Program Policies, Goals and Objectives
UNIVERSITY OF FLORIDA
HEMATOPATHOLOGY FELLOWSHIP

Contents

Mission Statements and Definitions

MISSION STATEMENT:
Our ACGME-accredited training program emphasizes patient-centered, interdisciplinary diagnostic care that amounts to a philosophy more than a curriculum.

VISION STATEMENT:
We envision that our graduates will have a positive impact on diagnostic patient care and advance the field of hematopathology.

PHILOSOPHY STATEMENT:
Our understanding of hematopoietic disease is constantly being challenged, split and reinvented, yet these diseases have not, themselves, ever changed. How can we teach an ever-changing subject? The ancient Greeks divided teaching into three parts ***grammar, logic*** *and* ***rhetoric****. Grammar being the knowledge of a language. Logic being the mechanics of analysis. Rhetoric being the application of language to explain your logic to a listener. Our program aims to teach fellows the language of the immune system, the mechanics of understanding its derangements and the application of conveying your interpretation to clinical colleagues.*

Definitions:

ADS: ACGME Accreditation Data System

APE: Annual Program Evaluation

CCC: Clinical Competency Committee

CPR: Common program requirements, fellowship

ICS: Interpersonal Communication

MK: Medical Knowledge

NI: New Innovations

P: Professionalism

PBL: Practice Based Learning Improvement

PC: Patient care

PC: Program Coordinator

PD: Program Director

PEC: Program Evaluation Committee

SBP: System Based Practice

1. Sponsoring Institution
    1.1. The sponsoring institution is the University of Florida College of Medicine (UFCOM), Department of Pathology, Immunology and Laboratory Medicine working in agreement with Shands Teaching Hospital and Clinics, Inc. (aka UF Health Shands Hospital). [CPR I.A.]
        1.1.1. See also, program letter of agreement which is renewed every 10 years and signed by the designated institutional official. [CPR I.B.]

2. Participating Sites

2.1. UF Health Shands Hospital

2.1.1. Participating sites are maintained in ACGME ADS by the PD.

2.1.2. The “Big Aims” of UF Health Shands Hospital are:

2.1.2.1. Zero Harm: Eliminate all preventable harm by becoming a High Reliability Organization (HRO)

2.1.2.2. Reduce Variation: Standardize the processes of care through the use of evidence based practices across the continuum.

2.1.2.3. Transform our Culture: Continue to transform to a single highly reliable, team-based, accountable and patient-centered culture.

2.1.2.4. Increase value: By providing care that is evidence-based, efficient and cost-effective through good resource stewardship.

2.1.2.5. Perfect Patient Experience: Provide a perfect patient experience and a patient/family centered culture

2.1.3. The Quality and Patient Safety Goals of UF Health Shands are:

2.1.3.1. Provide a safer environment for patients and health care personnel by achieving at least 92% influenza vaccination compliance for staff during the 2018-19 campaign.

2.1.3.2. Reduce the overall Central Line Associated Blood Stream Infection rate per 1,000 central line days by 5%.

2.1.3.3. Reduce the overall Catheter Associated Urinary Tract Infection rate per 1,000 catheter days by 5%.

2.1.3.4. Decrease surgical site infections by 5%.

2.1.3.5. Decrease CMI adjusted expected length of stay (LOS) ratio by 1%.

2.1.3.6. Reduce the observed CMI adjusted expected Mortality ratio by 1%.

2.1.3.7. Increase AHRQ culture of safety responses by 10 %.

2.1.3.8. Improve reputation score for UF Health Shands on the US News and World Report rankings.

2.1.3.9. Improve MD Communication top box composite score from the 56th percentile to the 60th percentile.

2.1.3.10. Improve RN Communication top box composite score from the 43rd percentile to the 50th percentile.

2.1.3.11. Improve the Quietness top box composite score from the 38th percentile to the 40th percentile.

2.1.3.12. Improve the Cleanliness top box composite score from the 26th percentile to the 29th percentile.

3. Program Environment

3.1. In partnerships with Shands Hospital, UFCOM and the department of pathology, we ensure that fellows work in a safe and healthy environment. [CPR I.D.]

3.1.1. The Gatorbites meal program is administered by the UF GME office and housestaff council. See those areas for further information.

3.1.2. Clean and private lactation facilities with access to refrigeration is available when needed.

3.1.3. Security at our sites of practice is administered by UF Shands Hospital (265-0911).

3.1.4. Accommodations for fellows with disabilities can be made in accordance UF GME policy (see GME 301).

3.1.5. In addition to our library of hardcopy textbooks in the main work area, fellows have access to a variety of material through the UF Library system as well as ExpertPath, a robust digital pathology encyclopedia.

3.1.6. Other learners, most commonly pathology residents, are on service and a duty of the fellows is to contribute to the education of these residents.

3.2. Each fellow has a designated work area separate from the resident and attending designated work area. [CPR I.D.1]

3.2.1. This includes a computer with LIS/EHR access and internet access, a light microscope, photomicroscopy access, and access to electronic teaching materials as well as study sets. Shared drive access to flow cytometry data and analysis software is also on all workstations.

3.2.2. A break room is available in the main lab building.

3.3. All clinical material in the lab receives an accession number, as required by federal regulations, for rapid retrieval and indexing.

3.4. Specimen type variety is detailed in a later section and includes adult/pediatric, benign/malignant samples.

3.5. Nearly all laboratory testing including flow cytometry, histology, immunohistochemistry, cytogenetics, molecular, in situ hybridization, hematology and coagulation is performed in the main lab building or at the site of the relevant rotation.

4. Personnel [CPR II.]

4.1. Program Director: Robert P. Seifert, MD

4.2. Program Coordinator: Julia Pittman

4.3. Program Faculty Roster:
4.3.1. Li-Jun Yang, MD*
4.3.2. Joanna Chaffin, MD*
4.3.3. Yu Yang, MD, MS*
4.3.4. Eric Gars, MD
*indicates Core Faculty

4.4. Additional Faculty Roster:
4.4.1. Neil Harris, MD
4.4.2. Max Marin, M.D.
4.4.3. Petr Starostik, M.D.
4.4.4. Zehra Ordulu, MD

4.5. Program Coordinator: The PC has 0.2 FTE salary support for this role.

4.6. Program Director [CPR 2.A.]:

4.6.1. The PD is responsible for the administration, operation, teaching, scholarly activity, recruitment, selection, evaluation and graduation of fellows including disciplinary action and supervision in the

context of patient care. The PD must be a role model of professionalism.

4.6.2. The PD must maintain a learning environment conducive to educating fellows. The PD is ultimately responsible for all training content and involved faculty and is the designated faculty member responsible for the educational experience on each rotation.

4.6.3. The PD has the authority to approve/remove program faculty members for participation at all sites (see below). The PD has the authority to remove fellows from supervising interactions/environments that do not meet the standards of the program.

4.6.4. The PD is responsible for submitting accurate information to the DIO, GMEC and ACGME. The PD must ensure feedback can be raised in a confidential manner without fear of retaliation. The PD must ensure compliance with institutional policies. The PD shall provide verification of program completion for all graduates within 30 days of written request.

4.6.5. The PD has 0.1 FTE salary support for this role.

4.7. Program Faculty [CPR 2.A.]:

4.7.1. All program faculty hold institutional appointment with UF and have specialty certification in their relevant area and serve at least 20h/week in fellowship related clinical work.

4.7.2. Program and core faculty are appointed (or removed) by the PD. The PD, as unit director, evaluates all new hematopathology faculty as part of professional competency assessment as required by the College of American Pathologists. As such, all new faculty are approved prior to being classified as program faculty. New faculty may work with fellows on a probationary status prior to final appointment by the PD. The PD, as unit director, serves on the search committee for all hematopathology faculty appointees. The PD may revoke appointment at any time. Additionally, continued involvement of all faculty is reviewed by the PEC annually or as needed.

4.8. Core Faculty: All core program faculty are board certified or eligible in Hematopathology and provide clinical service in Hematopathology with FTE of at least 0.2. Core faculty must participate in the ACGME annual survey.

4.9. Additional / Adjunct Faculty: Faculty who provide fellow training in a limited role (much less than 20h/week in fellowship related clinical work), typically within shorter rotations. The appointment of these faculty to these roles and the content of their rotations is still at the discretion of the PD but these are typically not hematopathology unit faculty members. Their continued involvement is evaluated by the PEC annually or as needed.

5. Fellow Applicants

5.1. Applicants must have completed all required clinical education in an ACGME-accredited residency program or AOA-approved residency program prior to start date. Applicants must be board certified or board eligible in anatomic and clinical pathology by the American Board of Pathology. [CPR III.A.]

5.2. Applicants must be in good standing in their residency training program and/or most recent fellowship training program.

5.3. Applicants must have passed the USMLE.

5.4. Applicants must have a Florida training or unrestricted (preferred) medical license by matriculation.

5.5. The CAP “standard” application is preferred.

5.6. Letters of reference must include one from the applicant’s residency program director. Additional letters from hematopathology faculty are preferred. Minimum 3 total letters.

5.7. This program has been appointed two positions per year. [CPR III.B.]

5.8. This is a one-year fellowship program.

5.9. Fellows are not required to sign a non-compete contract/clause.

5.10. Transfers: Prior to matriculating a fellow who is transferring from another program, this program first must obtain verification of previous educational experiences and a summative competency-based performance evaluation, including Milestones. [CPR III.C.]

5.11. See program website for more details:

5.11.1. https://pathology.ufl.edu/education/fellowship-programs/hematopathology-fellowship/

5.12. Fellowship Selection Committee

5.12.1. Members: PD, APD (if filled), all hematopathology faculty with at least 0.2 FTE in clinical service.

5.12.2. Candidate dossiers are reviewed for academic achievements, scholarly activities, and personal statements.

5.12.3. Based upon academic achievements, scholarly activities, personal statements, letters of recommendation, the candidate is invited for an interview with the Hematopathology faculty and the current fellows.

5.12.4. Selection of the successful candidate is based upon the applicant's qualifications discussed above and interview outcomes. Final selection is based upon the decision of the Selection committee with input from any other interviewing faculty.

5.13. Prior to being invited for an interview, applicants must sign and return a statement documenting that they have received the terms and conditions of employment at UF per GME.

5.14. Timeline:

5.14.1. Pathology fellowship application timeline is a hotly debated topic among program directors with poor consensus as to a uniformly adopted timeline with momentum towards moving to an NRMP match. In lieu of a match we have adopted the following:

5.14.1.1. Applications are reviewed starting July 1st two years prior to the fellowship matriculation.

5.14.1.2. The PD in consultation with other members of the selection committee invites applicants for interview.

5.14.1.3. After any candidate interview, the hematopathology selection committee can be convened to select an applicant for fellowship offer. The earliest that offers can be transmitted is September 1st two years prior to fellowship start date.

5.14.1.4. Offers have a minimum expiration time of 24h.

6. Educational Program

6.1. These are available on the program website for all faculty, fellows and applicants. [CPR IV.A.1]

6.2. Overall Program Aims: [CPR IV.A.]

6.2.1. OVERALL PROGRAM GOAL: The goal of this 1-year experience is to prepare the fellow to independently function as a primary diagnostician and consultant in all areas of hematopathology and clinical laboratory hematology.

6.2.2. Training in all aspects of modern Hematopathology with emphasis on neoplastic hematologic disorders and flow cytometry. This training will include patient care, research and education.

6.2.3. Proficiency in the use of all diagnostic technologies (histomorphology, flow cytometry, immunohistochemistry, cytogenetics and molecular pathology) for the evaluation and diagnosis of hematological diseases. Total integration of these diagnostic modalities with an emphasis on clinical correlations is a primary aim of the program.

6.2.4. Competence in basic science, cognitive and technical skills needed to practice hematopathology in either an academic or private setting. Emphasis is placed on the development of clinical knowledge and maturity during the fellowship training as this will enable the fellow to employ skillful judgment in the assessment of disease.

6.2.5. Familiarity with clinical research. All fellows are required to participate in at least one research project, and have the experience of presenting his/her research work in local or national meetings.

6.3. Overall Program Objectives [CPR IV.B.]

6.3.1. Many individual and specific objectives are delineated within the individual rotations. The overall objectives of the program are listed below and are linked to ACGME core competencies:

6.3.2. Provide competent diagnostic interpretation of all hematopathology material. [PC]

6.3.3. Develop an analytical approach to diagnoses. [PC]

6.3.4. Recognize own limitations. [PBL]

6.3.5. Serve as a consultant to health care providers. [SBP]

6.3.6. Demonstrate effective teaching of medical students, residents, pathologists, and clinicians. [ICS]

6.3.7. Demonstrate effective management of the clinical laboratory. [SBP]

6.3.8. Assume professional servant-leader responsibility for patient care in preparation to function as a laboratory medical director. [P]

6.3.9. Participate in lifelong learning. [MK]

6.4. Scholarly Activity [CPR IV.D]

6.4.1. The program and faculty must demonstrate ongoing scholarly activity that is consistent with advancing the field of hematopathology. This data is collected annually and reported in ACGME ADS as well as in the APE. Such activity includes:

6.4.1.1. Research in fields of basic science, translational science, education, and/or population health.

6.4.1.2. Grant writing.

6.4.1.3. Quality improvement / patient safety projects.

6.4.1.4. Creation of new curricula for students and trainees.

6.4.1.5. Contribution to professional committees/societies

6.4.2. Fellow Scholarly Activity:

6.4.2.1. Publication in peer reviewed journals and presentation at conferences is strongly encouraged but it is understood that with only a 1-year fellowship, completion of a project within the 12 months may be a challenge. Familiarity with the process of research must be demonstrated as it is a program goal but this can be accomplished in drafting manuscripts, abstracts, presentations and posters.

6.4.2.2. Approximately 5% of most rotations per the block diagram can be devoted to research work. The fellow's elective time can be devoted to research as well.

6.5. Program Structure

6.5.1. All individual rotation goals & objectives are discussed with fellow(s) and documented at the start of every new rotation. [CPR IV.A.2]

6.5.2. The fellow shall acknowledge receipt of all program/rotation goals & objectives as well as program policies in NI at the beginning of the program or relevant rotation.

6.5.3. Below are details on the Hematopathology fellow training rotations: See individual rotation goals and objectives for more details. See also Block Diagram.

6.5.4. Diagnostic Hematopathology Core Rotation (Nine 4-week blocks plus One 3-week block):

6.5.4.1. During this rotation, fellows learn to interpret results of various diagnostic laboratory analyses performed on tissue and bone marrow biopsies and aspirates, blood, and body fluids for the diagnosis and characterization of hematologic and lymphoid diseases. Emphasis is placed on hands-on interpretation and integration of flow cytometry data with all other clinical and laboratory aspects of a specimen. (Appears as “Core” in Block Diagram.)

6.5.5. Hematology/ Coagulation Laboratory (One 4-week block):

6.5.5.1. During this rotation the trainee is exposed to routine hematology assays, reticulocyte counts, hemoglobin electrophoresis, tests for red cell abnormalities, coagulation studies, and body fluid analysis. During this rotation, the trainee is expected to attend consult rounds, review cases to be presented and pertinent literature. Learning instrumentation and general administration aspects of the laboratory are additional responsibilities. The rotation can include daily service time to respond to consultation calls from technologists or physicians regarding abnormal smears or fluids, or unusual clotting problems.

6.5.6. Molecular Pathology and Cytogenetics Rotation (One 4-week block):

6.5.6.1. Fellows will be trained in the basic concepts of molecular pathology and cytogenetics including the technologies used in molecular/cytogenetic testing, testing variables and validation, regulations and reimbursement issues. During this rotation, fellows learn to perform and interpret results of complex molecular, cytogenetics and FISH studies in the context of immunophenotypic and morphologic findings on hematopathology cases. This rotation supplements the integrative molecular and cytogenetic pathology correlations performed during the Core rotation.

6.5.7. Elective Rotation (One 4-week block):

6.5.7.1. Fellows may elect to have additional rotations in surgical subspecialties (such as dermpath or cytopathology) or research. They may also elect to have additional training time in the Core hematopathology rotation. The dermatopathology training, for example, will emphasize the differential diagnoses of cutaneous lymphoma vs cutaneous inflammatory diseases. In the cytology rotation, fellows will be trained in reading cytology of lymph nodes and FNA of mass lesions.

6.5.8. Bone Marrow Biopsy (One 1-week block):

6.5.8.1. During this rotation, fellows partially rotate through the adult hematology oncology outpatient clinic service. There they will observe and participate in the clinical evaluation of patients and the bone marrow aspirate/biopsy procedure itself including adequacy assessment.

6.5.8.2. A minimum of five procedures must be performed and all procedures must be logged in the ACGME Case Log database.

6.5.8.2.1. The procedure case log is reviewed with the PD and fellow upon completion of

the rotation.

6.5.9. Longitudinal Patient Safety Curriculum (N/A):

6.5.9.1. Over the course of the fellowship, the fellow will likely take place in real-life root cause analysis and patient safety related activities through the course of clinical work, particularly in the Core rotation. A component of this will be direct participation in such activities, including submission of QI project to UF's QIPR database, completion of a PDSA and RCA. Evaluations for this rotation are included within the Core rotation evaluations but the curriculum herein permeates all aspects of patient care, thus touches all rotations.

6.6. Program Didactics, In-Service Exams, Quality Assurance and Multidisciplinary Conferences [CPR IV.A.4.]

6.6.1. Daily QA Conference:

6.6.1.1. The smaller size of our program and nature of the hematopathology clinical service allows for a daily quality assurance conference. This daily conference occurs at 1:30PM.

6.6.1.2. This conference is recognized by the American Board of Pathology as a program meeting the improvement in medical practice requirements for continuing certification.

6.6.1.3. Chiefly, the conference involves discussion of critical, challenging and/or highly educational cases amongst the hematopathology faculty. Consensus in diagnosis, wording/drafting of reports and therapy choice/multidisciplinary consideration are common resultant topics.

6.6.1.4. Additional learners include pathology residents, oral pathology fellows, hematology-oncology fellows, pediatric hematology-oncology fellows and medical students. All of whom are occasional rotators who do not interfere with fellow learning or the conference experience.

6.6.1.5. The conference also occasionally serves as journal club which occurs at least monthly. The topic typically involves critical analysis of a journal article related to a diagnosis presented, thus the journal club aspect may occur more often than monthly.

6.6.1.6. The conference also serves as ongoing QA/QI. As stated the chief purpose is to achieve consensus or challenging cases. However, root cause analysis and discussion of near miss events is also a component.

6.6.1.7. Journal Club (self-directed learning) and QA/QI events are recorded by the fellow and consensus is documented in the medical record, where appropriate.

6.6.2. Monthly Blood Smear Review

6.6.2.1. The conference, dubbed "Don't Fear the Smear", is a monthly conference held with the pathology residency program in which recent blood smear and corresponding flow cytometric analyses are reviewed.

6.6.2.2. The fellow attends and progressively directs the conference topics of interest to the residents presenting well over two times per year, not counting other presentations listed herein.

6.6.3. Pediatric Hematology Oncology Tumor Board:

6.6.3.1. Occurs every 2 weeks, Mondays at 1600h. Recent new diagnoses as well as follow up cases are discussed along with patient management.

6.6.3.2. Attendees regularly include hematopathology, surgical pathology, pediatric hematology

oncology, radiation oncology, social work and diagnostic radiology.

6.6.3.3. The fellow is responsible for preparing cases for presentation at conference and essentially presents the hematopathology aspects of all cases for conference.

6.6.4. Bone Marrow Transplant Multidisciplinary Conference

6.6.4.1. Occurs Weekly, Tues 0800h. The pathology relevant to patients being seen in clinic or in the ward, potentially undergoing bone marrow transplant, are discussed. These are among the most complex patients in our hospital system. Their disposition is discussed in a multidisciplinary setting involving stake holders from adult/pediatric oncology, radiology, pathology, nursing and the stem cell collection unit.

6.6.4.2. The fellow is responsible for preparing cases for presentation at conference and essentially presents the hematopathology aspects of all cases for conference.

6.6.5. Adult Hematology Oncology Case Conference

6.6.5.1. Occurs Monthly, Friday 1200h. New and complex cases are discussed between hematology oncology fellows and the hematology fellow with oncology and hematopathology attendings guiding the discussion. This conference allows for more in depth discussion of salient pathology findings.

6.6.6. Fellow In Service Exam

6.6.6.1. The ASCP provided Fellow In Service Exam (FISHE) occurs twice a year to guide fellow's improvement in medical knowledge. ASCP provides feedback after both exams to help prepare fellow for board certification. Feedback materials are also reviewed with PD and core faculty and with fellow. Exam performance is reviewed as a component of CCC evaluation. Performance above the 50^{th} percentile is encouraged as it correlates well with success on board examination.

6.6.7. Lab Inspections

6.6.7.1. Every year of fellowship is either a true CAP inspection or mock inspection for our lab. Fellows must participate in either by way of being an inspector for the mock inspection or participating in true inspection preparation and the entire inspection process for the real inspection.

6.6.8. Other education activities

6.6.8.1. Fellows are also encouraged to attend department and core residency program activities such as Grand Rounds and other teaching conferences.

6.7. Clinical Features of our Program

6.7.1. Bone Marrow Cases: 1000/year

6.7.2. Lymph node or tissue biopsies: 800/year

6.7.3. Blood submitted for flow cytometry: 500/year

6.7.4. Body Fluid submitted for morphological examination and flow cytometry: 400/year

6.7.5. Consultation cases (lymph node, non-lymph node biopsies and bone marrow specimens): 700/year

7. Evaluations

7.1. Evaluations are based on direct observation of fellow performance by faculty and staff and must be completed by the completion of a given assignment. [CPR V.A.1.]

7.2. All evaluations are kept confidential to members of the CCC and the PD.

7.3. Formative Assessments

7.3.1. Brief Evaluation of Fellow: Occurs every 12 weeks starting at week 6 of the fellowship. Core faculty evaluate the fellow's performance with written feedback. This permits for "course correction" and written identification of issues prior to higher stakes evaluations.

7.3.2. Core Fellow Evaluation: Occurs every 12 weeks starting at week 12 of the fellowship (effectively the end of the 3rd Core rotation). This includes assessment of performance on the longitudinal patient safety curriculum.

7.3.3. Rotation Evaluation: The fellow evaluates the rotation every rotation block or every 12 weeks for longer rotations (Core rotation). Specific rotation evaluations are discussed below.

7.3.4. Self-Evaluation: The fellow completes a self-evaluation twice a year.

7.3.5. Program Evaluation: The fellow completes a program evaluation once/year in the Spring.

7.3.6. Faculty Program Evaluation: The faculty complete an evaluation of the program once a year in the Spring.

7.3.7. Evaluation of Faculty: The fellow evaluates the Faculty every 6 months.

7.3.8. Bone Marrow Biopsy Evaluation: At the completion of the bone marrow biopsy experience, the fellow has the PA/MD he/she worked with fill out an evaluation form regarding performance on the rotation. This is a paper evaluation that is manually entered by the PC.

7.3.9. Coag & Hematology Evaluations: At the completion of these special rotations, a paper evaluation form is filled out by the attending on these services to evaluate the fellow and this form is uploaded to NI by the PC.

7.3.10. Cytogenetics & Molecular Evaluations: At the completion of these special rotations, a paper evaluation form is filled out by the attending on these services to evaluate the fellow and this form is uploaded to NI by the PC.

7.3.11. Elective Evaluation: Dependent on the nature of the elective rotation. Format of evaluation shall be determined by the PD prior to elective.

7.3.12. Peer Evaluation: Every resident that rotates shall complete a peer evaluation in NI. Additionally, a co-fellow (if present) shall submit a peer evaluation every 6 months.

7.3.13. 360 Evaluation: The fellow asks for evaluation from non-MD staff members in the lab or MD/non-MD clinical health care providers for evaluation which includes evaluation of disagreement resolution and cultural competency. The evaluators are not in NI and this is done on paper with manual entry to NI by the PC. Minimum 3.

7.4. Summative Assessment

7.4.1. Semi Annual Eval: The PD reviews CCC feedback with the fellow after every CCC meeting (twice/year) and evaluates the fellow based on ACMGE milestones.

7.4.1.1. Milestone progress is logged in ADS.

7.4.1.2. As needed, the PD assists the fellow in developing an individualized learning plan to work on areas of growth or areas in which the fellow is failing to progress. Individualized learning plans are for growth and are not punitive. Even trainees that are exceeding expectations may benefit from an individualized learning plan. See Clinical Competency Committee below for more details.

7.4.1.3. This evaluation is available to the fellow and the fellow must acknowledge receipt in NI.

7.4.2. Exit Evaluation

7.4.2.1. Near graduation a summative exit evaluation is done by the PD of the fellow and is reviewed with the fellow. This evaluation provides documentation of completion of all fellow activities and readiness for independent practice.

7.4.2.2. Milestone progress is logged in ADS.

7.4.2.3. Final review of ACGME Procedure Case logs is performed.

7.4.2.4. Fellows who leave the program prior to completion also require timely documentation of their summative evaluation

7.4.2.5. This evaluation is maintained by the program and UF and is available to the fellow.

8. Clinical Competency Committee

8.1. Members are appointed by the PD and membership is documented annually in NI APE. [CPR V.A.3.]

8.1.1. The CCC does not include fellow members, but can include non-physician members.

8.1.2. The CCC will include the following: The program director, associate program director (if filled), core hematopathology faculty and all "at large" faculty with greater or equal to than 0.2 FTE in hematopathology clinical assignment. The program coordinator may attend the CCC meetings in an advisory and supportive role but is not a voting member. The PD and APD (if applicable) will serve on the CCC indefinitely. All other faculty members will serve 3-year terms which can be renewed indefinitely. The PD serves as chair. The PD may appoint new members on an as needed basis. Members can resign at any time.

8.2. The CCC must meeting prior to the fellow's semi-annual evaluation with the PD and must meet prior to the fellow having completed 12 weeks of the program.

8.3. A CCC meeting requires a quorum of at least 3 members and the CCC chair (PD) must attend. Meeting minutes must be kept but must remain confidential.

8.4. The Clinical Competency Committee for this program is charged with monitoring fellow performance and making appropriate disciplinary decisions. At all times, the procedures and policies of the CCC will comply with those of the University of Florida Graduate Medical Education guidelines as outlined in the Graduate Medical Education Policies and Procedures.

8.5. The CCC will formally advise the fellowship PD on the progress of the fellows in their training in hematopathology, including, but not limited to, their progress in achieving the ACGME Hematopathology Milestones. The Milestones provide a framework for the assessment of the development of the physician in key dimensions of the elements of physician competency in hematopathology. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

8.6. Fellows are expected to make appropriate progress as defined by the ACGME Milestones and program/rotational goals and objectives and at all times demonstrate professional and ethical behavior. The CCC will also consider journal club/tumor board/on call performance, in-service exam scores (to be used as qualitative measures of cognitive knowledge), 360-degree evaluations, and individual faculty and staff feedback and other applicable sources.

8.7. A fellow may also be brought up for discussion by the CCC for any of the following reasons: recommendation by the PD for any reason, consistently low or unsatisfactory evaluation scores, consistent lack of adherence to program requirements, or a specific incident that requires review by the CCC for possible probation or dismissal. At all times, the CCC will adhere to the University of Florida

Graduate Medical Education guidelines

8.8. The CCC shall vote on fellow status as follows:

8.8.1. Advancement without reservation

8.8.2. Can advance, with reservations: any concerns raised by CCC can be resolved relatively easily and in a timely manner

8.8.3. Serious concerns, probationary period (formal remediation needed): CCC develops recommendations the program/fellow must follow to help fellow meet minimum competency requirements

8.8.4. Dismissal

8.9. The CCC Chair/PD will confidentially discuss a summary of the results of the CCC with each fellow to include: progress on milestones and recommendations regarding promotion, remediation or dismissal. Any written recommendations are also placed in the fellow's file. The PD will enact the recommendations of the CCC.

8.10. Expected Minimum Sub competencies at Graduation:

8.10.1. PC1: (4) Manages complex consultations independently

8.10.2. PC2: (4) Independently generates a timely, well-organized, integrated report for complex cases. Generates an amended/addended report that includes updated information, and integrates findings into a final diagnosis

8.10.3. PC3: (2) Assists in the performance of bone marrow aspiration and biopsy

8.10.4. PC4: (4) Independently prioritizes blood, bone marrow, and body fluid for required ancillary testing given indication for procedure, including limited samples. Independently prioritizes lymphoid tissue for required ancillary testing given indication for procedure, including limited samples.

8.10.5. MK1: (4) Interprets testing results for complex hematology disorders and recognizes limitations of testing

8.10.6. MK2: (3) Independently interprets testing results for common coagulation disorders and recognizes limitations of testing

8.10.7. MK3: (4) Interprets flow cytometry results for complex disorders and recognizes pitfalls and limitations of testing

8.10.8. MK4: (4) Independently applies knowledge of peripheral blood, bone marrow, and body fluid morphology to identify complex pathologic diagnoses. Independently applies knowledge of lymphoid tissue morphology to identify complex pathologic diagnoses

8.10.9. MK5: (4) Interprets complex ancillary test reports including diagnostic uncertainty and clinical ramifications

8.10.10. MK6: (4) Independently synthesizes information to inform clinical reasoning in complex cases. Independently seeks out, analyzes, and applies relevant original research to diagnostic decision making in complex clinical cases

8.10.11. SBP1: (4) Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual). Discloses patient safety events to clinicians and/or patients and families, as appropriate (simulated or actual). Demonstrates the skills required to identify, develop, implement, and analyze a QI project

8.10.12. SBP2: (4) Models effective coordination of patient-centered care among different disciplines and specialties. Models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems. Recommends and/or participates in changing and adapting practice to provide for the needs of communities and populations

8.10.13. SBP3: (3) Discusses how individual practice affects the broader system (e.g., test use, turnaround time). Engages with clinicians and/or patients in shared decision making, such as use of preauthorization for complex testing

8.10.14. SBP4: (4) Participates in an internal or external laboratory inspection. Reviews the quality management plan to identify areas for improvement. Performs analysis and review of proficiency testing failures and recommends a course of action, with oversight

8.10.15. SBP5: (3) Identifies opportunities to optimize utilization of pathology resources

8.10.16. PBL1: (3) Identifies and applies the best available evidence to guide diagnostic work-up of complex cases. Applies knowledge of the basic principles of research such as informed consent and research protocols to clinical practice, with supervision

8.10.17. PBL2: (4) Actively and consistently seeks performance data and feedback with humility. Critically evaluates the effectiveness of behavioral changes in narrowing the gap(s) between expectations and actual performance. Uses performance data to measure the effectiveness of the learning plan and improves it when necessary

8.10.18. P1: (4) Independently resolves and manages complex ethical situations. Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others.

8.10.19. P2: (4) Anticipates and intervenes in situations that may impact others' ability to complete tasks and responsibilities in a timely manner

8.10.20. P3: (4) Independently develops and implements a plan to remediate or improve the knowledge/skills/ behaviors of self or team. Independently develops and implements a plan to optimize personal and professional well-being

8.10.21. ICS1: (4) Independently, sensitively, and compassionately delivers medical information and acknowledges uncertainty and conflict. Independently recognizes personal biases while attempting to proactively minimize communication barriers

8.10.22. ICS2: (4) Coordinates recommendations from different members of the health care team to optimize patient care. Communicates feedback and constructive criticism to superiors

8.10.23. ICS3: (4) Independently communicates while ensuring security of personal health information. Initiates conversations on difficult subjects with appropriate stakeholders to improve the system

8.11. Procedural notes for NI:

8.11.1. Milestone tracking and comments may be logged in NI as fllows.

8.11.2. In New innovations: Portfolio -> Milestones -> click "PC1"

8.11.3. Can show by question. Scroll through and evaluate

8.11.4. When done click top left to COMPLETE.

9. Faculty Evaluation [CPR V.B.]

9.1. The fellow(s) provide written, confidential evaluation of the faculty twice annually.

9.2. Areas evaluated include:

9.2.1. Effectiveness in clinical teaching

9.2.2. Engagement with program

9.2.3. Professionalism

9.2.4. Support for scholarly activity

9.3. Faculty members receive feedback based on their annual evaluations during their annual faculty evaluations meetings with both the unit director and department chair.

9.3.1. This typically also includes feedback based on resident evaluations for the core pathology program. This evaluation also includes feedback based on faculty's participation in development of skills as an educator.

9.3.2. Faculty are evaluated by fellows (and residents) in New Innovations twice a year.

9.3.3. Feedback may also be provided as needed based on faculty evaluation form results or other feedback.

9.3.4. The fellows and faculty also do an anonymous program evaluation which can include general feedback to be given to faculty.

9.4. Faculty evaluation is documented in:

9.4.1. Faculty Evaluation forms in NI (submitted by fellows and residents).

9.4.2. General feedback from internal Program Evaluation survey.

9.4.3. Faculty members' annual evaluation by unit director and chair.

9.5. Additionally, an anonymous reporting survey is available to all members of the program (faculty, fellows, trainees and staff) to report any concerns. Anonymous email push notification immediately goes to PD so PD will be notified immediately of any issues.

9.5.1. https://ufl.qualtrics.com/jfe/form/SV_bqthxwQLYyH150q or **https://tinyurl.com/UFHPANON**

9.5.2.

10. Program Evaluation [CPR V.C.]

10.1. In order to assure that our program meets ACGME standards and carries out meaningful self-assessment and improvement, the program director has appointed a Program Evaluation Committee (PEC) that is responsible for oversight, evaluation, and planning within the program.

10.2. Composition: The program evaluation committee and committee chair will be appointed and member status reviewed yearly by the program director. Member status is updated in NI APE. The PD or APD (if applicable) may serve as the committee chair. The PEC will be composed of the program coordinator, the PD, the APD (if available), all fellows and all faculty with greater than 0.2 FTE in clinical sign out for hematopathology.

10.3. Frequency of meetings: The PEC meets at least once annually in the form of the Annual Program Evaluation (APE) but may also convene earlier in the year near the first CCC meeting. They may also convene as needed.

10.4. Tasks:

10.4.1. Planning, developing, implementing, and evaluating educational activities of the program.

10.4.2. Performing SWOT analysis.

10.4.3. Review of program goals.

10.4.4. Review well-being, recruitment/retention, patient safety/quality, scholarly activity, operating environment, and faculty development issues.

10.4.5. Review of graduate performance. Including outcomes:

10.4.5.1. Job placement.

10.4.5.2. Aggregate 5-year board pass rate higher than national mean (typically national mean is 98%).

10.4.6. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives,

10.4.7. Review/create action plans. Exiting action plans are distributed to PEC members at APE.

10.4.8. Reviewing ACGME common program requirements,

10.4.9. Addressing areas of non-compliance with ACGME standards, (i.e., citations) and

10.4.10. Reviewing the program annually using evaluations of faculty, residents, and other data as noted below.

10.5. Data to be considered by PEC [CPR V.C.1.c.]

10.5.1. In performing the above, fellow aggregated, de-identified FISHE performance data, milestone data, board pass rates as well as aggregated, de-identified CCC feedback or faculty evaluations may be reviewed.

10.5.1.1. Spring FISHE performance goal is at or above 50th percentile.

10.5.2. Curriculum

10.5.3. Prior APEs

10.5.4. ACGME letters of notification/citation/areas for improvement

10.5.5. Patient quality/safety issues/concerns

10.5.6. Aggregate fellow/faculty well-being data. Concerns for recruitment/retention, diversity and scholarly activity.

10.6. Final documentation of the PEC's findings and action plans are submitted to the GME office in NI APE and made available to all members.

10.7. A self-study must be performed prior to 10-year site visit (if occurring) and submitted to the DIO.

10.8. Board pass rate is certified in ADS for graduates 7 years prior.

11. Learning and Working Environment [CPR VI.]

11.1. Patient Safety & Quality Improvement [CPR VI.A.1.]

11.1.1. It is the responsibility of all health care workers to sustain and promote patient safety.

11.1.2. The culture of safety in our program must be sustained through constant reflection. While this is done formally at the PEC, it can also be done as a component of our daily QA meeting.

11.1.3. Longitudinal Patient Safety / Quality Improvement Curriculum (see rotation goals & objectives for more information)

11.1.3.1. Over the course of the fellowship, the fellow will likely take place in real-life root cause analysis and patient safety related activities through the course of clinical work, particularly in the Core rotation. A component of this will be direct participation in such activities, including submission of QI project to UF's QIPR database, completion of a PDSA and RCA. Evaluations for this rotation are included within the Core rotation evaluations but the curriculum herein permeates all aspects of patient care, thus touches all rotations. The 360 evaluations are also essential for this activity. To supplement this, the fellow will also complete all of the following:

11.1.3.1.1. Complete a PDSA cycle on a real or simulated lab quality improvement topic

11.1.3.1.2. Complete a RCA on a real or simulated lab quality improvement topic.

11.1.3.1.3. Complete the IHI Open School Course PS 101: Introduction to patient safety.

11.1.3.2. The Quality Improvement Project Registry (QIPR) for UF Health quality improvement projects. It permits the fellows to share QI projects, learn from others, and see current improvement projects to connect and collaborate. It also permits access to Quality Department experts and data resources.

11.1.3.3. The fellow(s) shall log and track a PS/QI project in QIPR: https://qipr.ese.ufhealth.org/approver/

11.1.4. Patient Safety Event Reporting

11.1.4.1. Reporting, investigation and follow up of adverse events (including near-misses and unsafe conditions) is crucial to working in a healthcare environment. All program members (including trainees, staff and faculty) are instructed to know their reporting responsibilities including adverse event disclosure.

11.1.4.2. PSR: Our institution utilizes a Patient Safety Report mechanism to report issues defined above to a central review process. This is not a punitive mechanism and identification of issues is encouraged.

11.1.5. Fellows receive quality metrics through formative feedback and EPIC reports. Faculty receive quality metrics through monthly generated case reports.

11.2. Supervision [CPR VI.A.2.]

11.2.1. The program faculty are responsible for the supervision of all activities of the fellows.

11.2.2. Background: The Accreditation Council for Graduate Medical Education (ACGME) Program Requirements emphasize that appropriate supervision of fellows results in safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. The degree of supervision evolves progressively as a fellow gain more experience, even with the same patient condition or procedure. Fellows should have a level of supervision commensurate with their level of autonomy in practice. This level of supervision may be enhanced based on factors such as patient safety, complexity, acuity, urgency, risk of serious adverse events, or other pertinent variables.

11.2.3. ACGME Levels of Supervision: The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow is assigned according to the individual fellow's clinical experience, judgment, knowledge, and technical skill.

11.2.3.1. Direct Supervision: the supervising physician is physically present with the fellow during the key portions of the patient care interaction; OR, the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

11.2.3.2. Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

11.2.3.2.1. At least indirect supervision is always available as there is always an on-call hematopathologist attending on duty (see HEME1 on schedule).

11.2.3.3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

11.2.3.3.1. Regulatory limitations (CLIA 1988) in addition to Hematopathology board eligibility requirements preclude "sign out" by hematopathology fellows, but this process can be simulated with the attending performing the final verification.

11.2.4. The clinical responsibilities for each fellow are based on timing during training program, patient safety, fellow education, severity and complexity of patient illness/condition and available support services. The specific role of each fellow varies with their clinical rotation, experience, duration of clinical training, the patient's illness and the clinical demands placed on the team. The following is a guide to the specific patient care responsibilities by timing of clinical experience:

11.2.4.1. 1st three months of training: Seek attending input early. Active clinical decisions in response to a change in a patient's status must involve a attending. Feelings of uncertainty about clinical decisions should prompt a call to the attending. Transitions of care at the end of a shift or in response to the need to transfer a patient to a higher level of care must involve a attending. Help with navigating system complexity should involve the attending early.

11.2.4.2. Remainder of training: May be directly or indirectly supervised. Fellows may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Such fellows should serve in a supervisory role of medical students and residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident; however, the attending physician is ultimately responsible for the care of the patient.

11.2.5. Attending/Faculty Physicians -- in the clinical learning environment, each patient must have an

identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient. The availability of the attending to the fellow is expected to be greater with less experienced fellows and with increased acuity of the patient's illness. The attending must notify all fellows on his or her team of when he or she should be called regarding a patient's status. In addition to these situations, the attending should include in his or her notification to fellows all situations that require attending notification per program or hospital policy. This information should be available to fellows, faculty members, and patients. The attending may specifically delegate portions of care to fellows based on the needs of the patient and the skills of the fellows and in accordance with hospital and/or departmental policies. The attending may also delegate partial responsibility for supervision of residents to fellows assigned to the service, but the attending must assure the competence of the fellow before supervisory responsibility is delegated. Over time, the senior fellow is expected to assume an increasingly larger role in patient care decision making. The attending remains responsible for ensuring that appropriate supervision is occurring and is ultimately responsible for the patient's care. Fellows and attendings should inform patients of their respective roles in each patient's care. Attendings and supervisory fellows are expected to monitor competence of students and residents through direct observation, "sign out" and review of the medical records of patients under their care. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

11.2.5.1. Attendings should consider utilizing the SUPERB model when supervising fellows:

11.2.5.1.1. **Set** clear expectations when you want to be notified about changes in a patient's status.

11.2.5.1.2. Clearly communicate with fellows that **Uncertainty** about diagnosis, procedure, or plan of care is a time to contact the attending.

11.2.5.1.3. **Plan** set communication times.

11.2.5.1.4. Foster **Easy** availability through proactively sharing contact information and making it simple to contact you.

11.2.5.1.5. **Reassure** fellows not to be afraid to call about any questions or uncertainty.

11.2.5.1.6. **Balance** supervision and autonomy.

11.2.6. Direct supervision is required for:

11.2.6.1. All bone marrow procedures

11.2.6.2. All case triages with limited cellularity until the fellow is cleared by the CCC to triage cases independently.

11.2.6.3. Discussion of preliminary test results with other health care teams until the fellow is cleared by the CCC to do this independently.

11.2.6.4. Handling of all medical errors/patient safety events.

11.2.6.5. Any time the fellow wishes to discuss medical decision making.

11.2.7. The PD is responsible for ensuring all faculty members and fellows are educated on the program's supervision policies. For fellows, this is accomplished through review of the program goals, objectives and policies at program onboarding which is verified in NI. For Faculty, this is

accomplished at least annually at the PEC and ad-hoc at daily QA for elements that need reviewing. PD is also responsible for:

11.2.7.1. Ensure the program's policy on fellow supervision remains current and is compliant with UF GME and Accreditation Council for Graduate Medical Education (ACGME) policies.

11.2.7.2. Ensure an appropriate level of supervision for all fellows at all times at all participating sites based on each fellow's level of training and ability and patient complexity and acuity.

11.2.7.3. Ensure Program Letters of Agreement (PLAs) identify the responsibilities for fellow supervision at each participating site.

11.2.7.4. Ensure there is a sufficient number of faculty at each participating site who are competent to instruct and supervise fellows at that location.

11.2.7.5. Develop written curricula that delineate fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision (see above).

11.2.7.6. Develop educational experiences that maximize supervising faculty continuity. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

11.2.7.7. Evaluate each fellow's abilities at least semi-annually, guided by the milestones, to ensure fellows are progressing and can be granted increasing authority and responsibility for patient management.

11.2.7.8. Remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program.

11.2.8. Faculty are responsible for:

11.2.8.1. Faculty members must remain knowledgeable about the program's policy on fellow supervision.

11.2.8.2. Provide an appropriate level of supervision to promote patient safety and fellow learning. Faculty must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.

11.2.8.3. Routinely review Fellow's documentation in the medical record.

11.2.8.4. Are available to assist Fellows with the management of patients.

11.2.8.5. Supervising faculty members will delegate patient care activities to fellows based on the needs of the patient and the demonstrated abilities of the fellow.

11.2.8.6. Be attentive to compliance with institutional requirements such as problem lists, medication reconciliation, and additional field defined document priorities.

11.2.8.7. Provide Fellows with constructive feedback as appropriate.

11.2.8.8. Serve as a role model to Fellow in the provision of patient care that demonstrates professionalism and exemplary communication skills.

11.2.8.9. Direct supervision is always available to all fellows.

11.2.8.10. Indirect supervision is also available always, with rapid availability to provide direct supervision as needed.

11.2.9. Fellows are responsible for:

11.2.9.1. Compliance with ACGME, University of Florida Graduate Medical Education, and program supervision policies.

11.2.9.2. Communicate concerns about supervision (too much or too little) directly to the supervising faculty in a timely fashion. If the supervising faculty does not respond satisfactorily then report the concern to the PD.

11.2.9.3. Fellows should serve in a supervisory role to residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident.

11.2.9.4. Transfer of Care – Cases should be transferred under at least indirect supervision with transfer at daily QA preferred for non-urgent cases.

11.3. Professionalism [CPR VI.B.]

11.3.1. Fellows are a critical member of our patient care team and non-physician duties are not burdensome and in fact coincide with attending duties and approaches.

11.3.2. Culture of professionalism

11.3.2.1. The putative loss of professionalism in medicine has of late become of serious concern to practitioners, educators, ethicists and the public. Impassioned pleas for its restitution abound. Serious ethical obligations are linked to the idea of a profession. Yet, most of the definitions have been socio-historical, political or legal. Important as these aspects may be, there is need for a firmly grounded ethical derivation of the moral dimensions of professionalism.

11.3.2.2. Through training, fellows undergo professional identity formation and are asked, sometimes indirectly, to decide exactly what kind of physician they want to become.

11.3.2.3. Professionalism is a key component of formative and summative evaluation. The fellows provide formal feedback on the professionalism of individual faculty through evaluation and of the program environment through evaluation. This is in addition to ongoing verbal feedback. Faculty are encouraged to discuss potential professionalism deviations without resorting to “gossip”.

11.3.2.4. The program must provide a professional, equitable, respectful, civil and collegial work environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse or coercion of any program members.

11.3.2.5. Concerns can be raised anonymously, without fear of retaliation, by all program members via:

11.3.2.5.1. https://ufl.qualtrics.com/jfe/form/SV_bqthxwQLYyH150q

11.3.3. Fitness for duty

11.3.3.1. All fellows attend SAFER fatigue training (see GME 402) prior to matriculation.

11.3.3.2. Work compression can occur in which the patient’s safety may be compromised by fatigue by the provider. In such instances, fellows or attendings shall hand over their clinical work to a less fatigued provider. See hand off policy below.

11.3.3.3. Faculty, staff, peers, family or other individuals who suspect that a member of the housestaff is suffering from a psychological or substance abuse problem are obligated to report such problems. See GME 302.

11.3.3.4. Faculty development for fatigue mitigation is available through this webinar:

11.3.3.4.1. GME Faculty Development Seminar -"SAFER: Sleep and Fatigue Education in

Residency" Presented by: Michael S. Jaffee, MD, FAAN, FANA - Zoom

11.3.4. Diversity

11.3.4.1. By valuing people for their differences, diversity becomes a fundamental value and strength in the ethos of an institution. This program will promote excellence where all students, trainees, faculty and staff can interact in an inclusive environment enhanced by differences in race, ethnicity, gender identity, gender expression, nationality, religious affiliation, sexual orientation, sexual identity, age, disability, geography, political views and socioeconomic status among others.

11.3.4.2. To achieve diversity in trainee selection our program observes the following:

11.3.4.2.1. Trainee recruitment and selection is done by a committee made of faculty members in the department. Despite our size, we receive applications from trainees outside our region in addition to steady interest from our own pathology residency program. All applicant materials are reviewed by the committee when the application packets are complete. This helps to ensure fairness in selection and recruitment of fellows. While the regularity of inside applicants reassures us that our program is desirable to residents who have rotated here, outside applicants are sought after for the diversity of fresh ideas they can bring to the program and are regularly interviewed and offered each year. Only 1-2 fellows are selected per year. The fellow selection committee is comprised by hematopathology faculty and the selection meeting proceedings fall under Florida Sunshine Law (FL Statute 286.011). The selection process is holistic and takes diversity as well as career academic and profession achievement into account. Selection is based on college-wide guidelines including GME 307 in addition to the applicant's ability to progress through entrustable professional activities, achieve the ACMGE milestones and practice hematopathology with excellence. Our program is small compared to many other GME programs with less than 5 core faculty. Despite this, our committee is diverse with faculty from a number of different backgrounds.

11.3.4.2.2. Faculty and trainees are encouraged to complete Harvard's race implicit association test (https://implicit.harvard.edu/implicit/takeatest.html) for self-reflection and evaluation of biases. This data is not recorded or requested by anyone in the program, department or college. The program by way of College of Medicine standards including Human Resources, along with working with the hospital staff helps to ensure diversity within the program. All faculty must complete "Maintaining a Safe and Respectful Campus" training through the college of medicine and all participants in faculty selection committees must complete "Faculty Search Committee Tutorial" through the same platform. The latter entails management of bias with more details available on this website (https://learn-and-grow.hr.ufl.edu/toolkits-resource-center/human-resources-toolkits/faculty-search-committee/). Additionally, attendance of bias training courses offered by UF is encouraged and the PD has attended "Interrupting Bias in Faculty Searches" held by UF College of Medicine. The principles from that training are in practice within the Fellowship Selection Committee as well. We believe our recruitment process to be holistic with regards to the applicant's career achievements. The UF institutional diversity and bias training is mandated for all employees at UF. Resident as Teacher curriculum required for all incoming housestaff has incorporated Implicit Bias Training College of Medicine requirement of having a diversity officer on search committees and Amelia Baiden, M.B.A., and Will Stephens, HR business partners at the College of Medicine, are leading the creation of a document with

resources on best hiring practices for diversity and inclusivity. The project is underway as part of the diversity, inclusion and health care equity pillar in the strategic plan introduced last year by Dean Colleen Koch, M.D., M.S., M.B.A. UF Health has created a new position of Associate Vice President for Inclusion, Diversity and Health Equity and Chief Diversity Officer; selected individual (Dr. Lakesha Butler) to start 8/22/22.

11.3.4.2.3. To achieve diversity in trainee retention our program does the following: Retention is driven by excellent quality of training and positive work environment. The latter is driven by fellows periodically evaluating faculty not only based on teaching/clinical ability but on the faculty member's ability to recognize cultural differences, and avoid biases that may affect care and the workplace.

11.4. Well-being [CPR VI.C.]

11.4.1. Physical well-being is critical in the development of the competent, caring, resilient physician. Self-care is an important component of professionalism. This policy serves to address fellow and faculty members who may be at increased risk for burnout and depression. It is the responsibility of the program and sponsoring institution to ensure wellbeing.

11.4.2. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.

11.4.3. The below applies to this program, however, policy GME 108 contains additional institutional detail that is supplemented by the below content.

11.4.4. Both fellows, staff and faculty are at risk for depression and burnout. It is the duty of all program participants (faculty, staff and trainees) to ensure the following:

11.4.4.1. Maintain a safe work environment including awareness of the affects of fatigue, steps to mitigate and resources to prevent patient or personal harm as a consequence of fatigue.

11.4.4.2. Maintain awareness of scheduling, work intensity and work compression that may impact participant wellbeing.

11.4.4.3. Allow participants to make reasonable accommodations to attend healthcare/dental appointments, including during work hours.

11.4.4.4. Educate participants about signs and symptoms of burnout, depression substance abuse and resources for care.

11.4.4.5. Ensuring sufficient backup is present to provide excellent patient care should a participant be unable to perform their patient care duties in collegial environment in which the participant will not fear for retaliation.

11.4.4.6. Promote a supportive culture where participant wellness is prioritized and the autonomy and flexibility of our professional relationships is emphasized.

11.4.4.7. Report concerns of substance abuse, suicidal or violent ideation to themselves or others.

11.4.4.8. Wellbeing is a skill that must be modeled and nurtured in the context of training.

11.4.5. Fellows and faculty have administrative support by way of the program coordinator and department admin staff.

11.4.6. The daily QA meeting enhances wellbeing, professional relationships and patient safety by permitting all members of the care team to huddle and discuss current challenges. Through this, care team members support each other and can “check in” with each other. This promotes a culture of wellbeing. This also involves non-fellow/faculty staff (technologists) who can raise concerns regarding signs of burnout/depression ensuring we are checking our “blind spots”.

11.4.7. Faculty and fellows are given autonomy in practice and are encouraged to speak up, privately or at meetings, if they feel they are overburdened, particularly by non-physician obligations.

11.4.8. The work schedule is drafted 3-6 months in advance for faculty with major holidays planned in

July. Vacation time is approved by the unit director and department. Service days are tracked to ensure equity of work time in proportion to assigned FTE. See block diagram for fellow rotation details.

11.4.9. Safety (and wellbeing) are discussed with any issues reviewed at the PEC utilizing internal/external survey data, direct input and workload data (from work schedules).

11.4.10. Safety issues may also be raised as needed at the daily QA meeting.

11.4.11. Fellows and faculty are educated in identifying burnout, depression, self-harming ideation, potential for violence, and substance abuse, in addition to confidential and complementary access to mental health counseling/treatment including 24/7 emergent care. Tools and self-screening access includes:

11.4.11.1. https://gme.med.ufl.edu/graduate-medical-education/program-directors-corner/substance-abuse-education/

11.4.11.2. https://wellness.med.ufl.edu/residents-fellows/

11.4.11.3. https://www.eap.ufl.edu/

11.4.11.4. https://wellness.med.ufl.edu/resources/self-assessment-3/

11.4.12. The PD must be alerted if faculty/fellows become aware of behavior suggestive of burnout, depression, substance abuse, suicidal ideation or potential violence. The PD will facilitate access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week.

11.4.13. In the event fellows are unable to attend work for reasons including (but not limited to) fatigue, illness, family emergency, parental leave" an appropriate leave of absence is established. Patient care coverage will be assumed by first, the other fellow, if present and with capacity for the additional patients or alternatively the attending faculty member. Additional faculty may be pulled from other services if the patient care burden is too great for any one individual. The fellow may be permitted to extend the length of training depending on length of absence and board eligibility requirements with support of the faculty.

11.4.14. Fellows who need to miss work for medical appointments should notify their program director, program coordinator and rotation director as far as possible in advance of their planned absences. Fellows will never be required to reveal the reason for a medical appointment to any of these individuals. The Fellow is only required to share that he or she needs to attend a medical appointment.

11.4.15. All of the above must be implemented without negative consequences or fear of negative consequences.

11.4.16. Issues may be anonymously reported per reporting mechanism discussed above.

11.4.17. Fatigue mitigation training is provided to all faculty and trainees. See SAFER program, above.

11.4.18. Continuity of care is ensured in the event of fatigue with patient care being handed off to other fellows and/or faculty if fatigue would limit a fellow/faculty's ability to perform. Such hand offs can be performed during the daily QA meeting; thus all care participants can be on the same page.

11.4.19. The College of Medicine offers a Well-Being index designed to give fellows immediate feedback as to how their wellbeing compares to others and monitor changes over time. It is a brief and 100% confidential tool.

11.4.19.1. Brief introductory video (<5 minutes) that explains the initiative and walks the residents/fellows through the sign-up process available here: https://ufl.zoom.us/rec/share/R8AhH99LWH3d972z4rwbOwgQQP41YDAu4n9WEfB_YBjovZinIBcizcWOuHgglhlG.SsBCuZ2EGrXyKyb4?startTime=1664295580000

11.4.19.2. UFCOM has sponsored free access to the Well-Being Index for residents and fellows. This very brief, 100% confidential tool will:

11.4.19.3. Show you how your well-being compares to your peers

11.4.19.4. Provide you immediate access to relevant local and national resources

11.4.19.5. Allow you to track your well-being over time

11.4.19.6. Provide an opportunity to provide anonymous feedback regarding suggestions to improve the clinical learning environment at UFCOM

11.4.19.7. You can sign up for an account (takes 1-2 minutes), complete the assessment (1-2 minutes), and access all the available resources by clicking here: https://mywbi.org/uf-resident

11.4.19.8. or scanning this QR code:

11.4.20. Resources:

11.4.20.1. UF Crisis Support

11.4.20.2. UF Compliance

11.4.20.3. UF Employee Assistance Program (EAP)

11.4.20.4. Seeking Assistance, Addressing Problems and Reporting Concerns » Graduate Medical Education » College of Medicine » University of Florida (ufl.edu)

11.4.20.5. Mental Health Services Access Line **352-627-0032**

11.4.20.6. Care for Colleagues program -- Second Victim/Care for Colleagues program provides 24-hour support to residents/fellows, faculty and staff) after events.

11.4.20.7. Aid-A-Gator

11.4.20.8. GatorCare – Talkspace -- free therapy via videoconference, phone and text.

11.4.20.9. GatorCare – Wellness

11.4.20.10. UF Office of the Ombuds

11.4.20.11. GME Office for Diversity, Equity and Inclusion

11.4.20.12. UF Health Patient Safety/Risk Management

11.4.20.13. UF College of Medicine Wellness -- includes different wellness options and resources

11.4.20.14. Disability information -- including short-term disability

11.4.20.15. Leave information -- including parental leave

11.4.21. Assessing and Addressing Emotional and Psychological Distress:

11.4.21.1. For fellows who may not know how or where to access mental health care, the Employee Assistance Program (EAP) is available if they are experiencing emotional or psychological distress. The EAP provides a wide range of services, including individual employee evaluation and referral, workshops, training sessions and support groups. The EAP is housed in Room 245 of the Student Health Care Center (Infirmary Building). Any

contact a fellow has with the EAP will remain confidential. To schedule an appointment with the EAP, call (352) 392-5787 or email eaphelp@shcc.ufl.edu. For emergency mental health services, fellows should utilize standard emergency care through the ER. If any staff member is concerned that another resident, fellow, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence, they are instructed to notify the program director.

11.5. Clinical Responsibilities and Transitions of Care (Hand-offs) [CPR VI.E.]

11.5.1. We work on a team!

11.5.2. Trainee clinical responsibilities are delineated in the individual rotation goals and objectives which are reviewed with the fellows at on-boarding. Specific duties and tasks are progressively delineated as per supervision policy above.

11.5.3. Hand-offs

11.5.3.1. To guarantee continuity of patient care at the end of service periods and/or rotations, the fellow on clinical service is responsible for ensuring follow-up of pending cases by doing one of the following:

11.5.3.1.1. Personally following up on designated cases even when off of service/rotation OR

11.5.3.1.2. Communicate all necessary information to the fellow on service/ rotation so that such follow-up will be completed.

11.5.3.2. In addition, the fellow must summarize all pending items to the faculty of record for the corresponding case(s), as faculty are ultimately responsible for ensuring continuity of care during transitional periods. In general, fellows should have knowledge of the clinical history and disposition of all active patient cases while on service and these may be divided amongst fellows and other trainees by level of training.

11.5.3.3. Transfer of care during daily QA is preferred for non-urgent cases to ensure all members of the care team are on the same page. Transfer of care should occur under direct supervision until fellow cleared by CCC for independent work. Competency in hand-offs is monitored by evaluations and the CCC.

11.5.3.4. Attending, fellow and resident schedules are maintained in the /ANALYZED/**current year**/Hemepath Schedule folder on the shared drive.

11.6. Duty Hours

11.6.1. The fellows in Hematopathology must comply with the ACGME Duty Hours and report their hours in NI weekly.

11.6.1.1. Although there should never be a violation of work hour policies, if it is discovered that a violation has occurred, the PD must be notified immediately and an explanation must be entered by the fellow in New Innovations. All violations are monitored by the University of Florida (UF) Graduate Medical Education (GME) office. The PD will investigate violations to determine if the exception was a result of inappropriate staff supervision, a scheduling problem, a time management problem, logging error or other reason.

11.6.2. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period inclusive of all clinical and educational activities, including work from home.

11.6.3. A typical work week does not exceed the 80h limit with days starting at 0800h and ending at 1800h, Monday through Friday with weekends off (except for call as below).

11.6.3.1. If work demands the fellow working later at night, they are permitted to arrive at work later the next morning, with proper written notification to the attending on call (see also Hand Off policy), such that the fellow can have 8 hours off between shifts.

11.6.4. Definition of clinical work hours: all clinical and academic activities related to the fellowship program, including patient cases (inpatient and outpatient clinical care), call, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests and signing orders.

11.6.5. Types of work from home that must be counted toward the 80-hour weekly limit include using an electronic health record and taking calls from home. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Fellow decisions to leave the hospital before their clinical work has been completed and to finish that work later from home should be made in consultation with the fellow's attending. In such circumstances, fellows should be mindful of their professional responsibility to complete work in a timely manner and to maintain patient confidentiality.

11.6.6. Fellows have 8 hours off between each scheduled clinical work/education period. There may be circumstances when fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

11.6.7. Fellows must be scheduled for a minimum of one day (24 hours) in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

11.6.8. Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time.

11.6.9. In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain at work in the following circumstances: 1) to continue to provide care to a single patient with a rare and acute illness, 2) to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

11.6.10. In House Call: Most work activities, including call occur during normal business hours but some work is done, typically between 0900h and 1800h on Saturdays and Sundays. No call is taken from in the hospital or lab building. Twenty-four hour at-hospital/lab shifts do not occur in this fellowship.

11.6.11. Call: Call duties are taken from home. Call is an element of progressive responsibility with indirect supervision and trainees are deemed eligible for call by the CCC. Call only occurs at most twice monthly beginning 1700h Friday, ending 0800h Monday. Therefore, duties shall not exceed the one continuous 24h period free rule.

11.6.12. Moonlighting: Moonlighting is not permitted. This is a 1-year fellowship and all of a trainee's effort shall be in becoming the best hematopathologist they can be.

11.7. Leave Policy

11.7.1. Vacation: Fellows are provided 15 vacation days per year. In the event a fellow leaves the program and does not complete a full year, this time may be pro-rated at one week per quarter and time owned can be taken as terminal vacation.

11.7.2. Sick: Fellows are provided 10 sick days per year. Fellows may be eligible for an extended leave

of absence under the Family and Medical Leave Act (see GME 403).

11.7.2.1. For sick leave of more than 3 days in a rolling 30 day period the PD requires a note from the fellow's health care provider documenting the need for the sick leave. This is not required for approved FMLA, Parental or other extended leaves of absence.

11.7.3. Parental: Parental leave includes up to 30 consecutive days (6 weeks) of paid leave for the 12 month long fellowship.

11.7.4. Professional Development: Attendance at meetings, conferences, job/fellowship interviews or the taking of board examinations does not count as vacation time but all instances must be approved by the PD. A maximum of 5 days is allotted. Reading and research work may be assigned as "work while travel".

11.7.5. Bereavement: Fellows may take up to 2 days to grieve for loss of an immediate family member.

11.7.6. Domestic violence: Fellows may take up to 3 days if they or a household member is a victim of domestic violence. Notice must be given to the PD or PC unless there is imminent danger to the fellow. This is unpaid leave per GME policy but sick/vacation days may be used if available.

11.7.7. Jury Duty: Leave is given as required for the number of hours needed, not exceeding shift duties. If less than a work day of absence is required, the fellow shall return to work.

11.7.8. Military Leave: As required. This is unpaid leave per GME policy but vacation/sick days may be used. A leave of absence may be granted by PD for fellows in good standing, permitting for re-entry into the program upon completion of military service time.

11.7.9. Extended: Extended leave of absences must be adjudicated on a case by case basis with written consent obtained from PD and DIO. The department chair has discretion for salary continuation per GME policy. Benefits may not continue for greater than 6 months per GME policy.

11.7.10. Making up time: If it is determined by the CCC that the training experience necessary to satisfy requirements as dictated by the American Board of Pathology is lacking and the fellow must gain such experience, the pay status of the time spent in making up training will be determined prior to commencement of make up activity.

11.7.11. See GME 403 for institutional information, restrictions and requirements.

12. Case Assignment:

12.1.1. Proper continuity /correlation of cases is imperative to patient safety and quality.

12.1.2. All trainees must assign themselves to their cases for tracking. Enter Case Builder -> Case Information -> Add your name as Resident.

12.1.3. **For every non-FNA tissue flow case**, identify and possibly reassign the surgical case to the flow hematopathologist. This may require contacting the non-hematopathology attending that is holding the surgical case to discuss preliminary results and plan for the case.

12.1.3.1. Early in the fellowship, it is expected that fellows know the disposition of all assigned cases.

12.1.4. Attending Case Assignment:

12.1.4.1. Attendings typically switch services on Thursday 0800h.

12.1.4.2. If a HEME1/2 case is in the sign out room with complete flow cytometry and slides AFTER 1700h Wednesday it should be assigned to the service attending for Thursday. Cases are typically assigned by technologists to the Thursday service hematopathologist starting 1200h Wednesday.

12.1.4.3. If a Consult (continuity of care) case is in the sign out room after 1200h Wednesday it should be assigned to the service attending for Thursday.

12.1.4.4. The HEME1/2 attending with the live flow cytometry case should also be assigned the corresponding surgical case.

13. Transfers of Care / Hand off Policy :

13.1. When a non-time sensitive case must be transferred to another fellow or attending, it should be done at the daily QA conference thus all care members are aware and on the same page.

13.2. For time sensitive (urgent or older) cases, fellows must transfer cases among each other or among faculty under direct supervision (see above) for the first 3 months of training.

13.2.1. Additionally, the case's assigned Attending and Fellow/Resident must be updated in EPIC AND the transfer of care must be noted on the case folder (i.e. Transferred to X with X's initials and date).

14. Appendix:

Entrustable Professional Activities

Hematopathology fellowship education has grown in complexity as patient-centered treatment plans have come to depend on integration of clinical, morphologic, immunophenotypic, molecular, and cytogenetic variables. This complexity is in competition with the need for timely hematopathology care with stewardship of patient, laboratory, and societal resources. Individual Goals and objectives for each rotation are based on consensus opinion of the Hematopathology Entrustable Professional Activity Working Group which is a subcommittee of the Society for Hematopathology's Education Committee. These objectives align well with milestone evaluation. They represent the basis for a rubric for evaluating fellow performance at our program. Their work has been published here:

White, Kristie, et al. "Entrustable Professional Activities in Hematopathology Pathology Fellowship Training: Consensus Design and Proposal." *Academic pathology* 8 (2021): 2374289521990823.

As many specific goals encompass multiple ACGME defined milestone competencies, the following matrix highlights the areas covered per the 2.0 Milestones.

	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	EPA 7	EPA 8	EPA 9	EPA 10
PC1: Interdisciplinary Consult	x	x	x	x	x	x	x	x	x	
PC2: Reporting			x	x	x	x				
PC3: Bone Marrow Biopsy										x
PC4: Specimen Handling, Triage	x						x			x
MK1: Hematology						x				
MK2: Coagulation						x				
MK3: Flow Cytometry					x					
MK4: Morphologic Diagnosis			x	x						
MK5: Molecular, Cytogenetics	x		x	x			x			
MK6: Clinical Reasoning	x	x	x	x	x	x	x	x	x	x
SBP1: Patient Safety and Quality		x							x	
SBP2: Systems Navigation		x						x	x	
SBP3: Physician Role	x		x	x		x	x		x	
SBP4: Accreditation, Compliance									x	
SBP5: Utilization	x		x	x		x	x			
PBLI1: Evidence-Based Practice	x		x	x	x	x	x	x	x	
PBLI2: Reflective Practice	x	x	x	x	x	x	x	x	x	x
PROF1: Professional Behavior	x	x	x	x	x	x	x	x	x	x
PROF2: Accountability	x	x	x	x	x	x	x	x	x	x
PROF3: Self-awareness	x	x	x	x	x	x	x	x	x	x
ICS1: Patient Communication		x						x	x	x
ICS2: Team Communication	x	x	x	x	x	x	x	x	x	x
ICS3: System Communication	x	x	x	x	x	x	x	x	x	x

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; EPA, entrustable professional activity; ICS, interpersonal and communication skills; MK, medical knowledge; PBLI, practice-based learning and improvement; PROF, professionalism; SBP, systems-based practice.
*ACGME Milestone names have been abbreviated to fit the table.

Hematopathology Entrustable Professional Activity 1:

Guide selection of diagnostic tests and triage and allocate specimens for ancillary studies.

Skills:

- Ordering ancillary workup necessary for diagnosis and management for lymphoid and myeloid neoplasia and non-neoplastic causes of adenopathy and blood count abnormalities
- Stewardship of limited tissue
- Providing test utilization consultation, including intervention in inappropriate test ordering, and identifying potential areas of test overutilization

Knowledge Areas:

- Pathogenesis, clinical correlation and prognostic significance; diagnostic and relevant clinical practice guidelines for hematolymphoid neoplasia, congenital, infectious, and other specific nonneoplastic entities
- Flow cytometry immunophenotyping panels, immunohistochemical stains, cytogenetic analysis, including karyotyping and fluorescence in situ hybridization (FISH) and molecular ancillary testing

Example Scenarios:

- Determine appropriate immunohistochemical stains to order when limited material available. Determine correct flow cytometry panel to perform when limited material available.
- Triage cerebrospinal fluid or fine needle aspiration/core biopsy material to appropriate diagnostic assays, including morphology (cytologic or cell blocks), flow cytometry immunophenotyping, cytogenetic and molecular analysis.

- Discuss inappropriate flow cytometry immunophenotyping orders with ordering provider.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1 and 4: Interdisciplinary Consultation, Specimen Handling and Triaging
- Medical Knowledge 5 and 6: Selection of Molecular and Cytogenetics Testing and Interpretation of Reports, Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 3 and 5: Physician Role in Health Care System, Utilization
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship, Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 2 and 3: Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 2: Identify and communicate critical values and clinically urgent results

Skills:

- Rendering clinically urgent diagnoses triggered by microscopic or ancillary test review of any specimen type
- Communication of critical values, including interdisciplinary communication
- Documentation of clinically urgent communication

Knowledge Areas:

- Disease mechanisms and clinical course of acute leukemias, consumptive coagulopathies, and systemic infections; morphologic/immunophenotypic recognition of these entities as applicable, and confirmatory testing for these entities as applicable
- Concept and rationale of critical laboratory results
- Principles and techniques of transition of care/handoffs

Example Scenarios:

- Identify and communicate acute promyelocytic leukemia, thrombotic thrombocytopenic purpura, hemophagocytic lymphohistiocytosis, blasts in cerebrospinal fluid, organisms in cerebrospinal fluid.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1: Interdisciplinary Consultation
- Medical Knowledge 6: Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 1 and 2: Patient Safety and Quality Improvement (levels 1-3), Systems Navigation for Patient-Centered Care
- Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking

- Interpersonal and Communication Skills 1, 2 and 3: Patient and Family-Centered Communication, Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 3: Complete workup and diagnostic reporting of a simple hematolymphoid diagnosis

Skills:

- Ordering appropriate initial and, if indicated, next round ancillary studies based on clinical setting and differential diagnosis. Integrating ancillary studies including immunohistochemistry, flow cytometry immunophenotyping, cytogenetics, fluorescence in situ hybridization, targeted molecular studies
- Providing a preliminary report to the patient-facing team
- Writing succinct and complete final report including any indicated synoptic reporting

Knowledge Areas:

- Acute leukemias, classic myeloproliferative neoplasms, B cell lymphomas, involving bone marrow aspirate and core, lymph node, extranodal tissue, peripheral blood and body fluids
- Indications for and interpretation of immunohistochemistry, flow cytometry immunophenotyping, cytogenetics, fluorescence in situ hybridization, and targeted molecular studies

Example Scenarios:

- Order and interpret lymphoma staging studies with appropriate flow cytometry immunophenotyping, immunohistochemistry, and fluorescence in situ hybridization studies as indicated. Initial diagnosis of small B-cell lymphomas. Work up large B-cell lymphoma and classic Hodgkin lymphoma.
- Provide verbal and/or written preliminary reports to colleagues and to the patient-facing team, including discussion of level of uncertainty and significance of pending studies.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1 and 2 (levels 1-3): Interdisciplinary Consultation, Reporting
- Medical Knowledge 4, 5 and 6(levels 1-3): Morphologic Interpretation and Diagnosis, Selection of Molecular and Cytogenetics Testing and Interpretation of Reports, Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 3 and 5: Physician Role in Health Care System, Utilization (levels 1-3)
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship (levels 1-2), Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 2 and 3: Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 4: Complete workup and diagnostic reporting of a complex or rare hematolymphoid diagnosis.

Skills:

- Ordering appropriate initial and, if indicated, next round ancillary studies based on clinical setting and differential diagnosis. Integrating ancillary studies including immunohistochemistry, flow cytometry immunophenotyping, cytogenetics, fluorescence in situ hybridization, targeted molecular studies
- Providing a preliminary report to the patient-facing team
- Writing succinct and complete final report including any indicated synoptic reporting
- Integrating relevant literature/references and/or expert consultation
- Recognizing areas of diagnostic challenge where a definitive diagnosis cannot be reached with the given material and communicating effectively to the clinician

Knowledge Areas:

- Pathogenesis, clinical correlation and prognostic significance; diagnostic and relevant clinical practice guidelines for hematolymphoid neoplasia, congenital, infectious, and other specific nonneoplastic entities
- Flow cytometry immunophenotyping panels, immunohistochemical stains, cytogenetic analysis, including karyotyping and fluorescence in situ hybridization and molecular ancillary testing
- Indications for and interpretation of next generation sequencing panel testing, fluorescence in situ hybridization testing, and esoteric/sendout testing; techniques and technical limitations of ancillary studies

Example Scenarios:

- Perform complete diagnostic workup of myelodysplastic syndromes, myelodysplastic/myeloproliferative neoplasms, T/NK cell lymphomas, gray zone lymphomas, histiocytic and dendritic cell neoplasms and nodular lymphocyte predominant Hodgkin lymphoma.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1 and 2 (levels 3-5): Interdisciplinary Consultation, Reporting
- Medical Knowledge 4, 5 and 6 (levels 3-5): Morphologic Interpretation and Diagnosis, Selection of Molecular and Cytogenetics Testing and Interpretation of Reports, Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 3 and 5: Physician Role in Health Care System, Utilization (levels 3-5)
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship (levels 3-5), Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 2 and 3: Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 5: Select a flow immunophenotyping panel and compose an interpretive report.

Skills:

- Design/select appropriate flow cytometric initial and follow-up immunophenotyping panels based on clinical and/or morphologic information
- Gate and analyze raw flow immunophenotyping data
- Recognize common technical and gating errors in flow cytometry and know how to avoid them
- Accurately describe and interpret a flow cytometric immunophenotype
- Incorporate flow cytometry data into clinical and morphologic context

Knowledge Areas:

- Flow cytometry techniques, including specimen processing and analysis, as well as pitfalls in analysis and interpretation

Example Scenarios:

- Design/pick an appropriate flow cytometry panel for a low cellularity cerebrospinal fluid specimen in a patient with known lymphoma history.
- Recognize typical and atypical immunophenotypic patterns for chronic lymphocytic leukemia.
- Distinguish between hematogones (normal B-lineage precursors) and leukemic B-lymphoblasts.
- Assign lineage to an acute leukemia. Recognize reactive and neoplastic T antigen abnormalities.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1 and 2: Interdisciplinary Consultation, Reporting
- Medical Knowledge 3 and 6: Interpretation of Flow Cytometry, Clinical Reasoning in Hematopathology and Hematology
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship, Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 2 and 3: Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 6: Interpret hematology/coagulation tests and provide consultation.

Skills:

- Answer clinical questions regarding test selection (pre-analytic) and patient results (post-analytic)
- Provide interpretative report for hemoglobin analysis and other tests (e.g., hypercoagulation panel)
- Automated hematology analyzers, coagulation testing, red cell disorder testing, hemoglobin analyses

Knowledge Areas:

- Algorithmic and/or panel testing approaches for evaluation of bleeding disorders and hypercoagulable states
- Knowledge of congenital and acquired hemostatic disorders and their management.
- Categories of anticoagulant therapies, and the indications and laboratory methods of monitoring them
- Clinical significance and methods of diagnosing common hemoglobinopathies and thalassemias

Example Scenarios:

- Provide interpretation of hemoglobin electrophoresis analysis in the context of peripheral blood findings and clinical scenario.
- A diagnostic approach to the evaluation of hemolytic anemias, congenital or acquired. Work up von Willebrand disease, factor deficiencies, and inhibitors.
- Guide and interpret testing for lupus anticoagulant testing, protein C or S deficiency. Consult on management of heparin, direct thrombin inhibitors, anti-Xa inhibitors.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1 and 2: Interdisciplinary Consultation, Reporting
- Medical Knowledge 1,2 and 6: Interpretation of Hematology and Coagulation Testing, Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 3 and 5: Physician Role in Health Care System, Utilization
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship, Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 2 and 3: Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 7: Provide guidance on testing parameters and limitations for routine hematology, ancillary, or coagulation testing.

Skills:

- Provide guidance on appropriate testing based on the clinical question and specimen and test characteristics
- Troubleshoot discrepant/unusual/unreportable results and provide recommendations to laboratory staff and/or ordering provider
- Develop laboratory protocols/procedures for commonly occurring test issues

Knowledge Areas:

- Appropriate indications, technical requirements and techniques for routine and special hematology testing, special testing, flow cytometry immunophenotyping, cytogenetics, fluorescence in situ hybridization, immunohistochemistry, single and panel molecular testing, coagulation studies

Example Scenarios:

- Troubleshoot and provide guidance on effects of interfering substances (eg elevated bilirubin, hyperlipidemia, cryoglobulins, anticoagulation medication) on automated hematology and coagulation testing.
- Evaluate automated hematology analyzer flagging criteria, manual differential/pathologist review criteria.
- Detect and resolve platelet clumping (pseudo-thrombocytopenia).

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1 and 4: Interdisciplinary Consultation, Specimen Handling and Triaging
- Medical Knowledge 5 and 6: Selection of Molecular and Cytogenetics Testing and Interpretation of Reports, Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 3 and 5: Physician Role in Health Care System, Utilization
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship, Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 2 and 3: Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 8: Present at interdisciplinary conferences and effectively communicate in a consultative role.

Skills:

- Interdisciplinary communication and presentation skills
- Able to state and support degree of confidence of diagnosis, and specify additional studies that could clarify the diagnosis

Knowledge Areas:

- Pathologic features that inform staging, prognostication or prediction of treatment response
- Ongoing clinical trials at institution that may require additional ancillary studies or reporting of specific features

Example Scenarios:

- Actively participate in multidisciplinary tumor boards.
- Present at morbidity and mortality conferences.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1: Interdisciplinary Consultation
- Medical Knowledge 6: Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 2: Systems Navigation for Patient-Centered Care
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship, Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking

- Interpersonal and Communication Skills 1, 2 and 3: Patient and Family-Centered Communication, Interprofessional and Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 9: Maintain and improve quality of care on the hematopathology service and in the hematology laboratory.

Skills:

- Identify and evaluate potential safety/quality issues in the hematopathology service/hematology laboratory and propose changes as needed
- Maintain appropriate and up-to-date hematology laboratory testing menus, flow cytometry panels, immunohistochemical stains, and fluorescence in situ hybridization and molecular tests if appropriate (in-house and reference testing)
- Apply root cause analysis and performance improvement tools (Lean, Six Sigma, Plan Do Study Act cycle) to the hematopathology service/hematology laboratory

Knowledge Areas:

- Be aware of applicable hematology, anatomic pathology, and flow cytometry laboratory accreditation requirements
- Stay up to date with new clinically relevant hematology tests and ancillary diagnostic tests

Example Scenarios:

- Monitor sendout test request patterns to prioritize new hematology test or molecular tests for in house validation.
- Identify a recurring slide quality issue, communicate the issue to the appropriate section supervisor, and provide feedback on whether changes to workflow are satisfactory.
- Evaluate, choose, and validate a new hematology laboratory or hematopathology service test, instrument or assay, such as an immunohistochemistry assay or flow cytometry panel.
- Participate in proficiency testing and sign off on protocol changes in the hematology lab, such as coagulation test, flow cytometry, or immunohistochemistry.

ACGME Hematopathology Milestones version 2.0:

- Patient Care 1: Interdisciplinary Consultation
- Medical Knowledge 6: Clinical Reasoning in Hematopathology and Hematology
- Systems Based Practice 1, 2, 3 and 4: Patient Safety and Quality Improvement, Systems Navigation for Patient-Centered Care, Physician Role in Health Care System, Accreditation, Compliance, and Quality
- Practice-Based Learning and Improvement 1 and 2: Evidence-Based Practice and Scholarship, Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 1, 2 and 3: Patient and Family-Centered Communication, Interprofessional/Team Communication, Communication within Health Care Systems

Hematopathology Entrustable Professional Activity 10: Perform bone marrow aspiration and biopsy.

Skills:

- Provide informed consent, administer local anesthetic, identify correct needle placement, sterile technique, identify bone spicules, document procedure.
- Collect and triage material for flow immunophenotyping, cytogenetic studies, and other studies in appropriate media as clinically indicated

Knowledge Areas:

- Components of informed consent, collection requirements for ancillary testing, anatomy/landmarks of the posterior superior iliac crest, appropriate post-procedural care

Example Scenarios:

- Diagnostic bone marrow biopsy and aspirate in a patient with unexplained cytopenias, with material sent for cytogenetics and flow immunophenotyping

ACGME Hematopathology Milestones version 2.0:

- Patient Care 3 and 4: Bone Marrow Aspiration and Biopsy, Specimen Handling and Triaging
- Medical Knowledge 6 (levels 1-3): Clinical Reasoning in Hematopathology and Hematology
- Practice-Based Learning and Improvement 2 Reflective Practice and Commitment to Personal Growth
- Professionalism 1, 2 and 3: Professional Behavior and Ethical Principles, Accountability and Conscientiousness, Self-Awareness and Help-Seeking
- Interpersonal and Communication Skills 1, 2 and 3: Patient- and Family-Centered Communication, Interprofessional and Team Communication, Communication within Health Care Systems

Onboarding Checklist:

- All GME onboarding complete
- Review program and rotation G&Os
- Review workflow, service switch process
- Review calendar expectations: shift assignments, call, Journal Club, Tumor Board
- Review scholarly activity tracking.
- Review Tumor Board process
- Review hand off /transfer process
- Review Journal Club expectations
- Review PT participation expectations
- Review validation participation expectations
- Review resident teaching expectations
- Update website bio
- Ensure smart texts up to date
- Ensure workspace requirements met