



# Department of Pathology Residents' Manual

## Program Goals & Objectives

### Department of Pathology, UTHSCSA

The Pathology Residency Training Program at the University of Texas Health Science Center at San Antonio provides opportunities in postgraduate training in Anatomic and Clinical Pathology by utilizing the facilities of the University Hospital, Audie Murphy Veterans Hospital, and University of Texas Health Science Center for core rotations. This experience is augmented by rotations at Christus Santa Rosa Children's Hospital, South Texas Dermatopathology Laboratory, and the Bexar County Forensic Sciences Center. The main objective of the training program is to prepare medical and osteopathic physicians for the practice of Anatomic and Clinical Pathology and to provide a setting in which teaching and research activities may be pursued. In addition, advanced fellowship training in Hematopathology, Transfusion Medicine, Cytopathology, and Surgical Pathology are also available. The varied patient population at our two main teaching hospitals and the activities at the research laboratories at the University of Texas Health Science Center at San Antonio provide an environment in which this goal may be accomplished so that all residents may be board eligible in Anatomic and Clinical Pathology with up to four years of post-graduate training for medical school graduates. If training in AP or CP only is desired, residency periods for up to three years for medical school graduates may be offered.

Our program is an outcomes-based training program based upon the ACGME and Pathology RRC six general competencies as listed below:

**Patient care:** Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology in service to patients.

**Medical knowledge:** Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to pathologic diagnosis.

**Practice-based learning and improvement:** Residents must be able to demonstrate the ability to investigate and evaluate their diagnostic and consultative practices, appraise and assimilate scientific evidence in order to improve their patient care practices.

**Interpersonal and communication skills:** Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other health care providers, patients, and patients' families.

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

**Systems-based practice:** Residents must demonstrate an awareness and responsiveness to the larger context and system of health care and the ability to call on system resources to provide pathology services that are of optimal value.

Each rotation lists its goals and objectives separately; however the four following general competencies' objectives apply to all rotations as well as to the pathology training program in general.

### **Practice-based learning & improvement**

Trainees will demonstrate:

- Ability to formulate quality assurance monitors for specific laboratory areas
- Ability to apply knowledge and appropriate statistical methods to the appraisal of clinical studies and current literature in medicine
- Awareness of the variety of pathology practice settings
- Ability to utilize library, web-based, and other educational sources
- Ability to use information technology and other methods to support monitoring of patient laboratory testing and enhancing clinician education in regards to appropriate and cost-effective utilization for patient management.

### **Interpersonal and Communication Skills**

Trainees will demonstrate:

- Effective and professional consultation to other clinicians and other health care professionals and sustain ethically sound professional relationships with colleagues, patients, and patients' families.
- Interact with consultants, laboratory personnel, and administration in an appropriate manner.
- Ability to provide services in a timely, organized and coherent manner
- Effective listening skills and ability to carryout standard operating procedures and verbal instructions

### **Professionalism**

Trainees will demonstrate:

- Sensitivity and responsiveness to patient, colleague and laboratory personnel culture, age, gender, and disabilities.
- Commitment to ethical principles pertaining to confidentiality of patient information, informed consent, and business practices.
- Respect, compassion and integrity
- Adherence to guidelines and regulations set forth by regulatory and accrediting agencies.
- Ability to recognize and identify deficiencies in peer performance

## **Systems-based practice**

Trainees will demonstrate:

- Knowledge of the laboratory management's effect on other health care professionals, organizations, and society
- Ability to access, understand and utilize the resources, providers, and systems necessary to provide optimal care
- Knowledge of how the types of medical practices and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Ability to apply evidence-based, cost conscious strategies for screening, diagnosis, and disease management.
- Ability to provide cost-effective health care and resource allocation without compromising quality of care.

For AP/CP trainees, the program is structured to meet ABP requirements of at least 18 months of training in both Anatomic and Clinical Pathology with additional elective time that may be customized dependent upon the trainees goals and needs as long as the electives meet both ABP and UTHSCSA requirements. In anatomic or clinical pathology, additional two to six week long electives are available, as well as advanced electives in other topics covered by core rotations. All electives must meet residency Program Director approval with written specific goals and objectives and faculty supervision. (See list of rotations for details on required rotations for each year and available electives.)

All residents are encouraged to participate in clinical research with subspecialty oriented diagnostic pathologists in surgical pathology, cytopathology and clinical pathology. Additional opportunities for both basic and clinical research are available with faculty who have interests in genitourinary pathology, dermatopathology, pulmonary pathology, breast pathology, biostatistics, molecular biology, and other fields.

The Resident conferences have been organized to provide a combination of didactic lectures in AP/CP, working conferences to review the most recent cases, and exposure to basic research and quality assurance. During residency, each resident is expected to undertake and complete a scientific project to be published as a peer-reviewed state or national abstract/paper. This is to give the residents exposure and experience in formulating hypotheses, working through a well-controlled project and organizing data suitable for publication.

Residents have opportunities for teaching experience in their interaction with fourth year medical students and residents from other fields while they are on pathology rotations. Residents also participate in the teaching of the small group lab sessions within the second-year medical student pathology course. PGY 3s and above are required to teach a minimum of 3-4 MS Labs (1block) per year.

At the end of the academic year all pathology residents and fellows will vote on the pathology faculty member that best exemplified a “teaching role model”. The “Peter Banks, MD, Teaching Award” is then presented to that elected pathology faculty at the June graduation ceremony.

The overall design of this residency training program has been accomplished after many hours of work by contributing faculty and the Residency Advisory Committee. The combination of structured core rotations and less structured, advanced level training should provide residents with a strong basic fund of knowledge while allowing pursuit of individual interests and career goals.

Approved by the RAC 08/2010  
Reviewed by the RAC and approved with minor edits 05/2011.

## **Policy on Policies**

### **Department of Pathology, UTHSCSA**

The Program Director is responsible for ensuring that the Pathology Residency Program policies are reviewed annually, are up to date, and are in compliance with institutional GME and ACGME requirements. Policies will be constructed and/or updated as follows.

1. The Program Director will draft a new policy or proposed changes to an existing policy. He/she may elicit early input during the draft stage from the Chair of Pathology, faculty, and residents (via Chiefs & Chairs Committee and/or Residency Advisory Committee, or an ad hoc committee) if there are proposed substantial changes to existing policy and practice.
2. The Program Director will present the completed draft of the new or revised policy (with any additional edits) to the Residency Advisory Committee for review and approval.
  - a. The Residency Advisory Committee is a body comprised of residents and faculty which deals with policies and long-range issues regarding the residency and fellowship programs, and provides oversight of program goals and accomplishments. (Please also see Residency Advisory Committee description and charge).
3. The Program Director will present the new or revised policy to the Chair of Pathology for approval.

4. The Program Director will present the final new or updated policy to the GME Committee (GMEC) for approval.
5. Once the new or updated policy is approved by GMEC, the Program Director will distribute it to all faculty and residents. It will also be posted online.
6. All Pathology Residency Program policies will be reviewed annually by the Program Director.

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## **Policy on Resident Selection and Transfer**

Department of Pathology, UTHSCSA

Resident selection is performed consistent with the UTHSCSA GME “Policy on Resident Selection and Appointment.” Written eligibility criteria are consistent with the ACGME Institutional Requirements. There will be no impermissible discrimination in resident selection, and all residents will be eligible for permanent licensure in the state of Texas.

### 1. Selection of Candidates for Interview.

The Residency Program Director, with the assistance of the Associate Program Director, will review applications through the Electronic Residency Application System (ERAS). Applications will be filtered with the aim of selecting approximately 10 or more good applicants per position for interview prior to the match. All candidates selected for interview are submitted for screening per compliance agreement and are screened for NRMP violations prior to contact for interview invitation. The deadline for applications is November 20.

### 2. Schedule for Interview Day.

Interview days may include more than one applicant on the same day; interview schedule may be adjusted to accommodate this circumstance.

The interview will contain the following components:

- Entrance interview with the Associate Program Director (Fernandez)\*

- Exit interview with the Program Director (Fiebelkorn)\*
- Interview with Chair or senior designee (Reddick/Olson/Henry)
- Interview with two faculty members (when possible) directly involved in Clinical Pathology (CP) training\*\*
- Interview with two faculty members (when possible) directly involved in Anatomic Pathology (AP) training\*\*
- Interview with one senior resident
- Lunch with 2 trainees (must have been in the program at least 6 months)
- Tour of the facilities (one of the residents that accompanies the applicant to lunch)

\* If either Program Director or Associate Program Director are unavailable on an interview day, both entrance and exit interview will be conducted by the same person.

\*\* If the applicant indicates an area of interest the AP or CP faculty will be selected / replaced by a faculty member with a similar interest.

Each year, the Program Director will give the Residency Program Coordinator a list of AP faculty and CP faculty from which to select interviewing faculty. An interview should ideally only be scheduled if individuals are available for each of the components of the schedule. Substitutions should only be made with consent of the Residency Program Director.

The Program Coordinator will choose a current resident to accompany a residency candidate to lunch, and if desired, a second resident may also accompany the candidate. Fellows who have not served as a resident within our program should not be utilized except for recruitment of other Fellow candidates for the same specialty. Reimbursement for food and beverage will be limited to \$20.00 per person. Any costs exceeding this limit will be borne by the host resident/fellow. Alcoholic beverages shall not be consumed at a candidate lunch.

### 3. Ranking of Candidates.

All interviewers will complete an evaluation form and return it to the Residency Program Coordinator. Following completion of all of the interviews, the Residency Program Coordinator will compile a summary table of the candidates interviewed including their average score and a list of the overall appraisals. This list will be distributed to the Chief Residents. The residents will then meet to decide how they would prefer that the candidates be ranked.

Following this, a final ranking meeting, conducted by the Program Director and open to all faculty and senior residents (PGY-3 and PGY-4), will then be held to determine final ranking order of candidates. The primary rank list will be based on the average interview scores. A resident representative will then present the resident ranking preferences at this meeting during discussion of ranked candidates and propose any changes to the rank list. The individuals directly involved in

interviewing candidates will then discuss and decide on the acceptance of proposed changes to rank list. If a majority decision is not reached, the Residency Program Director has final decision-making authority.

4. Un-filled positions.

If any positions are not filled through the National Match Program, the Residency Program Director or their designee will be available on site the day before the match results are released to field calls from applicants. A team of faculty members selected by the Program Director will also be available to help field calls and discuss the suitability of candidates. The Residency Program Coordinator will be assigned an administrative assistant to help compile applications.

5. Resident transfers

Residents who apply for transfer from another GME program are subject to additional requirements. Per ACGME requirements, the program director of the previous program must provide written verification of the individual's previous educational experiences and a statement regarding the performance evaluation of the transferring resident.

In addition, the TSBME mandates a postgraduate resident permit for all residents entering Texas programs. Residents will not be allowed to enroll until they have been issued a permit or a Texas medical license.

6. The Residency Advisory Committee will be consulted if unusual circumstances arise that require deviation from the procedure outlined above.

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## **Policy on Resident Supervision**

Department of Pathology, UTHSCSA

During the course of their training in anatomic and/or clinical pathology, trainees are supervised and given graduated levels of responsibility in the delivery of patient care in a manner consistent with the General Policy of Resident Supervision (2.1.5) for the UTHSCSA Graduate Medical Education office and the Department of Pathology policies. It is the policy of the Department of Pathology to follow all requirements established by the ACGME regarding supervision of pathology residents ([www.acgme.org](http://www.acgme.org)). Residency training in pathology is competency-based with individual subsections of anatomic and



clinical pathology therefore specific PGY level responsibilities and privileges are not always applicable, but may be defined in rotation guidelines for repeated rotations within a specific discipline.

NOTE: All anatomic pathology diagnosis including frozen section and cytology must have attending confirmation of the resident diagnosis prior to release to clinicians or other designated care givers. Clinical pathology areas may allow for resident clinical interpretation if described in the rotation outline; however, all written consultations are dependent upon faculty verification as well.

## **GENERAL SUPERVISION POLICIES**

### Levels of supervision

The following levels of supervision are defined by the ACGME:

- Direct supervision
- Indirect supervision, with direct supervision immediately available (on site)
- Indirect supervision, with direct supervision available
- Oversight

### Procedures requiring supervision

The following procedures require supervision. Please also see description of specific supervision processes for each section below.

- Autopsies (complete or limited)
- Gross dissection of surgical pathology specimens by organ system (see list of gross specimens)
- Frozen section processing
- Apheresis
- Fine needle aspiration and interpretation of the aspirate
- Bone marrow aspiration (Note: bone marrow aspirations must always be directly supervised. See specific section below.)

### Individuals who may provide supervision

- Attending pathologists and/or doctorate-level laboratory directors
- Subspecialty pathology fellows within the area of their fellowship training
- PGY-3 and PGY-4 residents who are competent in the performance of a procedure may supervise PGY-1 residents.
- Pathology assistants may supervise gross dissection of surgical pathology specimens and/or autopsies as approved by the Department. (NOTE: The ultimate responsibility for a patient's care, however, lies with the attending physician, and cannot belong to a pathology assistant.)

## Residents requiring supervision

- PGY-1 residents require direct supervision for all listed procedures. After successfully performing three of a given procedure under direct observation, a PGY-1 resident may progress to indirect supervision with direct supervision available. This includes three of each unique specimen type on the list of gross specimens for observation.
- PGY-1 residents are responsible for tracking directly observed procedures on New Innovations, which will then be verified by the supervising/observing individual.
- Beyond the PGY-1 year, residents will be assigned levels of supervision by the Program Director, with input from the Resident Progress Committee and other supervising faculty, based on competency as judged by successful performance of a given procedure. (See additional details for specific procedures and services below).
- PGY-3 and PGY-4 residents are in the final years of their training, and may be assigned a supervision level of “oversight” by the Program Director (with input from supervising faculty and the Resident Progress Committee) after demonstrated competence in a procedure.
- Resident competency and levels of supervision will be assessed and documented at the six-month evaluation by the Program Director (with input from the Resident Progress Committee). Documentation of competency and required supervision for each resident will be kept in the resident’s clinical competency file, and will also be available on the site of the procedure(s), as required by the Joint Commission.

Procedural logs are submitted every 6 months via residents’ portfolio and also updated on the online ACGME pathology procedural log by the resident. Verification of ability to competently and independently carry out these procedures for any specific trainee may be provided as appropriate for credentialing or licensure purposes.

Note: Residents should log all autopsies; completion of at least 50 autopsies is required by the American Board of Pathology. Residents should also log all fine needle aspirations, and bone marrow aspirations/biopsies; while there is no specific required number of these procedures, a log of them is required for Board application. Numbers of surgical pathology and cytology cases should also be tracked by each resident. Up-to-date requirements for procedures may be found in the most recent American Board of Pathology Booklet of information (<http://www.abpath.org>) and in the ACGME Program Requirements for Pathology ([http://www.acgme.org/acWebsite/RRC\\_300/300\\_prIndex.asp](http://www.acgme.org/acWebsite/RRC_300/300_prIndex.asp)).

## Increasing levels of responsibility

Residents must be prepared to provide unsupervised care upon completion of training. In order to prepare residents for future independent practice, they are afforded increasing levels of responsibility as follows:

- Pathology residents on service in Surgical Pathology will periodically be given gradually increasing responsibility for written diagnosis of their own cases. Once a resident is approved by the Program Director for a particular level, he/she may write up cases at that level and submit to the attending pathologist without attending sign out for that case. (See Surgical Pathology specific supervision section below)
- PGY-3 and PGY-4 residents who have successfully demonstrated competence in a procedure may be supervised in an “oversight” capacity (see above). PGY-3/4 residents with demonstrated competence may also supervise PGY-1 residents performing these procedures.
- PGY-3 and PGY-4 residents act as “junior laboratory directors” in their required Advanced Clinical Pathology rotation at the VAMC (6-week rotation required in both PGY-3 and PGY-4 year).
- PGY-3 and PGY-4 residents may serve as acting surgical pathology fellows in the beginning of the year during orientation of new surgical pathology fellows.

#### Documentation

- Directly observed procedures performed by PGY-1 residents will be tracked online using the New Innovations system. Information on observations of procedures is available for viewing in this system.
- Documentation of fine needle aspiration performance and competency will be kept in paper format (see Cytopathology section below) and by the Program Director in each resident’s competency file.
- Levels of supervision required for each procedure type will be assigned by the Program Director and documented in each resident’s competency file. They will be updated at least annually (usually every six months at the time of the six-month review).
- A list of each resident and the level of supervision required for each procedure will be available at the site of care, according to Joint Commission requirements. This list will be updated at least annually by the Program Director.

#### **DESCRIPTION OF SUPERVISION WITHIN SPECIFIC SERVICES**

## *Surgical Pathology*

Pathology residents on the Surgical Pathology service will be supervised by staff attending faculty, senior residents who have been approved for performance without supervision, and the surgical pathology fellow. Surgical specimen grossing is a critical part of patient care that is performed primarily by pathology residents under the supervision of staff pathologists. Junior residents are scheduled along with senior residents who provide assistance and supervision in the gross room. Depending on his/her level of training and the complexity of the specimen in question, a resident may be required to seek guidance from a senior resident, a surgical pathology fellow, or the staff pathologist, before beginning the gross dissection of some specimens. These may include resection specimens and specimens with multiple margins that require orientation, and other complex specimens (described in the Surgical Pathology rotation description). Consultation should always occur when there is any question about how to proceed with a specimen, regardless of whether a resident has been approved to gross that specimen type without direct supervision.

Pathology residents on service in Surgical Pathology will periodically be given gradually increasing responsibility for written diagnosis of their own cases. Faculty evaluations classify resident capability as follows:

Level I:	Gross only cases
Level II:	Normal tissue sent for identification
Level III:	Non-neoplastic cases
Level IV:	All cases including neoplasia

Once a resident is approved by the Program Director for a particular level, he/she may write up cases at that level and submit to the attending pathologist without attending sign out for that case. It is expected that, by the end of their training, most residents will achieve responsibility for finalization of the bulk of their cases prior to sign out, including complete written diagnosis. All final diagnoses in anatomic pathology (including frozen sections) are not considered completed until verified by a faculty pathologist.

## *Autopsy Pathology*

Pathology resident supervision on the Autopsy Pathology service is described in detail in the Autopsy Rotation description. Residents will be supervised as follows:

- Initial cases performed by an untrained resident require direct faculty supervision, as noted above.
- After successful observation of three cases, the trainee may perform may be granted approval to perform autopsies without direct supervision. However, it is recommended that the supervising pathologist view the body prior to evisceration.

As with Surgical Pathology, Provisional Anatomic Diagnosis and Final Anatomic Diagnosis are not considered completed until verified by a faculty pathologist.

### *Cytopathology*

Pathology residents on the Cytopathology service will be supervised by staff attending faculty, senior residents who are already approved for this practice, or the cytopathology fellow; resident supervision is described in detail in the Cytopathology Rotation description. Residents will be given increasing levels of responsibility and will be supervised as follows:

- Initial fine needle aspirations performed by an untrained resident require direct faculty or fellow supervision; a written evaluation of the resident is completed for each observed procedure.
- After a resident acquires competence as judged by supervisors (generally obtained after five or more successful fine needle aspirations under faculty/fellow supervision), the Program Director may approve him/her to perform fine needle aspirations without direct supervision.

All cytopathology diagnoses including gynecologic, non-gynecologic FNA, and cytology must have attending confirmation of the resident's diagnosis prior to release to clinicians.

### *Transfusion Medicine*

Transfusion medicine procedures that must have faculty or other qualified supervision until the resident has obtained competency with the procedure include:

- Allogeneic donor screening
- Therapeutic phlebotomy and autologous patients' evaluation
- Consultations for positive direct and indirect antiglobulin test and suspected transfusion reaction
- Evaluation of bleeding patients
- Supervision of apheresis

For allogeneic donor screening, therapeutic phlebotomy and autologous patients' evaluation, residents are evaluated using an examination; successful completion is communicated to the Program Director who may then grant approval for practice of these activities without direct supervision to the residents. Consultations and evaluation of bleeding patients are always supervised via faculty review and approval before finalization. Apheresis is always directly supervised by faculty (present or immediately available on site).

It is expected that, by the end of their training, most residents will achieve responsibility for performing donor screening and therapeutic phlebotomy independently. In addition, it

is expected that residents will be able to successfully complete all appropriate evaluations and consultations. However, consultations are not considered final until verified by a faculty pathologist, and a faculty pathologist must attend all apheresis procedures during their key portions or for routine monitoring.

### *Bone Marrow*

A small number of bone marrow aspiration procedures may be performed by senior residents during their Pediatric Pathology rotation at Christus Santa Rosa. Bone marrow aspirations are performed in the Hematology Clinic. All bone marrow aspirations are performed under close direct supervision of the hematology attending physician without provision of increased level of responsibility.

Approved by RAC 8/2010  
Approved by GMEC 9/2010  
Major revisions approved by RAC 5/2011; pending GMEC re-approval

## **Policy for Off-Site, Elective, and Away Rotations**

### **Department of Pathology, UTHSCSA**

#### Off-site and elective rotations

All off-site rotations and/or elective rotations in pathology must have an “Off-site or Elective Rotation Form” completed and turned into the Program Coordinator **prior** to full approval of the yearly resident rotation schedule. These include but are not limited to the following rotations:

- 1) within the Department of Pathology at the Medical School such as Molecular/Flow/Cytogenetics, Immunohistochemistry, and any of the Research Labs
- 2) Elective advanced rotations in subspecialty areas of pathology (e.g., neuropathology, breast pathology, renal pathology, etc.), even if the elective is performed at UHS or AMVAH.
- 3) All off-site rotations at sites other than UHS or AMVAH, such as Santa Rosa Hospital, South Texas Dermatopathology, Medical Examiners Office, etc.

It is the responsibility of the individual resident doing the rotation to have these forms completed prior to July 1 of each residency year. The forms require the signature of the rotation director, which then signifies that they will be responsible for resident supervision and evaluation during that time period and have agreed upon the description of the rotation. For all elective rotations there **must** be a rotation description in the resident

manual including field (e.g., Breast Pathology), assigned location, goals and objectives, daily activities, method of evaluation, and suggested reading. This rotation description must be reviewed and approved by the Program Director prior to the rotation. A rotation description template is available from the Program Director or Coordinator.

Changes in rotations during the academic year will require the standard “rotation change” form that must be signed by both the directors of both rotations (the rotation the resident is switching from and rotation resident is switching to).

### Away electives

Elective rotations at other institutions (away electives) can expose residents to certain methodologies, intensity of services, and other clinical experiences that they may not be able to achieve locally. Residents may spend a maximum of 3 months of away elective time in their 4 years, usually in their PGY-3 or PGY-4 years. Residents wanting to do an away elective in their PGY-2 year must obtain special permission from the Program Director (this is uncommon); away rotations are not allowed in the first year. All away electives must be approved by the Program Director; away elective rotations must satisfy training requirements in pathology.

The Program Coordinator will coordinate the administrative process for all away electives. Residents are encouraged to begin the approval process for away rotations as soon ahead of time as possible, as the paperwork can take several months or longer. The resident is responsible for providing the name of the supervising faculty at the outside institution who has agreed to let them rotate and to provide an evaluation of the resident at the end of the rotation. The resident must also provide a description of the rotation with goals and objectives and responsibilities similar to our rotation template. All paperwork (Program Letter of Agreement and other required paperwork) must be signed prior to the rotation.

Approved by the RAC 2/2010, approved by GMEC 4/2010

Reviewed by the RAC 8/2010

Reviewed by the RAC 5/2011

## **Policy on Hand-off and Transitions of Care**

Department of Pathology, UTHSCSA

In order to provide safe and effective patient care in pathology, transitions in patient care (to include any anatomic or clinical pathology specimen/case) should be minimized. When transitions of care do occur, effective and structured hand-off procedures must be used to facilitate both continuity of care and patient safety, in accordance with ACGME program requirements for pathology.

Documented hand-off should occur in any circumstance when coverage of a service or case is passed from one resident to another (transition of care). This procedure should also be followed for communication of an evolving situation or expected future issue on a service to a trainee assuming responsibility for that service. Some examples of circumstances in which documented hand-off should occur include:

- Scheduled change in rotations (always for surgical pathology, as needed for pending issues/cases in cytopathology, hematopathology, other clinical pathology core rotations, or other services).
- Communication between the resident on rotation and the resident on call regarding any ongoing or expected issues. (Common examples may include ongoing surgeries with expected frozen sections after hours, or expected apheresis procedures over the weekend.)
- Communication between the resident on call and the resident on rotation regarding cases or issues arising during the on call period which require further action or follow up.
- When arranging coverage for any service (regardless of whether there are ongoing/pending issues) in the event of either planned absence (e.g., vacation, travel to conference) or unplanned absence (illness or other emergency).

Hand-off communication will occur via email; in addition, face-to-face or phone discussion between residents should always occur (except in extenuating circumstances). The resident initiating hand-off (e.g., the resident going off service) is responsible for composing this email and ensuring that it is copied (cc'd) to all appropriate parties (see below). All emails must be encrypted to protect PHI by beginning the subject line with “++”. Email subject lines should also include abbreviations coding for the service involved. Hand-off emails and communications should include the following elements:

- Adequate identifying information for any patient or case involved in transition of care
- Sufficient details about each patient/case to ensure adequate completion or follow-up by the resident assuming the case
- Directions to access any photographs or other supporting files needed for optimal completion/follow-up (Note that adequate gross photos and information on location of sections is essential for effective hand-off in surgical pathology)
- Information about any outstanding issues affecting coverage of the service, in addition to any other orientation information

Hand-off email communications will be sent to the resident assuming care or coverage of a service. All hand-off emails will also be copied (cc'd) to the following:

- The faculty member originally involved in the case(s) or service coverage
- The faculty member assuming responsibility for the case(s) or service coverage (if different)
- The fellow for the service, if s/he will be involved in assumption of care/coverage
- The common hand-off email address (for documentation and monitoring)
- When communicating arrangements for coverage of a service (in the event of absence), the email should also be copied to the Chief Residents and the Program Director.



## **Policy on Duty Hours**

Department of Pathology, UTHSCSA

It is the policy of the Department of Pathology to be in compliance with UTHSCSA GME policy 2.1.7 (“Resident Duty Hours”), and to follow all requirements established by the ACGME regarding duty hours for pathology residents ([www.acgme.org](http://www.acgme.org)).

### **Definitions:**

**Duty hours:** all clinical and academic activities related to the residency program, i.e., patient care, administrative duties related to patient care, the provision for transition of care (hand-off), time spent in-house during call activities, and attendance of scheduled academic activities such as conferences. In pathology, direct patient care is provided in cytopathology (fine needle aspiration) and apheresis procedures; patient care-related activities also include autopsy; processing, handling, and interpretation of patient specimens; clinical consultations; and any other patient-related activities in the Department of Pathology. Duty hours do not include reading and preparation time spent away from the work site or conference preparation time.

**Internal Moonlighting:** Clinical and administrative activities performed within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s) which are voluntary and NOT required, and for which additional compensation is given. This time must be counted toward the 80-hour weekly limit on duty hours. Please see the departmental Policy on Moonlighting.

**Home call (pager call):** Call taken from outside the assigned institution. This call is not subject to the every third night limitation. If residents are called into the hospital from home (e.g., for a frozen section), those duty hours are counted toward the 80-hour limit.

### **Policy:**

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call (including at home call). One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities (including home call).
3. PGY-1 residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods; free periods less than 10 hours must be exceptional, and the reason for them must be documented. PGY-1 residents may not take at-home call outside of their assigned duty periods, and may never have a duty period longer than 16 hours.
4. PGY-2 (intermediate), and PGY-3 and -4 (final years) residents should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They may take at-

home call, which does not count against duty hours unless the resident comes in to the hospital (see Home call, above). HOWEVER:

1. While it is desirable that residents in the intermediate and final years of training (PGY 2, 3, and 4) have 8 hours free of duty between scheduled duty periods, residents must ultimately be prepared to enter unsupervised practice for irregular and extended periods of time upon completion of training. Therefore, there may be circumstances when they must stay on duty to provide care or return to the hospital with fewer than 8 hours free of duty.
  2. These circumstances may include: performing intraoperative consultations, apheresis, emergent autopsies (e.g., when a patient's religion requires rapid burial), fine needle aspirations, immediate evaluation of cytology, transfusion medicine/blood banking emergencies, and hematologic emergencies.
  3. Any circumstance in which a resident has fewer than 8 hours free of duty (as above) must be documented. It is the responsibility of the resident to notify the Program Director when such a circumstance occurs, so that it may be appropriately documented and monitored.
5. There is no in-house call in the Pathology Residency Program.

All residents are expected to accurately track their duty hours on a daily basis, and are individually responsible for ensuring that they do not violate duty hours. Service activities that are not complete at the end of a resident's allowable duty period will be either delayed until the following day (if possible) or responsibility will be assumed by the supervising faculty member. Faculty members are prohibited from penalizing or negatively evaluating a resident who must discontinue service activities in order to comply with duty hours.

Duty hours will be tracked and monitored for residents on all assigned rotations online in the New Innovations system. These duty hours will be reviewed periodically by the Program Director, in addition to regular periodic monitoring by the UTHSCSA GMEC. Education on duty hours, sleep and fatigue will be provided to all residents, fellows and faculty at least annually. In addition to regular discussion of resident concerns between the Chief residents and Chiefs of service (monthly at the Chiefs & Chairs meeting) and discussion between residents and the Program Director throughout the year, stress and fatigue related to excessive service obligations is monitored anonymously through rotation evaluations, annual program evaluation, and the ACGME Resident Survey.

Approved by RAC 05/2011; Approved by GMEC 06/2011

## **Policy on Moonlighting**

### **Department of Pathology, UTHSCSA**

The UTHSCSA Department of Pathology follows the recommendations of the UTHSCSA GME policy 6.4 "Moonlighting by residents" that can be viewed on the web at: <http://www.uthscsa.edu/gme/gmepolicies.asp>. Moonlighting is generally discouraged for residents in ACGME-accredited programs sponsored by UTHSCSA.

Under special circumstances, a resident may be given permission by the Pathology Program Director to engage in moonlighting. In all such cases, the moonlighting

workload must not interfere with the ability of the resident to achieve the goals and objectives of the Pathology Residency Program. All moonlighting activities (internal and external) must be prospectively approved by the Program Director prior to beginning moonlighting activities, and all time spent in internal and external moonlighting must be counted toward total duty hours, and must be in compliance with all elements of duty hour standards of the program, the institution, and the ACGME. PGY-1 residents may not moonlight under any circumstances.

The Department of Pathology considers *internal moonlighting* to consist of similar duties to those that are part of the regular pathology training requirements at hospitals at which the residency program has a Program Letter of Agreement (PLA), but for which the residents are given extra compensation beyond their routine salaries. Internal moonlighting must have faculty supervision, have evaluations completed by the director of the service every three months, as well as reporting of the internal moonlighting hours to the Program Director as part of the resident's six-month portfolio. Internal moonlighting will be covered by the UT System's Medical Liability Self-Insurance Plan, if the internal moonlighting was prospectively approved by the program director, occurs in a hospital with which the program has a PLA, and occurs under appropriate faculty supervision. All other work that requires a medical degree and is separate from program training is considered *external moonlighting* and is not covered by the UT System's Medical Liability Self-Insurance Plan.

Internal moonlighting may only occur at those pathology facilities currently affiliated with the UTHSCSA Pathology Residency Program with which the program has a PLA and at which residents routinely rotate on electives. These include: Santa Rosa Hospital Downtown under the direction of Victor Saldivar, M.D., South Texas Dermatopathology under the direction of Tom Davis, M.D., Bexar County Medical Examiner under the direction of Randall Frost, MD, as well as in The University Health System under the direction of Kristin Fiebelkorn, M.D.

External moonlighting is not condoned by the pathology department and trainees assume all risks if they elect to do so. External moonlighting is also subject to prospective approval by the program director. The following should be considered by a resident considering external moonlighting:

1. No outside work will be performed while resident is on call or during regular duty hours. Discovery that a resident is performing moonlighting duties under these circumstances may be grounds for probation, and possible dismissal from the program for repeated infractions.
2. A permanent Texas license is required to perform external moonlighting. Trainees must provide their own liability insurance or have in writing from the outside employer assurance they are covered by professional liability insurance with "tail coverage" as well as worker's compensation coverage. External moonlighting is not covered by the UT System's Medical Liability Self-Insurance Plan.

3. It is within the rights of the UTHSCSA Department of Pathology, to rescind the approval for either internal or external moonlighting for any reason that the program director deems valid.

Approved by the RAC 2/2010, approved by GMEC 6/2010

Reviewed by the RAC 8/2010

Reviewed by the RAC 5/2011 with minor changes

## **Policy on Evaluation and Promotion of Residents**

### **Department of Pathology, UTHSCSA**

The Resident Progress Committee (RPC) is the body charged with periodic review of each Pathology resident's progress toward acquisition of appropriate knowledge, skills, and attitudes and promotion of residents to the next PGY level. The RPC reviews resident evaluations twice a year.

The RPC will consist of faculty with active involvement in resident teaching, including a chair and four members (two in Anatomic Pathology and two in Clinical Pathology). Members of the RPC are selected by nomination by the Residency Advisory Committee (RAC), with approval and appointment by the Chair of Pathology. Members will normally serve a three year term; no more than two members should be rotated or replaced per year. The Associate Program Director will serve as the Chair of the RPC.

Copies of Program goals and objectives as well as specific rotation goals and objectives for residents are located online and are available for review in the Program Director's office. To monitor resident progress and document performance, residents in the Department of Pathology are evaluated via a variety of mechanisms, and feedback about those evaluations is conveyed in a timely and supportive manner by the Program Director on at least a semi-annual basis. Exceptional evaluations (particularly evaluations that document substandard performance) may be copied to the department Chair.

### **EVALUATION**

**Rotation evaluations** – At the end of each rotation, faculty with whom a resident works are tasked with completing an evaluation form online. The first portion of each evaluation solicits an assessment of “Unsatisfactory”, “Satisfactory” or “Outstanding” in the following general competencies:

- **Patient Care**
- **Medical Knowledge**
- **Practice-Based Learning and Improvement**
- **Interpersonal and Communication Skills**
- **Character Skills and Professionalism**
- **Systems-Based Practice**
- **Overall evaluation**

In addition, the evaluations contain a space for faculty to enter narrative comments (areas of strength and specific opportunities for improvement).

The second portion of each evaluation is rotation specific, listing multiple specific cognitive, clinical, or technical skills related to the detailed goals and objectives for that rotation. The faculty member assesses the resident as “Novice”, “Progressing”, or “Competent” for each specific competency. The resident’s level of responsibility for certain procedures requiring supervision and his or her capacity to work independently in an area may also be documented in the evaluation form. (See Policy on Resident Supervision).

**Semi-annual evaluations** – At least every 6 months, the progress of each resident is reviewed by the RPC, using the rotation evaluations, teaching and conference evaluations, any additional relevant information (e.g., letters of commendation or letters of reprimand), and the resident’s updated portfolio. The resident portfolio is prepared and submitted to the Program Director by the resident and includes information on teaching activities, service (including laboratory inspections), professional memberships, projects and presentations/publications, procedures (autopsies, fine needle aspirations, and bone marrow biopsies), and the resident’s personal learning plan. Annually, residents are promoted to the next PGY level by the RPC, based upon good standing in the program, meeting competency objectives at completion of the core rotations, and maintaining appropriate ethical and professional behavior. The RPC may also hold *ad hoc* meetings to discuss an individual resident in the event of a serious deficiency in academic performance or professional or ethical conduct.

## **FEEDBACK TO RESIDENTS**

Appropriate, compassionate, interactive feedback is vital to the professional development of residents. In addition to daily verbal comments by attending faculty members, formal feedback is given to residents via several methods, and written reports are maintained in the clinical competency files for each resident.

**Rotation evaluations** – Each rotation evaluation is available to the resident online after completion of the rotation. In addition, evaluating faculty are strongly encouraged to meet with the resident to review the evaluation at the end of the rotation. Any serious deficiencies are discussed with the resident during or soon after completion of the rotation.

**Teaching evaluations** – Teaching evaluations pertaining to medical school or dental school resident teaching activities are provided directly to each resident by the respective course directors. Copies of these evaluations are also kept in the resident's clinical competency file.

**Biannual meetings with Program Director** - The Program Director meets with each resident at least every six (6) months to review and discuss the individual's evaluations and progress. The summary evaluation of the RPC is shared with the resident by the Program Director at this meeting.

**Resident In-Service Examination (RISE)** - Residents take the Resident In-Service Examination (RISE) sponsored by the American Society of Clinical Pathologists (ASCP) each year. In accordance with the guidelines of the ASCP, only the resident and the Program Director know the results of individual RISE scores. Specific RISE results may not be used as justification for promotion or sanctions against residents. RISE results are used only to assist trainees in evaluating their progress and in identifying areas of strengths and weaknesses of both the residents and the training program.

## **UNSATISFACTORY PROGRESS**

If a resident's progress is not satisfactory, that resident may be placed on:

1. *Administrative status*: In this level of academic status, the resident is perceived as having at least a degree of difficulty in acquisition of academic requirements, but is considered to be making progress such that the teaching faculty's combined assessment is that the resident is likely to be successful in the attainment of the program's academic requirements.
  - a. *Administrative assignment*: This level of academic status is assigned for the specific purpose of focused improvement of one or more areas in which a resident has not yet achieved the level of competency required by the program's academic requirements. Examples include repeating a clinical rotation for which the resident received an unsatisfactory composite evaluation.
  - b. *Administrative leave*: This level of academic status is assigned for the immediate correction of deficiencies in academic requirements. An example would be for correction of significant medical records deficiencies or delinquencies.
  
2. Probationary status: Probation is considered to be an adverse academic status of a serious degree, wherein the resident has experienced clear failure to achieve academic requirements of the program, and in which the possibilities of

remediation and failure (termination or non-renewal of a resident's training agreement) coexist.

Criteria for probation and termination are detailed in the Policy on Probation and Termination of Residents, Department of Pathology, UTHSCSA. "Probation" represents a formal warning of unsatisfactory progress in the residency that may lead to termination. (see also UTHSCSA GME policy 2.1.9).

As per ACGME Institutional Requirements, a copy of the resident final evaluation will be kept on file permanently.

Approved by the RAC 4/2010, approved by GMEC 6/2010  
Reviewed by the RAC 8/2010 with minor changes  
Reviewed by the RAC 5/2011 with minor changes

## **Policy on Probation and Termination of Residents**

### **Department of Pathology, UTHSCSA**

An important goal of the Department of Pathology includes the education of its residents to become competent, excellent, pathologists who are able to achieve board certification. The Department recognizes that residents are adult learners and that ultimately acquisition of competencies appropriate to the level of independent practice is the responsibility of each individual. Toward those ends, the Department will provide an ample selection of educational offerings. The Department expects, in turn, that each resident will make every effort to benefit from the education offered.

#### **1. Administrative Status**

A. A resident may be assigned to Administrative status if the resident is perceived as having at least a degree of difficulty in acquisition of academic requirements, but is making progress such that the teaching faculty's assessment is that the resident is likely to be successful in the attainment of the program's academic requirements. Administrative status in the Pathology Residency Program is described in the Resident Evaluation Policy (see also UTHSCSA GME policy 2.1.9).

## 2. Probationary Status

A. If a resident's progress is not satisfactory, that resident may be placed on probationary status. This is considered to be an adverse academic status of a serious degree, wherein the resident has experienced failure to achieve academic requirements of the program, and in which the possibilities of remediation and failure (termination or non-renewal of a resident's training agreement) exist. The Program Director will discuss the intended probationary status with the Associate Dean for GME for review and guidance. When Probationary status is implemented, the Pathology Program Director must follow UTHSC and Texas Medical Board (TMB) reporting requirements.

B. Criteria for placing resident on probation:

1. Unsatisfactory written evaluations from faculty and performance deemed unsatisfactory by the departmental Professional Competency Committee and/or
2. Disruptive behavior or other misconduct as defined in UTHSCSA GME policy 2.1.10. The Program Director may immediately suspend a resident for such behavior and require the resident to leave the campus.

C. Notification and counseling processes - Due process will include the following steps:

1. Written notification and counseling by the Pathology Program Director, outlining specific deficiencies and improvements required to return to satisfactory status within the residency program
2. Resident will initial the letter that outlines deficiencies to indicate that he/she received the letter. If the resident should refuse to acknowledge receipt of the letter, that will be noted by the Program Director.
3. Option for a written reply of the resident to the Program Director

D. Consequences to the resident:

1. Removed from on-call duties
2. Required minimum 90% attendance at mandatory lectures and conferences
3. No off-campus rotations



4. Required weekly meetings with the Program Director, Associate Program Director or a designated faculty member to plan, implement and monitor remedial work. This includes the possibility of altering the resident's upcoming rotation schedule.

E. Duration of probation - Reevaluation after 3 months

1. Review of written evaluations by faculty during the probationary period
2. Review of lecture/conference attendance
3. Program Director's written evaluation
4. Examinations
  - a. Written examination and/or
  - b. Oral examination by Program Director, or designated member of the Resident Progress Committee
5. Other parameters specified in the letter of probation, if appropriate

F. If the evaluated parameters are satisfactory, the resident will be removed from probation and the resident will be reinstated to satisfactory status. Appropriate notification to the Texas Medical Board will be undertaken.

G. If evaluated parameter(s) is/are deemed unsatisfactory by the Program Director and the Resident Progress Committee, one of the following actions will be recommended to the Chair of Pathology.

1. Extension of probation
2. Non-renewal of the resident's contract
3. Immediate dismissal (termination)

H. The resident may appeal placement on probation by the following steps

1. Meeting of resident with the Program Director and Resident Progress Committee
2. Meeting of resident with the Chair of the Department of Pathology. The resident may request in writing within ten working days that a Pathology Ad Hoc Appeals Committee be appointed to consider the resident's appeal of probation.

a. The Ad Hoc Appeals Committee shall be comprised of five voting members to include a committee chair appointed by the Chair of Pathology, two full-time Pathology faculty members selected by the chair of the committee, and two additional Pathology faculty members that may be chosen by the resident. If the resident does not wish to choose the final two members, they will be chosen by the committee chair.

b. The Ad Hoc Appeals Committee shall meet within 10 working days of a written request by the resident. The program's position will be presented to the committee by the Program Director. The resident can present rebuttal to the decision for probation. The committee and the resident may elect to call upon witnesses that can provide useful insight to the committee.

c. At the conclusion of the meeting, the committee shall vote to either a) reinstate the resident to satisfactory (non-probationary) status or b) maintain the resident on continued probationary status. The committee's recommendation shall be presented in writing expeditiously to the Chair of Pathology for a final decision.

3. If the decision of the Pathology Ad Hoc Appeals Committee and Chair of Pathology is for continued probation, the resident may appeal to the Graduate Medical Education Committee (***this is the appeals body for all residents, independent of their funding source, for adverse actions taken against a resident because the resident fails to comply with his/her responsibilities or fails to possess medical knowledge or skill as determined by the program supervising faculty***). The Associate Dean for GME of the Medical School would handle this appeal in accordance with institutional policy, "Policy on Resident Grievance and Appeal Procedure." (UTHSCSA GME Policy 2.1.10)

### 3. Termination or Non-Renewal of Contract

A. A resident's performance may be deemed unsatisfactory as a result of a failure to remediate during a probationary period. Serious misconduct or disruptive behavior could also result in the need to terminate a resident or not renew the resident's contract. A resident may be terminated from the program or the resident's contract not renewed for one or more of the following reasons.

1. Continued unsatisfactory written evaluations from faculty and

performance to be deemed unsatisfactory by the departmental Resident Progress Committee

2. Misconduct or disruptive behavior as defined in UTHSCSA GME policy 2.1.10. The Program Director may immediately suspend a resident for such behavior and require the resident to leave the campus.

B. A decision to terminate or not renew a resident's contract shall ordinarily occur as a result of discussions of the Program Director with the Chair of Pathology and the Associate Dean for GME. Once an action is agreed upon, the Pathology Chair shall send a letter to the resident indicating the decision of termination or non renewal of contract and conveyed to the resident in a meeting with the resident and by certified mail with return receipt to the resident in accordance with GME policy 2.1.8. Immediate termination by the Chair of Pathology can occur if there is disruptive behavior on the part of the resident as defined in GME policy 2.1.10.

C. In the event of a decision to terminate a resident or not renew the resident's contract, the appeal process for the resident includes the following steps:

1. Meeting of resident with the Program Director and Resident Progress Committee
2. Meeting of resident with the Chair of the Department of Pathology. The resident may request in writing within ten working days that a Pathology Ad Hoc Appeals Committee be appointed to consider the resident's appeal of termination or non-renewal.
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3. If the decision of the Pathology Ad Hoc Appeals Committee and Pathology Chair is for non-renewal of contract or termination, the resident may appeal to the Graduate Medical Education Committee (***this is the appeals body for all residents, independent of their funding source, for adverse actions taken against a resident because the resident fails to comply with his/her responsibilities or fails to possess medical knowledge or skill as determined by the program supervising faculty***). The Associate Dean for GME of the Medical School would handle this appeal in accordance with institutional policy, "Policy on Resident Grievance and Appeal Procedure" (UTHSCSA GME Policy 2.1.10).

Approved by the RAC 12/2009, approved by GMEC 2/2010  
Reviewed by the RAC 8/2010  
Reviewed by the RAC 5/2011

## **Policy on Probation and Termination of Residents**

### **Department of Pathology, UTHSCSA**

An important goal of the Department of Pathology includes the education of its residents to become competent, excellent, pathologists who are able to achieve board certification. The Department recognizes that residents are adult learners and that ultimately acquisition of competencies appropriate to the level of independent practice is the responsibility of each individual. Toward those ends, the Department will provide an

ample selection of educational offerings. The Department expects, in turn, that each resident will make every effort to benefit from the education offered.

## **1. Administrative Status**

A. A resident may be assigned to Administrative status if the resident is perceived as having at least a degree of difficulty in acquisition of academic requirements, but is making progress such that the teaching faculty's assessment is that the resident is likely to be successful in the attainment of the program's academic requirements. Administrative status in the Pathology Residency Program is described in the Resident Evaluation Policy (see also UTHSCSA GME policy 2.1.9).

## **2. Probationary Status**

A. If a resident's progress is not satisfactory, that resident may be placed on probationary status. This is considered to be an adverse academic status of a serious degree, wherein the resident has experienced failure to achieve academic requirements of the program, and in which the possibilities of remediation and failure (termination or non-renewal of a resident's training agreement) exist. The Program Director will discuss the intended probationary status with the Associate Dean for GME for review and guidance. When Probationary status is implemented, the Pathology Program Director must follow UTHSC and Texas Medical Board (TMB) reporting requirements.

B. Criteria for placing resident on probation:

1. Unsatisfactory written evaluations from faculty and performance deemed unsatisfactory by the departmental Professional Competency Committee and/or
2. Disruptive behavior or other misconduct as defined in UTHSCSA GME policy 2.1.10. The Program Director may immediately suspend a resident for such behavior and require the resident to leave the campus.

C. Notification and counseling processes - Due process will include the following steps:

1. Written notification and counseling by the Pathology Program Director, outlining specific deficiencies and improvements required to return to satisfactory status within the residency program
2. Resident will initial the letter that outlines deficiencies to indicate that he/she received the letter. If the resident should refuse to acknowledge receipt of the letter, that will be noted by the Program

Director.

3. Option for a written reply of the resident to the Program Director

D. Consequences to the resident:

1. Removed from on-call duties
2. Required minimum 90% attendance at mandatory lectures and conferences
3. No off-campus rotations
4. Required weekly meetings with the Program Director, Associate Program Director or a designated faculty member to plan, implement and monitor remedial work. This includes the possibility of altering the resident's upcoming rotation schedule.

E. Duration of probation - Reevaluation after 3 months

1. Review of written evaluations by faculty during the probationary period
2. Review of lecture/conference attendance
3. Program Director's written evaluation
4. Examinations
  - a. Written examination and/or
  - b. Oral examination by Program Director, or designated member of the Resident Progress Committee
5. Other parameters specified in the letter of probation, if appropriate

F. If the evaluated parameters are satisfactory, the resident will be removed from probation and the resident will be reinstated to satisfactory status. Appropriate notification to the Texas Medical Board will be undertaken.

G. If evaluated parameter(s) is/are deemed unsatisfactory by the Program Director and the Resident Progress Committee, one of the following actions will be recommended to the Chair of Pathology.

1. Extension of probation

2. Non-renewal of the resident's contract
3. Immediate dismissal (termination)

H. The resident may appeal placement on probation by the following steps

1. Meeting of resident with the Program Director and Resident Progress Committee
2. Meeting of resident with the Chair of the Department of Pathology. The resident may request in writing within ten working days that a Pathology Ad Hoc Appeals Committee be appointed to consider the resident's appeal of probation.
  - a. The Ad Hoc Appeals Committee shall be comprised of five voting members to include a committee chair appointed by the Chair of Pathology, two full-time Pathology faculty members selected by the chair of the committee, and two additional Pathology faculty members that may be chosen by the resident. If the resident does not wish to choose the final two members, they will be chosen by the committee chair.
  - b. The Ad Hoc Appeals Committee shall meet within 10 working days of a written request by the resident. The program's position will be presented to the committee by the Program Director. The resident can present rebuttal to the decision for probation. The committee and the resident may elect to call upon witnesses that can provide useful insight to the committee.
  - c. At the conclusion of the meeting, the committee shall vote to either a) reinstate the resident to satisfactory (non-probationary) status or b) maintain the resident on continued probationary status. The committee's recommendation shall be presented in writing expeditiously to the Chair of Pathology for a final decision.
3. If the decision of the Pathology Ad Hoc Appeals Committee and Chair of Pathology is for continued probation, the resident may appeal to the Graduate Medical Education Committee (***this is the appeals body for all residents, independent of their funding source, for adverse actions taken against a resident because the resident fails to comply with his/her responsibilities or fails to possess medical knowledge or skill as determined by the program supervising faculty***). The Associate Dean for GME of the Medical School would handle this appeal in accordance with institutional policy, "Policy on Resident Grievance and Appeal Procedure." (UTHSCSA GME Policy 2.1.10)

### 3. Termination or Non-Renewal of Contract

A. A resident's performance may be deemed unsatisfactory as a result of a failure to remediate during a probationary period. Serious misconduct or disruptive behavior could also result in the need to terminate a resident or not renew the resident's contract. A resident may be terminated from the program or the resident's contract not renewed for one or more of the following reasons.

1. Continued unsatisfactory written evaluations from faculty and performance to be deemed unsatisfactory by the departmental Resident Progress Committee
2. Misconduct or disruptive behavior as defined in UTHSCSA GME policy 2.1.10. The Program Director may immediately suspend a resident for such behavior and require the resident to leave the campus.

B. A decision to terminate or not renew a resident's contract shall ordinarily occur as a result of discussions of the Program Director with the Chair of Pathology and the Associate Dean for GME. Once an action is agreed upon, the Pathology Chair shall send a letter to the resident indicating the decision of termination or non renewal of contract and conveyed to the resident in a meeting with the resident and by certified mail with return receipt to the resident in accordance with GME policy 2.1.8. Immediate termination by the Chair of Pathology can occur if there is disruptive behavior on the part of the resident as defined in GME policy 2.1.10.

C. In the event of a decision to terminate a resident or not renew the resident's contract, the appeal process for the resident includes the following steps:

1. Meeting of resident with the Program Director and Resident Progress Committee
2. Meeting of resident with the Chair of the Department of Pathology. The resident may request in writing within ten working days that a Pathology Ad Hoc Appeals Committee be appointed to consider the resident's appeal of termination or non-renewal.
  - a. The Ad Hoc Appeals Committee shall be comprised of five voting members to include a committee chair appointed by the Chair of Pathology, two full-time Pathology faculty members selected by the chairman of the committee, and two additional faculty members that



may be chosen by the resident. If the resident does not wish to choose the final two members, they will be chosen by the committee chair.

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c. At the conclusion of the meeting, the committee shall vote to either a) reinstate the resident to satisfactory (non- probationary) status , b) reinstate the resident on continued probationary status, c) recommend non-renewal of the resident's contract, or d) recommend immediate termination of the resident. The committee's recommendation shall be presented in writing expeditiously to the Chair of Pathology for a final decision. The Pathology Chair shall send a letter to the resident indicating the decision of termination or non renewal of contract and conveyed to the resident in a meeting with the resident and by certified mail with return receipt to the resident in accordance with GME policy 2.1.8.

3. If the decision of the Pathology Ad Hoc Appeals Committee and Pathology Chair is for non-renewal of contract or termination, the resident may appeal to the Graduate Medical Education Committee ***(this is the appeals body for all residents, independent of their funding source, for adverse actions taken against a resident because the resident fails to comply with his/her responsibilities or fails to possess medical knowledge or skill as determined by the program supervising faculty)***. The Associate Dean for GME of the Medical School would handle this appeal in accordance with institutional policy, "Policy on Resident Grievance and Appeal Procedure" (UTHSCSA GME Policy 2.1.10).

# Vacation Policy

## Department of Pathology, UTHSCSA

### Definitions

1. **CORE ROTATION:** A mandatory rotation that is typically scheduled for an individual in the first 3 years of residency (with a few exceptions).

Examples include:

The Clinical Pathology core rotations of:

- 3 months of hematology
- 3 months of transfusion medicine
- 3 months of microbiology
- 3 months of chemistry
- 1.5 months of molecular diagnostics, cytogenetics, and flow cytometry
- 1.5 months of Immunology/histocompatibility (HLA)
- 3 months of advanced clinical pathology (VA CP)

The Anatomic Pathology core rotations:

- 9 months of surgical pathology
- 3 months of autopsy
- 3 months of cytology
- 1 month of forensic pathology
- 1 month of pediatric pathology

2. **ROTATIONS THAT REQUIRE COVERAGE:** Rotations requiring resident/fellow coverage at all times. Currently these rotations include surgical pathology, transfusion medicine, autopsy and cytology.
3. **ELECTIVE ROTATION:** A rotation that is not a core or required coverage rotation. An elective rotation is a rotation the resident chooses and is not scheduled.

Note: Certain rotations are both core and rotations that require coverage. In those cases the policies are cumulative, not exclusive.

### Policy

**Approval by the Residency Program Director and the staff/director of the rotation from which a resident/fellow is requesting leave is required before vacation is taken.** Prior to bringing the vacation request form to the Residency Program Director for signature, the form should be signed by the attending/director of the service from which one is requesting leave. Residents are allowed 10 days of vacation in the PGY-1 year and 15 days of vacation in PGY-2 through 4 years; residents are allowed 10 sick days per year. Residents are responsible for monitoring total time off (vacation, sick leave,

and family leave) to ensure that it does not exceed the requirements of the American Board of Pathology (maximum of 80 days off over 4 years). Residents are encouraged to consult the most recent ABP Booklet of Information, which may be found on the internet at: <http://www.abpath.org/BIContents.htm>

1. **CORE ROTATIONS:** The resident must be present for 5 of the 6 weeks of any core rotation of that length (maximum of 5 days away). In addition, a cumulative maximum of 2 weeks vacation (10 days away) may be taken over the 3 months of a single core rotation. Example: A maximum of 2 weeks (10 days) may be taken on a 3 months assigned to chemistry. For core rotations of 4 weeks length, residents may be absent for up to 3 days.
2. **ROTATIONS THAT REQUIRE COVERAGE:** Vacation may not be taken unless adequate coverage is provided. The person requesting vacation must make arrangements for adequate coverage.

SURGICAL PATHOLOGY - Vacation while on surgical pathology is **strongly** discouraged. If vacation is taken, adequate coverage must be obtained. It is the responsibility of the individual taking vacation to find appropriate coverage.

AUTOPSY - Autopsy service must to be covered by at least 1 individual. If only one person is on the service he/she must find adequate coverage to take vacation.

CYTOLOGY - One person must be on the cytology/FNA service. If only one person is on the service he or she needs to find adequate coverage to take vacation.

TRANSFUSION MEDICINE – Transfusion Medicine will require full-time resident/fellow coverage.

3. **ELECTIVE ROTATIONS:** The resident or fellow must obtain approval from the staff-director of the elective rotation and residency/fellowship director. One week vacation applies to 1.5-month elective, but exceptions can be granted by director of the elective rotation and Program Director. Vacation taken during any elective lasting only 2 weeks is discouraged due to the brief duration of the elective; residents should be present for at least 7 days of any 2 week elective.

## **EMERGENCIES**

In case of emergency (i.e. personal illness or death/illness in the family) one may take leave at any time. However, an individual must inform the attending/staff on the rotation he/she is covering and the chief resident of the situation, so that plans for coverage can be made.

A list of senior residents on electives will be created by chief residents to call for emergency coverage for those rotations requiring coverage only.

## **Vacation Requests**

Vacation/ leave forms must be completed and with necessary signatures prior to expected absences. Prior to bringing the vacation/ leave form for Program Director's signature all vacations/leaves must have evidence of prior approval by the attending/director of that specific rotation from which you are requesting leave.

Approved by the RAC 2/2010

Reviewed by the RAC 8/2010

Reviewed by the RAC 5/2011 with minor changes

## **Chief Resident Selection, Benefits, and Duties**

### **Department of Pathology, UTHSCSA**

#### **Goals:**

- Gain administrative experience working with faculty, staff, junior residents and students by helping manage an academic training program and pathology service
- Contribute to the continuous quality improvement of the UTHSCSA Pathology Program

#### **I. Chief Resident Selection**

- a. Two Chief residents are selected in January or February of each year by a vote of the Chiefs & Chairs Committee based upon the following:
  - i. Program Director's suggestion
    1. May also be based upon discussion with faculty and residents and interviews with PGY-3 candidates
  - ii. Resident written feedback during 360 degree evaluations and Rolf Scott Award nominations
  - iii. Candidates must be in their second to last PGY year of training when selected and be a resident in good standing

## II. Benefits

- a. All benefits begin on July 1<sup>st</sup> of their PGY 4 year and end on June 30<sup>th</sup> of the same PGY year.
- b. Parking passes to the UHS faculty parking area as provided by professional staff services at UHS
- c. Pay bonus of \$1000/year per Chief Resident divided evenly among the pay periods for that academic year
  - i. \$500 of the bonus is provided by UHS per Chief Resident
  - ii. \$500 of the bonus is provided by the Department of Pathology
- d. Designation as prior Chief Resident on “Final Letter” and other training documentation

## III. Duties

- a. Chief residents will begin working on rotation schedule for residents when appointed and after eliciting each resident’s ***vacation and schedule request form*** for the upcoming year.
  - i. Draft completion for final approval should be submitted by the scheduled Chiefs and Chairs meeting in May.
- b. Chief residents construct the “Holiday” cross-cover schedule in consultation with Program Director and applicable rotation directors.
- c. Chief residents write welcome emails/letters to each new resident selected via the Match designating themselves as an important contact and asking for rotation and vacation requests
- d. Chief residents construct the on-call schedule for residents
- e. Chief residents arrange resident coverage for each conference series that residents are involved in, including:
  - i. Surgical Morbidity and Mortality conference (work with director of Anatomic Pathology)
  - ii. 4<sup>th</sup> Tuesday Didactic (work with Director of Clinical Pathology)
  - iii. Thursday Grand Rounds (work with Director of Anatomic Pathology)
  - iv. Tumor Board
  - v. Yearly SASP Presentations (work with Program Director)

- vi. Journal Club
  - vii. NOT included: Friday Autopsy Conference and other clinical correlation conferences (Breast, Dermatopathology, Pulmonary, etc.)
  - viii. Chief residents encourage resident attendance at required conferences
- f. Chief residents organize and supervise Orientation Week for new residents in consultation with the Program Director and Directors of Anatomic Pathology and Clinical Pathology
  - g. Chief Residents serve on the monthly Chiefs & Chairs Conference that meets routinely the first Wednesday of each month at 8:30 AM in the Chair's small conference room
  - h. Chief residents conduct a monthly meeting of residents routinely on the second Monday of the month (after C&C) at noon
  - i. **Chief residents are the primary liaison between residents, faculty and staff:**
    - i. Let faculty know when problems or complaints are cropping up between residents, residents and faculty, and residents and staff in a professional manner and with good judgment.
    - ii. Encourage residents to complete their 6 month **portfolios**.
    - iii. Encourage residents to **evaluate faculty, rotations and conferences** as well as fellow residents throughout the year as per the policy on faculty and program evaluation and policy on resident evaluation.
  - j. Serve in facilitating interviews with new candidates, serving as a primary interviewer and conducting the resident ranking of candidates.
  - k. Chief residents are the **pipeline** for communication of resident illness or absence to the current rotation faculty as well as to the program coordinator. They also facilitate coverage of the absent resident's duties if, after consultation with supervising faculty, it is determined that coverage is needed.

- i. Residents that may “cover” for the absence include senior residents who are on elective rotations.
  - ii. Residents that are on “core” rotations should be the last to be considered for cross covering.
- I. Specifically NOT designated as duties:
  - i. Mandatory duties of AP or CP Fellows
    - 1. Appropriate supervision of grossing in surgical pathology should be facilitated by:
      - a. Chief residents scheduling upper level residents along with less experienced residents during surgical pathology rotations.
      - b. Supervision by Surgical Pathology Fellows
      - c. Supervision by Surgical Pathology Attendings
      - d. Voluntary support from experienced and available upper level residents
  - m. Chief residents should consult the Program Director or their designee when given new duties by faculty or staff not specifically designated in this document or when given demands that conflict with the above description

Approved by the RAC 2/2010

Reviewed by the RAC 8/2010

Reviewed by the RAC 5/2011

## **Pregnancy Safety Policy for Pathology Residents**

### **Department of Pathology, UTHSCSA**

All residents should be aware that there are certain hazards common to working in a hospital or pathology laboratory that may cause risk to a developing fetus to a greater degree than to an adult physician trainee.

The decision to become pregnant is a personal one. Consultation with your physician prior to pregnancy will help you to make an informed decision. Additional resources include the Safety Office at University Hospital (358-2448) or the UT Health Science Center (567-2955). Specific information regarding any potentially harmful chemicals or exposures can be obtained from the Supervisor of the section to which the resident is assigned.

In the event of pregnancy, there are several safeguards that may be implemented in order to minimize the risk of exposure to hazards that may be harmful to the fetus. In order to expedite such safeguards, prompt notification of the Residency Director and/or Chief Residents upon confirmation of pregnancy is important.

To minimize the risk to yourself and your fetus, strict adherence to all of the universal safety precautions relevant to the task you are performing is essential. In the gross room and autopsy suite, the use of gloves, gown, mask, and eye protection will help to decrease the risk of exposure. Additionally, the resident can request a respirator from the UHS Safety Office to be worn while working in areas where fumes or other agents may be a risk. If desired, the pregnant resident can also request a monitoring badge be provided by the UHS Safety Office in order to monitor, track, and specifically document formaldehyde exposure. In accordance with guidelines established by the Occupational Safety and Health Administration (OSHA, San Antonio Office phone #525-2947), routine, periodic monitoring of formaldehyde exposure within the gross room is performed. The results of these tests are available for review by contacting the supervisor of Histology or UHS Safety Officer.

In all areas of the Laboratory, it is important to remember that proper handwashing and consistent use of disposable gloves are two of the most effective means to reduce the risk of exposure to chemical and biologic agents.

It is important to note that the 1978 Pregnancy Discrimination Act forbids sex-specific fetal-protection policies and was upheld by the United States Supreme Court in 1991 (*Automobile Workers v. Johnson Controls, Inc.*). In short, this law prohibits the removal of an employee from their job simply due to the pregnancy and potential risk to the fetus. Only when the pregnancy interferes with an employee's ability to perform the duties of her job can reassignment be mandated by the employer. Therefore, no resident will be automatically removed from their rotation at the grossing bench during Surgical Pathology, excluded from performing autopsies, or performing any other task as it relates to duties of pathology residency at UTHSCSA due to pregnancy.

If a resident desires reassignment during the course of her pregnancy, accommodation of this request will be attempted. It is important to note that such reassignment is usually best achieved prior to the start of the rotation block. Reassignment will be on a voluntary basis. No resident will be required to "cover" a service for a pregnant resident and all changes to the rotation schedule require approval of the Rotation Director(s) and the Residency Director.



If the resident and her physician deem that the pregnant resident is unable to carry out the essential duties of the assigned rotation, the resident can elect to take a leave of absence under the Family and Medical Leave Act in accordance with the policies of the University Health System.

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Reviewed by the RAC 8/2010

Reviewed by the RAC 5/2011

## **Book Fund Policy**

### **Department of Pathology, UTHSCSA**

Annually, PGY 1-7 Pathology residents and fellows will receive a book fund in the amount of \$800.00. This fund is disbursed in accordance with each person's contract year. When you are ready to purchase books, please contact the Pathology Program administrative assistant responsible for travel & reimbursement. The easiest way to buy books is by providing the bookstore with a voucher, and she can supply you with one (approved with appropriate signature) before each purchase. If you purchase a book at a conference or order a book online, e.g. Amazon, please bring the invoice to the administrative assistant for travel & reimbursement, and she will prepare the required paperwork for reimbursement. It is UT policy that you must have the book sent directly to you at the UTHSCSA address, not to your home.

Use of book funds is subject to the following:

- Book funds must be used before the end of the resident's contract year, and are non-transferable to the next year (i.e., if they are not used before the beginning of the next PGY year, they are lost).
- Book funds are available only during the period when the resident is employed in the Pathology Residency Program (i.e., a resident cannot access them before they arrive, and cannot use them once they graduate or otherwise separate from the program).
- Book funds may be used for educational materials related to pathology. These may include books (paper or electronic), journals, software, study aids, or other such items. They may be used to pay for memberships to professional organizations only if a pathology journal is provided as part of membership (e.g., USCAP). General memberships (e.g., AMA) will not be reimbursed.
- Book funds may also be used to pay for registration fees for a conference or

review course, provided that educational materials are received as part of the course and the conference or course takes place while the resident is employed in the Pathology Residency Program. (NOTE: travel and other expenses associated with attending the course are NOT covered/reimbursable. See travel policy below.)

- Book funds may NOT be used to pay fees associated with licensing, boards, or other examinations.
- Residents are responsible for any expenditures over \$800. This includes direct purchases during orientation week: if a resident or fellow exceeds the \$800 limit, they will need to remit the difference to the Department of Pathology.

The appropriateness of a book fund expense and reimbursement request will be decided by the Program Director. If there is any doubt, or if an item is unusual or may not qualify, it is recommended that the resident ask beforehand, to avoid incurring costs that may not be reimbursed.

Approved by the RAC 2/2010

Reviewed by the RAC 8/2010, 6/2011

## **Travel Fund Policy**

### **Department of Pathology, UTHSCSA**

PGY 1 residents receive no travel allowance except with Chair designation. For PGY 2 and above, each trainee will be funded for each peer-reviewed 1st authored abstract accepted for a national meeting. This support will cover:

- Registration fees for meeting (additional fees [e.g., workshops] must be approved)
- UTHSCSA-arranged round-trip fare to the U.S. meeting site
- Housing costs including the night before and the night after the presentation only
- Transportation (e.g., taxi or airport shuttle, airport parking)
- A per diem for meals not to exceed \$50.00.

Reimbursement for travel, housing, transportation, and meals will be provided only for the resident or fellow; no reimbursement will be provided for family members or friends. If a resident is accompanied by family or friend(s) and is charged the double rate or family rate for lodging, he/she will be reimbursed at the single occupancy rate.

Cost of the poster should NOT exceed \$500; however it is strongly suggested the faculty member submit the request for presentation costs to the department rather than the residency account. Any costs in excess of the Program Director or Pathology Chair pre-

approved costs will be covered by the resident/fellow. (Please see Procedures for Posters)

Please obtain permission for your trip from your respective Program Director, and then let the Pathology Program administrative assistant responsible for travel & reimbursement know so that she can follow proper institutional procedures in processing the necessary paperwork. Permission must first be obtained by the administrative assistant via a travel authorization request, and as it is electronic, dates cannot be "backdated" after travel. Failure to do this could result in your being denied reimbursement of your expenses.

It is the residents' and fellows' responsibility to make their own travel arrangements, and arrangements for airfare must be made through the state-approved Corporate Travel Office, 366-9565. If you wish to be reimbursed only for courses, e.g. Osler, you must also obtain a travel authorization for eventual reimbursement. Our fax number for our receipt of itinerary is 567-2478. Please provide the receipt to the administrative assistant responsible for travel & reimbursement for paperwork processing.

Remember to keep all receipts from your trip including the airline ticket stub. Please note that alcoholic beverages are not reimbursable. Also please note that car rental and parking relative to car rentals is not reimbursable (except under extenuating circumstances), and will be at personal expense.

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## **Copying/Supplies & Capital Equipment Policies**

### **Department of Pathology, UTHSCSA**

- **Copying**: Each resident and fellow will be given a photocopy card allowing \$25 worth of copies at Pathology Department expense for articles, etc. If copying relates to official hospital or department business, then it must be done by that entity's support staff. Please place your name on your card immediately. Lost cards will not be replaced at department expense.
- **Computer supplies**: CD-Rs and other necessary computing supplies will be made available to pathology trainees by Pathology Computing. Consult the Chief Residents and they will be in charge of documenting distribution of these items to residents and fellows.
- **Microscopes**: Are NOT to be removed from their assigned areas without the written permission of the institutional owner of the equipment. Home use must be granted

from the institutional owner and the Residency Director or Coordinator CANNOT issue this permission. It is also strictly forbidden for any patient care data with identifiers to leave the institutional boundaries as punishable by Federal regulation and Law.

## **Basic Cardiac Life Support Courses**

Pathologists (trainees and faculty) are required to take the Basic Cardiac Life Support Course every 2 years. If you have not yet taken the course, please contact the Pathology Program Coordinator, and she will provide times at University Hospital for you to take this course. Pathology trainees who have already taken the course and have current documentation should provide this to the Program Coordinator as soon as possible so that a copy of your certification card can be placed on file.

## **UT Badges**

All UT Employees, including those residents paid by external funding sources, are required to have a UT Badge. A list of residents has been provided to University Police to cover the \$10 fee, and the resident or fellow only needs to go to the University Police window and provide the cashier with your name and department, and they will in turn provide you with your badge. The badges must be returned upon the end of each resident's or fellow's contract time. In the event of a lost badge, the resident or fellow is responsible for the cost of replacement.

## **Texas License**

After you have applied for and received a Texas License (Physician's Permit), please let the Pathology Program Coordinator know. She will need a copy of the Permit that is issued to you.

When a Permanent Full Texas License is issued, the Training Permit becomes invalid.

Regarding professional liability insurance, The University of Texas System is now following the same 30-day grace period as the Texas State Board of Medical Examiners. However, every year, as soon as you get your notice to renew your license, please send in the application and fee immediately. The Medical Dean's Office monitors this process closely, and we must maintain compliance.

Approved by the RAC 2/2010

Reviewed by the RAC 8/2010, 6/2011