pathology and (b) develop teaching skills. Every individual rotation shall be designed to be educationally sound, rather than oriented strictly to the needs of the service, and shall involve appropriately graduated service and teaching responsibilities. Selection and completion of a research project or projects during the three to five year training period is highly encouraged. Research in this context will be broadly defined as original scholarly activity culminating in a public communication (local, regional, or national poster or podium presentation, or publication).

Guidelines:

- The content and objectives of the program will be clearly delineated and outlined in writing in this manual, in consultation with the faculty.
- The didactic programs of all elements of training will be concentrated into a regularly recurring time-frame to optimize use of faculty time and promote quality programs. Graduated responsibility, informatics, cost management and medical ethics are important elements of the educational program.
- The Chief Resident and Associate Chief Resident will be chosen from among the upper level residents by the Chairman, with the advice of the Residency Training Committee. As members of the Residency Training Committee, the Chief Resident and Associate Chief Resident represent the residents to the faculty as a group, arrange call and teaching schedules involving the housestaff, and work closely with the faculty coordinators in service and teaching programs and assume other responsibilities under the discretion of the program director.
- The residents' performance is evaluated in writing after every rotation. The director of the residency program will evaluate each resident's performance at six-month intervals, record and advise each resident on their performance, and provide residents with evaluations

following this meeting. The program director or his/her designate meets with each individual resident every 6 months to review the resident's progress. This interaction is summarized in a letter written to the resident.

Competencies:

COMPETENCIES IN PATHOLOGY TRAINING AT THE UNIVERSITY OF FLORIDA

At its February, 1999 meeting, the ACGME endorsed general competencies for residents in the areas of:

1. Patient care
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

Identification of general competencies is the first step in a long-term ACGME effort designed to emphasize educational outcome assessment in residency programs and in the accreditation process.

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This residency program requires its residents to develop competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, this program defines the specific knowledge, skills, and attitude required; and provides educational experiences as needed in order for our residents to demonstrate the competencies.

PATIENT CARE

UF Pathology Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with non-physician staff and physicians, and where appropriate, patients and their families;
- gather essential and accurate information about patients who come to autopsy or whose tissues are sent for either anatomic or clinical pathology examination;
- provide informed consultation concerning diagnostic and therapeutic interventions based on patient information, up-to-date scientific evidence, and clinical judgment;
- counsel and educate non-physician staff and physicians, and, where appropriate, patients and their families;
- use information technology to support patient care decisions and patient education;
- perform competently all medical and invasive procedures considered essential for the area of practice;
- contribute knowledge and expertise to the general provision of health care services aimed at preventing health problems or maintaining health;

- work with health care professionals, including those from other disciplines, to provide patient-focused care.

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations;
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline.

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology;
- locate, appraise, and assimilate evidence from scientific studies related to the patients' health problems;
- obtain and use information about their own institution's population of patients and the larger population from which the institution's patients are drawn;
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;
- use information technology to manage information, access on-line medical information; and support their education;
- facilitate the learning of students and other health care professionals.

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with non-physician staff, physicians and where appropriate, patients;
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills;

- work effectively with others as a member or leader of a health care team or other professional group.

PROFESSIONALISM*

A profession encompasses a distinct body of knowledge. “Professionals” have an obligation to advance that knowledge and are responsible for transmitting that knowledge to the next generation of professionals.

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients, physicians, non-physician staff and society that supersedes self-interest; accountability to patients, physicians, non-physician staff, society, and the profession; and a commitment to excellence and on-going professional development;
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities;

Highly desirable professional attributes include: humility, intellectual and personal honesty, responsibility, reliability, accountability, the ability to work as part of a team, altruism, respect, loyalty, compassion, sensitivity, tactfulness, intellectual curiosity, insight into personal strengths and weaknesses, maturity and flexibility (*the ability to alter one’s schedule if required to assist others or accommodate others*). The successful professional preserves balance between home and hospital and attends to their own physical and psychological health. Professionals are committed to excellence but not to a rigid standard of perfectionism that impedes advances. Self-directed learning is one important key to success.

* Developed in part from a presentation by Patrick Duff, MD, Dean of Students, University of Florida, May 13, 2004; revision accepted by the RTC 5-27-2004

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice;
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources;
- practice cost-effective health care and resource allocation that does not compromise quality of care;
- advocate for quality patient care and assist patients and physicians in dealing with system complexities;

- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.

3. General rotation information:

It should be stressed that many rotations are *interdisciplinary*. Neuropathology is taken as a separate rotation but is also addressed in Autopsy Pathology; the General Laboratory Rotation includes responsibilities in Chemical Pathology (consult service/interpretation of laboratory data) and Hematology (daily rounds) as well as blood bank and microbiology; and the Surgical Pathology services at MRVAMC cover multiple disciplines (pulmonary; GI, GU, breast pathology, GYN, etc.). Surgical pathology rotations and Autopsy Pathology include **Pediatric Pathology**.

During rotations in Clinical Pathology, the resident is mentored in **laboratory management and informatics (i.e. LIS, HIS, Lifetime clinic record, spread sheets)**. Didactic lectures are also given on these topics. Topics include laboratory statistics and statistical analysis, quality assurance and quality control, instrument selection, method correlations, budgeting, and accreditation.

In **computer sciences**, the Department of Pathology operates a LAN (local area network) providing E-mail services for all Department Faculty, Residents, and Staff. Word processing, spread sheets, graphics programs, access to the Hospital Information System (HIS) and LCR (Lifetime Clinical Record), access to the Internet (e.g., PubMed) available through the network. The Department supports a staff of professionals dedicated to maintaining the hardware and software used in the Department. These staff members instruct residents in computer sciences. Because the Pathology LAN is attached to the internet, the network gives the resident 24 hour access to the *National Library of Medicine Medline* service and a variety of other databases (i.e. online PDR, AIDSLINE, TOXLINE, etc.).