RESIDENCY PROGRAM
DEPARTMENT OF PATHOLOGY

ORGANIZATION STRUCTURE

Program Director: Michael L. Talbert, M.D.
Program Coordinator: Sarah White
Assoc. Program Director: Ravi Sawh, M.D.
Chairman: Michael L. Talbert, M.D.
Chief Residents: Brad Chaser, M.D., Paari M urugan, M.D.
Committees:
- Executive Committee
- Recruitment Committee
- Curriculum Committee
- Assessment Committee

PROGRAM ADMINISTRATION

Oversight for the Resident Training Program is provided by the Program Director. Further oversight is provided by the Pathology Residency Program Executive Committee. Various aspects of the program are coordinated by one of three subcommittees: Resident Recruitment, Residency Curriculum, and Resident Assessment Committees.

In addition to faculty involvement, the program is supported by dedicated Department of Pathology staff who coordinate resident activities to ensure an optimal educational experience and carry out the administrative tasks associated with resident recruitment and evaluation. Within the hospitals, laboratory staff assist residents with the technical and secretarial aspects of providing laboratory and pathology services. In the research laboratories, technicians are available to assist residents in the performance of experimental tasks.
GENERAL INFORMATION

The University of Oklahoma (OU) Department of Pathology Resident Training Program is an integral part of the OU College of Medicine, encompassing both basic and clinical sciences in its many areas of training. This Department exists to instill knowledge regarding the structural and functional consequences of insults to the cells, tissues, and organs of the body, with emphasis on the basic aspects of disease, including: 1) etiology, 2) pathogenesis, 3) morphologic changes, 4) the clinical significance of the morphologic changes, 5) pathophysiologic changes, and 6) related molecular biology. This requires utilization of knowledge in molecular biology, biochemistry, immunology, microbiology, anatomy and histology (both light microscopic and ultrastructural), physiology, and clinical medicine.

The Department of Pathology welcomes applicants who desire specialty training in combined anatomic/clinical pathology and pathology's many subspecialty areas. The combined program in anatomic and clinical pathology (AP/CP) includes two years of anatomic pathology and two years of clinical pathology. Each year of the combined AP/CP program contains some exposure to anatomic and clinical pathology with graded responsibilities in each. In anatomic pathology, training is available in autopsy, surgical pathology, cytopathology, (including fine needle aspiration), oral pathology, dermatopathology, neuropathology, pediatric/perinatal pathology, and forensic pathology. In clinical pathology, training is available in hematology (incorporating flow cytometry), toxicology, clinical chemistry, clinical microbiology and virology, immunopathology (including transplantation immunology), transfusion medicine, coagulation, and molecular pathology. Residents are introduced to medical informatics and the latest technology for providing pathology and laboratory services. Research opportunities are available with major departmental emphasis on the application of molecular, immunologic, biochemical, and morphologic approaches to the study of disease processes.

The Department offers first-year positions through the National Residents' Matching Program NRMP. When available, PGY 2-4 positions are offered to qualified applicants. Fellowship experiences may be available to qualified applicants.

The resident training program not only meets or exceeds all requirements for accreditation but it strives to produce outstanding pathologists who can effectively practice in a variety of settings. Therefore, it is intentionally designed to provide both a broad and in-depth experience. The program provides graduated responsibilities in routine and specialized areas and an integrated experience to simulate an actual practice situation. Didactic lectures by faculty are an important tool in the training program. In addition, residents are incorporated into the daily activities of the laboratory as an
essential part of the training experience. Since the program is academic-based, it includes the opportunity to develop research and investigational skills and experience as an educator.

Residents are equipped with the analytical, consultative, managerial, informatics, and investigational knowledge and skills required to be highly competent service-providers, teachers, and investigators. Residents training in this program are expected to develop sufficiently in the six competency areas (medical knowledge, practice-based learning and improvement, professionalism, interpersonal and communication skills, patient care, and system-based practice) defined by the ACGME to function as an new practitioner. Housestaff completing the training program should be capable of directing and managing clinical and anatomic laboratory functions and should be able to serve as consultants related to patient care and leaders in the delivery of appropriate, cost-effective, and timely healthcare information.

This manual is designed as a resource for residents in the Department of Pathology. Residents are also urged to refer to the College of Medicine Resident Handbook for general information about housestaff programs within the University of Oklahoma College of Medicine.

This document is a compilation of information useful to residents, but does not address every question that may arise. It also contains information that may change. For that reason, new residents should be aware of additional sources of information such as the Oklahoma State Board of Medical Licensure and Supervision and the American Board of Pathology.
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STIPENDS/BENEFITS/LEAVE TIME

**Stipends**

Resident salary and benefit packages (health, life, and institutional malpractice insurance) are set by the College of Medicine and are intended to be competitive with comparable programs. When funds are available, residents are also provided with funds to purchase appropriate educational materials and to attend meetings per year for presentation of research.

**Benefits**

Benefits are defined by the University of Oklahoma and are subject to change without notification. Currently, residents receive 120 hours (15 work days) of annual leave (vacation) each fiscal year. Annual leave time may be modified by the Program Director based on needs of the Department. Residents also receive 120 hours (15 work days) of sick leave per fiscal year. Both annual leave and sick leave are accrued at a rate of 1.25 days per month. Residents are entitled to 5 days of educational leave, which is to be used to attend meetings and conferences of educational benefit. In addition, the Department of Pathology provides the additional benefit of professional leave up to 5 days. Professional leave is to be used when a resident is presenting at a meeting or attending a meeting to fulfill duties as a committee member. Residents who are not in the program for the full twelve months will have their leave time adjusted based on the accrual rate. Basic health and dental insurance is provided free to each resident with a charge for dependents. Life insurance is provided to a resident with additional coverage at additional cost, if desired. Dependent life benefits may be purchased. Disability insurance is provided for each resident.

**Leave Time**

Vacation must be approved first by the director of the rotation during which the resident will be absent, then by the Program Director. The absence form must be completed and on file with the Program Coordinator before the resident departs on vacation or professional leave. Each resident receives 15 days of annual leave (vacation) time per year (July 1 - June 30). Vacation generally should not be scheduled during one month rotations (e.g. dermatopathology, forensics), during autopsy service (unless the resident can arrange alternate coverage for the service) or when the resident is the sole resident covering a busy rotation. In all instances, coverage, if needed, must be arranged by the resident and the requested time approved by the supervising faculty member before any leave is taken.

Residents are required to contact the Program Coordinator, and their rotation director regarding any unexpected sick or emergency leave from scheduled rotations. The
Program Coordinator (Sarah White) must be contacted by 9:30 a.m. the morning of the absence. Failure to comply with this policy may result in unauthorized leave without pay.

Educational leave (up to five days per year) may be granted for courses of special interest or for training that cannot be acquired within the medical center. Such leave is granted only upon the prior approval of the Program Director. Time taken for approved courses/meetings may be taken as educational leave without using vacation days when approved in advance by the Program Director.

Professional leave may be granted to a resident at any level of training who has been invited to present an abstract at an approved scientific meeting. Residents may be reimbursed for travel expenses depending upon availability of funds. Approval for this must be obtained in advance and is given on an individual basis by the Program Director.

The institutional policy states that “Residents do not receive credit or additional pay for holiday time during hospital rotations.” Consequently, pathology residents will not be granted holiday leave when scheduled on a hospital rotation.

To clarify the interpretation of this policy, the following principles are set forth.

1. Since the hospitals do not observe a holiday schedule for patient care, residents are expected to be at work on their assigned rotation during a holiday period.

2. If vacation time is scheduled during a holiday period, the holiday must be taken as vacation leave.

3. If the resident is on a rotation in which the assigned attending will observe a holiday and there will be no compromise of patient care should the resident not be present, the resident need to count that time as vacation leave.

The process for requesting/scheduling vacation time and professional leave is the same process and is initiated through MedHub. The request will go to the Section Head and then to the Program Director for approval. It is the resident’s responsibility to request their time off through MedHub. The Program Coordinator will not enter the request for the resident. The process must go through MedHub in order to be approved. Verbal approvals, emails, etc will not be considered “approval” by the Section Head or the Program Director.

There must be communication between the faculty, laboratory technical staff, resident going on leave and other residents who will cover on-going duties, hold-over cases, conference coverage, etc. Misunderstandings and communication problems can be avoided by residents informing faculty of scheduled leave time prior to their departure and making arrangements for coverage when appropriate. Service work should be completed and/or arrangements made for its completion prior to departure.
Leave without pay (for which no credit towards training requirements is given) must be approved by the Program Director in advance. Leave without pay will automatically occur when a resident is “out-of-status” with the program. No educational credit will be given for time “out-of-status.”

Family leave (maternity, paternity, time to care for an ill family member, etc.) is considered by the Program Director on an individual basis. A combination of sick leave (where appropriate and under the care of a physician), annual leave, and leave without pay may be used.

Unused leave time in any year cannot be carried over to subsequent years.

**American Board of Pathology Requirement**

The American Board of Pathology (ABP) requires a resident to document an average of 48 weeks per year of full-time pathology training over four years to qualify for the board. If a resident starts the program late or there is an interruption in his or her training, the ABP allows unused vacation leave to compensate for an interruption in training. By waiving vacation time when necessary, a resident may finish on June 30 four years after beginning training if he/she has a total of 192 weeks of full-time training. However, the ABP does not allow unused vacation time to shorten the training, i.e. a resident cannot finish the program early by not using annual leave. This is a policy of the ABP; however, the institution reserves the right to the final decision as to when training has been completed.
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COMMITTEES

Executive Committee
The purpose of the Executive Committee is to oversee the Residency Program ensuring that residents are appropriately recruited and properly trained to meet the requirements of certifying boards.

The Executive Committee functions as an advisory group to the Program Director.

Recruitment Committee
The purpose of the Recruitment Committee is to assist the Program Director in recruiting highly qualified candidates into the pathology housestaff training program.

The Recruitment Committee reports to the Program Director and the Executive Committee.

Curriculum Committee
The purpose of the Curriculum Committee is to assist the Program Director in defining and implementing the competency-based curriculum used to guide residents and fellows through their training.

The Curriculum Committee reports to the Program Director and the Executive Committee.

Assessment Committee
The purpose of the Assessment Committee is to assist the Program Director in monitoring the progress of residents and fellows during their years in the program and to ensure that residents and fellows are attaining the desired level of competency.

The Assessment Committee reports to the Program Director and to the Executive Committee.
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CHIEF RESIDENT

Selection
Each year the Chief Resident(s) for the next academic year is(are) selected from among
the advanced residents. The Residency Executive Committee is responsible for the
selection. A Chief Resident is selected on the basis of outstanding past performance in
the program, his/her ability to mentor junior residents, the respect shown by other
residents, and the ability to handle administrative tasks in a timely manner.

Duties
The duties of a Chief Resident include, but are not limited to, the following:

1. Assists the Program Director in developing and maintaining the rotation schedule.
2. Assists the Program Director in covering services when unexpected absences
   occur with residents.
3. Assigns residents to conferences and assists with conference preparations.
4. Assigns residents to the call schedule.
5. Serves as the backup individual for call and to resolve laboratory problems.
6. Holds regular resident meetings to identify problems and reports issues to
   Program Director.
7. Disseminates program information to other residents.
8. Notifies other residents of special conferences and events.
9. Facilitates selection of residents for committees and the faculty recipient of the
    teaching award.
10. Assists with the orientation of first year residents.
11. Works to maintain open communication between residents and between faculty
    and residents.
12. Works to maintain good morale among residents.
13. Models and encourages professional behavior of residents.
14. Monitors stress level of residents and reports concerns to the Program Director.
15. Assists with arrangements for resident social events.
16. Monitors attendance of residents at mandatory conferences.
17. Maintains residents’ library and requests additional materials as needed.
18. Oversees use of residents’ presentation laptop computer.
19. Ensures that residents complete evaluations of rotations and faculty.
20. Ensures that residents complete all required administrative reports and forms.
21. Assists with residency applicant interviews and recruitment.
22. Assists Program Director in problem solving and counseling residents.
23. Makes recommendations on improvements to the program.
24. Assists the Program Director as needed.

Compensation
The Chief Resident is compensated for the duties with an increased book fund allotment.
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RESIDENT DUTY HOURS

Residents in the Department of Pathology typically work at least a 45-hour week. On most rotations resident hours are 8:00 a.m. - 5:00 p.m., Monday thru Friday. While on surgical pathology, resident hours (especially on frozen sections) are typically 7:00 a.m. to 6:00 p.m., Monday through Friday. Residents will be informed regarding a deviation from this schedule by the supervisor of the rotation. Residents are expected to complete their assignments before leaving for the day.

The Department of Pathology seeks to balance the academic and training demands placed on a resident with concerns for patient care safety and personal well-being of the resident. Residents must complete all work assignments within the ACGME time limits as defined by the Duty Hour Standards.

ACGME Duty Hour Standards

The ACGME has established the following standards to define limitations on a resident’s work hours.

- An 80-hour weekly limit, averaged over a four-week period, including all in-house calls.
- An adequate rest period, which should consist of 10 hours of rest between duty periods and must consist of at least 8 hours.
- Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 and above residents may be scheduled for a minimum of 24 hours. Strategic napping, especially after 16 hours of duty and between 10pm and 8:00am is strongly suggested.
- One day in seven free from patient care and educational obligations, averaged over four weeks.
- In-house call no more than one every three nights, averaged over four weeks.

Definitions

Duty Hours – Hours in which the resident is physically present within the hospital. In addition to time spent providing clinical services, duty hours include reading and preparation time when these activities are carried out in the hospital. Duty hours do not include reading and preparation time carried out away from the hospital. The 80 hour/week limitation applies to the total number of duty hours/month.

In-house Call – Hours in which the resident is present in the hospital while on call. These hours are included in determining the duty hours.
At-home Call – Hours in which call is taken from outside the hospital. These hours are not included in determining the duty hours. Residents are assigned to call on a weekly basis. A resident is not expected to handle call more than two weeks each month. Weeks of call are not scheduled or taken as consecutive weeks.

**Documentation**

It is the responsibility of each resident to provide the Program Director with accurate information concerning duty hours, if needed. To facilitate this process, the College of Medicine provides the Medhub system.
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RESIDENT PORTFOLIO/FILES

Each resident is responsible for maintaining a personal record of information describing his/her training experience. The material contained in this portfolio should include information required for application to the American Board of Pathology. A binder is provided to each resident identifying suitable contents for a portfolio. Residents are expected to continuously update the contents of their binders throughout their training. Additions to the binders should follow the suggested table of contents to facilitate periodic review.

The Resident Training Program maintains a file on each resident. A resident has the right to review his/her file. In addition to employment matters, the file contains evaluation information and a record of the resident’s accomplishments. This file is used for the purpose of documenting the resident’s accomplishments and for providing information for future letters of support. To facilitate the maintenance of this file, each resident is expected to provide annually to the Program Coordinator the following information:

1. Annual self-evaluation
2. A summary of total autopsies performed
3. A summary of total fine needle aspirations cases
4. A summary of total bone marrow cases
5. A summary of surgical pathology experiences
6. A summary of call experiences
7. List of awards and honors
8. List of presentations made
9. List of abstracts, on-line cases, and publications
10. Description of other educational experiences
11. Copy of ABP application when completed
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TRAINING PHILOSOPHY

Residents in the Department of Pathology Resident Training Program will be trained through a process that develops the expected competencies for a new practitioner of Pathology. Other principles which are used to guide the curriculum are as follows:

1. Residents will be encouraged to train in both anatomic and clinical pathology.
2. Residents will be expected to obtain the desired level of competency within four years of beginning in the program.
3. During the four years of training residents will be given the opportunity to experience the breadth of pathology.
4. Training goals and objectives will be used to guide resident education.
5. The progress of resident training will be monitored through an assessment process.
6. Resident feedback is considered an essential element for program improvement.
7. Residents completing a four-year curriculum are expected to successfully pass certification examinations in anatomic and clinical pathology.
8. Residents completing the program will have developed the skills to be life-long learners in a rapidly changing medical profession.
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ROTATIONS

Residents are scheduled to complete all requirements within four calendar years. Residents who do not complete all requirements during 48 consecutive months will have their training time extended. Rotations are scheduled so that each resident has experience in anatomic and clinical pathology each year of training. This is done to provide residents with an integrated training experience.

Scheduling of residents is the responsibility of the Program Director. This task may be performed in collaboration with the Chief Resident(s) and other faculty. An attempt will be made to accommodate resident and faculty preferences but circumstances may not allow all requests to be honored. A schedule is prepared at the beginning of each academic year and distributed to residents and faculty in Medhub. It is the responsibility of each resident to identify his/her assigned rotations and to be present for training in the section according to the defined work hours.

Requests to modify the Rotation Schedule should be made to the Chief Resident(s); however, no changes can be made without final approval of the Program Director at least one month in advance of the effective date of the change. Changes in the Rotation Schedule usually affect the training of other residents; therefore, the Program Director may be reluctant or unwilling to make alterations. Approval will be based on the strength of the justification and the overall impact on the program.
The Department of Pathology utilizes the following sites for training of residents. Affiliation agreements are on file with the Program Coordinator for each affiliated site. The main site for training is the OU Medical Center.

- OU Medical Center (Sponsoring Institution)
- VA Medical Center
- Integris/Baptist Medical Center
- Oklahoma Blood Institute
- St. John’s Medical Center (Regional Medical Laboratories)
- Oklahoma State Medical Examiners Office

Residents are assigned to these sites as appropriate to complete the training rotations.
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OFF-SITE RESIDENT TRAINING

A resident may complete a portion of his/her training at another site. The Program Director must grant permission prior to the experience. Institutional policies and visa issues may apply. Institutional policies and VISA issues may apply.

If the off-site experience is in lieu of training that is offered locally through the Department of Pathology Resident Training Program, the cost for travel, lodging and all per diem will be the responsibility of the resident. The experience may be taken as elective time or in lieu of time allocated to a scheduled rotation. Generally, a resident will not be expected to use annual leave time for the off-site training experience. With approval of the Program Director and the Chair, the Department of Pathology will agree to continue monthly compensation during the time away from the OUHSC campus.

If the off-site experience is not offered locally and is a requirement of the Department of Pathology Housestaff Training Program, the cost for travel, lodging, and all per diem will be paid by the Department of Pathology. With the approval of the Program Director and the Chair, the Department of Pathology will agree to continue monthly compensation during the time away from the OUHSC campus.

If the off-site experience is outside the State of Oklahoma and involves the practice of medicine (delivery of patient care services), it will be the responsibility of the resident to obtain a medical license in the appropriate state and liability insurance coverage. A resident should check with the Program Coordinator to determine if current liability insurance covers the off-site experience. Please refer to the GME policy for ‘Off-Campus Electives’ for a complete list of requirements/limitations.
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COMPLETION OF TRAINING

ACGME Requirements: The ACGME requires that each resident who is in a combined AP/CP training program complete a minimum of 18 months of training in anatomic pathology and 18 months of training in clinical pathology over a period of four years. The remaining 12 months of training may be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology. In addition, the ACGME requires that each resident complete a total of 50 autopsies and be the primary resident on at least 40 autopsies. Autopsies may be shared but no more than two residents will receive credit for a case. All residents receiving credit must participate in all aspects of the autopsy. All residents must fulfill these requirements to graduate from the program.

ABP Requirements: The American Board of Pathology requires that each resident complete an average of 48 weeks of training each year for a four year period (i.e. 192 weeks total) in order to be eligible to take the certification examination. Should a resident experience a gap in training during the four year period, a resident may choose to train during accrued leave time (vacation) to make up for time lost during the gap. In this way, a resident may achieve the required ABP average over the four years of training even when a gap occurs. However, a resident who does not experience a gap is not allowed to shorten training time by forgoing accrued leave time. All residents must fulfill these requirements to graduate from the program. Since Board requirements may change, it is the responsibility of a resident to contact the American Board of Pathology prior to graduation to verify if he/she meets the eligibility requirements.

Program Requirements: Each resident is informed of the program requirements for mandatory rotations when he/she enters the program as a PGY 1. A resident must complete all required rotations in AP and in CP, or in the single disciplines (AP or CP) when appropriate to finish the program. The program provides residents with elective time for training in a selected area. A resident is expected to train in the elective time. Therefore, a resident will be eligible to graduate from the program when all required rotations and elective rotations have been satisfactorily completed. It is each resident’s responsibility to monitor his/her progress in completing the requirements. Should a resident have concerns about his/her progress, the concern should be discussed with the Program Director.
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REQUIREMENTS FOR CONTINUATION

For a resident to advance to the next year in residency training he/she must have an unrestricted license to practice medicine in Oklahoma, have appropriate visa authorization, have malpractice liability insurance coverage, meet all mandatory hospital and graduate medical education requirements, and have obtained satisfactory evaluations by individual faculty members supervising both required and electives rotations. Continuation in the Resident Training Program is subject to the following conditions:

State Licensure: Possession of an unrestricted license to practice medicine in Oklahoma by the beginning of the third post-graduate (PGY3) year of training is mandatory. The resident should discuss the appropriate licensing requirements with the Oklahoma State Board of Medical Licensure and Supervision before accepting the offer to train in the Department of Pathology at OUHSC.

Acceptable Level of Knowledge: Resident must demonstrate an acceptable level of knowledge of the basic principles of pathology compatible with the resident's level of training. Acceptable performance for continuation will be established by the Program Director, with input from the Assessment Committee, and the Pathology Residency Program Executive Committee after review of rotation evaluations.

Acceptable Rotation Performance: Evaluations are performed by faculty members with whom the resident has interacted during each scheduled rotation and are reviewed by the program director. The resident's overall performance during the year will be reviewed by the Assessment Committee and summarized by the program director during an annual evaluation scheduled with each individual resident.

Collegiality/Professionalism: Resident must demonstrate the ability to work well with peers and faculty, as documented by evaluations and general interpersonal relationships. Residents are expected to complete all required paperwork and surveys in a timely manner.

Funding: Continuation in the training program is dependent on the availability of funds with which to support resident training in pathology.

USMLE Step III: To advance to the PGY3 year a resident must have successfully passed the USMLE Step III examination.
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CONFERENCES

In addition to training through rotation experiences, residents are expected to participate in conferences, rounds, teaching, and scholarly activities. Mandatory Pathology Conferences for residents are as follows:

- On-call Rounds (CP residents)
- CP Core Conference (All residents)
- CP Residents Rounds (CP residents)
- Hematopathology Grand Rounds (CP residents)
- Cytopathology Conference (AP residents)
- Surgical Pathology Conference (AP residents)
- Gross Pathology Conference (AP residents)
- AP Consensus Conference (AP residents)
- Neuropathology Clinical Correlation Conference (Residents on Neuropathology)
- Brain Conference (Residents on Neuropathology and Autopsy)
- Pathology Academic Rounds (All residents)
- Pathology Grand Rounds (All residents)
- Resident Case Presentation Conference (All residents)
- Virtual Management Conference (All residents)

Residents may be excused from these conferences only if:

1. He/she is performing an intra-operative consultation at the time of the conference.
2. He/she is physically performing an autopsy at the time of the conference.
3. He/she is away from the campus at the time of the conference, e.g. vacation, illness, professional or educational leave, off-campus rotation.
4. He/she is asked by the Program Director or Program Coordinator to participate in an activity at the time of the conference, e.g. interview a residency applicant.

Attending faculty are expected to release residents to participate in the mandatory conferences. Residents are expected to obtain an excused absence from the Program Coordinator prior to missing a mandatory conference. Conference attendance must be documented by signing the attendance form. Residents must arrive promptly for the start of a conference and be present for the majority of the conference to claim credit for attendance.

Residents are encouraged and expected when possible to participate in multi-disciplinary conferences such as the following:

- Autopsy-Medicine Conference
- Breast Tumor Board
- Heme/Onc Tumor Board
- Neuromuscular Conference
- Infectious Disease Conference
- Head/Neck Tumor Board
- GI Tumor Board
GYN Tumor Board
Sarcoma/Musculoskeletal Tumor Board
Pediatric Tumor Board
GI Pathology Conference
Pediatric GI Conference
Dermatopathology Conference

Residents assigned to these conferences must prepare in advance and attend the assigned conference.
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GENERAL COMPETENCES FOR PATHOLOGY RESIDENT TRAINING

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 services and laboratory medicine. Residents:

(1) will demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective pathology consultation services.

(2) will perform at least 50 autopsies during the program. Autopsies may be shared, but no more than two residents may count a shared case toward this standard. Further, programs must ensure that residents participate fully in all aspects of an autopsy as appropriate to the case. In a complete autopsy, this includes:

(a) review of history and circumstances of death;
(b) external examination of the body;
(c) gross dissection;
(d) review of microscopic and laboratory findings;
(e) preparation of written description of gross and microscopic findings;
(f) development of opinion on cause of death; and,
(g) review of autopsy report with teaching staff.

(i) Resident education must include exposure to forensic, pediatric, perinatal and stillborn autopsies.

(3) will examine and assess at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions. Residents should formulate a microscopic diagnosis for cases they have examined grossly. Residents should preview their cases prior to sign out with an attending pathologist;
(4) will examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens; and,

(5) will participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, residents should attend infectious disease service rounds while on assignment in microbiology.

**Medical knowledge**

Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to pathology. Residents:

(1) will have education in anatomic pathology that must include instruction in autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, fine needle aspiration techniques, and other advanced diagnostic techniques as they become available;

(2) will have education in clinical pathology that must include instruction in microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, bone marrow aspiration techniques, and other advanced diagnostic techniques as they become available;

(a) Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient-care consultation. Programs must also ensure that residents participate in pathology conferences, rounds, teaching and scholarly activity, as well as gain experience in the management and direction of a pathology laboratory. This laboratory experience should include education in quality assurance, safety, regulations, and the use of hospital and laboratory information systems.

(3) The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means. However the experiences are provided, all rotations and other assignments must conform to the educational goals and objectives of the program.

**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 and improve their patient care practices. Residents are expected to develop skills and habits to be able to meet the following goals:

(1) identify strengths, deficiencies, and limits in one's knowledge and expertise;

(2) set learning and improvement goals;

(3) identify and perform appropriate learning activities;

(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

(5) incorporate formative evaluation feedback into daily practice;

(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;

(7) use information technology to optimize learning; and,

(8) participate in the education of patients, families, students, residents and other health professionals.

Interpersonal and communication skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with other healthcare providers, patients, and patients' families. Residents are expected to:

(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

(2) communicate effectively with physicians, other health professionals, and health related agencies;

(3) work effectively as a member or leader of a health care team or other professional group;

(4) act in a consultative role to other physicians and health professionals;

(5) maintain comprehensive, timely, and legible medical records, if applicable.

(6) along with faculty, be regularly involved in consultative activity;

(7) provide patient-care consultations which should be both intra- and
interdepartmental;

(8) perform at least 200 intra-operative consultations during the program;

(9) be considered integral members of the staff of the Department of Pathology, and must have the opportunity to participate in discussions related to management of the department; and,

(10) when operating under appropriate supervision, be given direct responsibility to make decisions in the laboratory.

**Professionalism**

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

(1) compassion, integrity, and respect for others;

(2) responsiveness to patient needs that supersedes self-interest;

(3) respect for patient privacy and autonomy;

(4) accountability to patients, society and the profession; and,

(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

**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. Residents are expected to:

(1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

(2) coordinate patient care within the health care system relevant to their clinical specialty;

(3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

(4) advocate for quality patient care and optimal patient care systems;

(5) work in inter-professional teams to enhance patient safety and improve patient care quality; and,
(6) participate in identifying system errors and implementing potential systems solutions.

At the conclusion of training, pathology residents are expected to develop the capability of practicing at the level of a beginning pathologist in each of these six competencies. During training, residents will be guided in this process of achieving competence by goals and objectives for each component of training.

Reference: ACGME Program Requirements for Graduate Medical Education in Anatomic Pathology and Clinical Pathology.
Required Rotations for Resident Training

Resident training is composed of core training and advanced training. Core training is designed to provide each first year resident with an introduction to both anatomic and clinical pathology, particularly in preparation for handling resident call responsibilities. Residents must successfully complete core training before progressing to advanced training. Residents are not assigned call responsibilities until they have successfully completed the core curriculum. Residents will be informed of their training requirements when they begin resident training. These requirements will be in effect until the program is completed.
A description of each rotation along with the corresponding goals and objectives is contained in the Anatomic Pathology and Clinical Pathology Rotations Manuals. These goals and objectives describe how residents will be trained (i.e. develop the necessary competencies in test performance and interpretation and in patient care decision making and patient care consultation.) Residents are expected to develop competencies in the six areas shown below to a level expected of a new practitioner.

1. 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 services.

2. Medical knowledge

   residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to pathology.

3. 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 and improve their patient care practices.

4. 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.

5. Professionalism

   residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

6. 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.
OVERVIEW OF TRAINING OF PATHOLOGY RESIDENTS IN ANATOMIC PATHOLOGY

Goal

The purpose of the training experience is to ensure that residents who complete the rotations in anatomic pathology attain the general competencies expected of a new practitioner as defined by the ACGME.

Objectives

Objectives that are common to all rotations in anatomic pathology are outlined here according to the six general competence areas. Specific goals and objectives are provided in the curriculum for each rotation.


Patient Care

- Acquire skills needed to interpret laboratory data and make clinicopathologic correlations.
- Develop investigative skills to better understand pathologic processes as they apply to both individual patients and the general patient population.
- Ability to obtain pertinent information from the patient’s clinical record.
- Demonstrate knowledge of information that is necessary to provide adequate clinical history on submission forms for anatomic pathology specimens.
- Demonstrate knowledge of the general principles and terminology for processing anatomic pathology specimens, including patient identification, gross examination, and dissection.
- Ability to dissect tissues in such a way as to preserve important pathologic findings and fix them so they may be used for clinicopathologic correlation as well as teaching.
- Ability to select correct pieces of tissue for sectioning and preservation and maintenance and identification of tissue orientation during processing.
- Ability to list common stains used for microscopic sections, as well as their indications and the expected results for various tissue types.
- Ability to enumerate the elements of satisfactory histologic sections and stains and identify the possible reasons for unsatisfactory preparations.
- Ability to select correct fixatives for special histologic preparations.
- Demonstrate knowledge of the specimens that commonly require special handling (eg, flow cytometry, microbiologic cultures, recovery of crystals, electron microscopy, immunohistology, and molecular pathology).
• Ability to select an appropriate piece of tissue for frozen section and to cut and stain the section satisfactorily.
• Ability to collect and preserve appropriate tissues and fluids for immunofluorescence and flow cytometric studies.
• Ability to select and submit tissue appropriately for electron microscopy.
• Ability to make suitable gross and microscopic photographs using both film-based and digital cameras.
• Proficiency in performing special hematologic studies, including touch preparations, cytocentrifuged preparations, and blood smears.
• Proficiency in initiating routine microbiologic studies, including appropriate cultures, smears, and stains, and involving knowledge of methods of collection and preservation, if needed.

Medical Knowledge

• Develop an understanding of basic pathologic processes.
• Demonstrate familiarity with the detailed organization, equipment, and techniques of the histology laboratory, including tissue processing, tissue embedding, preparation and staining of glass slides, information that histotechnologists must have to process tissue properly, and orientation of specimens.
• Demonstrate knowledge of precautions to be taken against infections and other hazards in the handling of fresh tissue during intra-operative consultations.
• Demonstrate knowledge of the appropriate storage and disposal of tissues and fixatives and the proper “banking” of human tissues.
• Demonstrate knowledge of the common pathogens that can be transmitted to laboratory personnel in pathology, as well as basic safety precautions to be taken in the anatomic pathology laboratory, including universal precautions against infectious agents and the role of the pathologist in institutional infection control.
• Understand how to implement quality control (QC) and quality assurance procedures as required.
• Understand how to develop, validate, and implement new testing procedures.
• Demonstrate awareness and understanding of proficiency programs, such as those provided by CAP and similar organizations.

Practice-Based Learning and Improvement

• Demonstrate the ability to critically assess the scientific literature.
• Use multiple sources, including information technology, to optimize lifelong learning and support patient care decisions.
• Develop personally effective strategies for the identification and remediation of gaps in medical knowledge needed for effective practice.
• Use laboratory problems and clinical inquiries to identify process improvements to increase patient safety. Demonstrate knowledge of how to establish continuing competency assessment for pathologists as well as for laboratory personnel.
- Use proficiency programs to improve laboratory practices.

**Interpersonal and Communication Skills**

- Communicate effectively and share expertise with peers and colleagues.
- Assume leadership roles in education of other physicians and allied health professionals.
- Ability to present cases at conferences with clarity, completeness, and high-quality illustrations and to reach reasonable interpretative conclusions.
- Demonstrate the ability to dictate and write an articulate, legible, and comprehensive yet concise report.
- Demonstrate the ability to provide direct communication to the referring physician or appropriate clinical personnel when interpretation of a report reveals an urgent, critical, or unexpected finding and document this communication in an appropriate fashion.
- Choose effective modes of communication (listening, nonverbal, explanatory, questioning) and mechanisms of communication (face-to-face, telephone, e-mail, written), as appropriate.
- Demonstrate skills in obtaining informed consent, including effective communication to patients about procedures, alternative approaches, and possible complications of laboratory-based patient care diagnostic and therapeutic activities, such as those related to fine needle aspirations.

**Professionalism**

- Demonstrate compassion by being understanding and respectful of patients, their families, and the staff and physicians caring for them.
- Interact with others without discriminating on the basis of religious, ethnic, sexual, or educational differences.
- Demonstrate positive work habits, including punctuality, dependability, and professional appearance.
- Demonstrate a responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate principles of confidentiality with all information transmitted both during and outside of a patient encounter.
- Demonstrate knowledge of regulatory issues pertaining to the use of human subjects in research.
- Demonstrate a commitment to excellence and ongoing professional development.
- Demonstrate interpersonal skills in functioning as a member of a multidisciplinary healthcare team.

**Systems-Based Practice**

- Acquire knowledge and experience in laboratory direction and management.
- Know current regulations emanating from the Health Insurance Portability and Accountability Act regarding protection of patient confidentiality;
demonstrate knowledge of how such rules impact the pathology laboratory, and means for their implementation in the handling of human tissues for diagnostic work and research.

- Demonstrate understanding of the role of anatomic pathology services in the healthcare system.
- Demonstrate knowledge of basic healthcare reimbursement methods.
- Demonstrate knowledge of the regulatory environment, including authorities; federal, state, and local public health rules and regulations; regulatory agencies such as the Centers for Medicare and Medicaid Services and the US Food and Drug Administration; and accrediting agencies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CAP, and the ACGME.
- Understand and implement policies to continually improve patient safety as they relate to pathology services.

Responsibilities

Department of Pathology faculty will guide each resident through this experience and assess the development of the required competencies.

Residents will be responsible for achieving the desired level of competency. In addition, residents must assume individual responsibility for increasing and maintaining competency in anatomic pathology through life-long learning activities.
Goal

The purpose of the training experience is to ensure that residents who complete the rotations in clinical pathology attain the general competencies expected of a new practitioner as defined by the ACGME.

Objectives

Objectives that are common to all rotations in clinical pathology are outlined here according to the six general competence areas. Specific goals and objectives are provided in the curriculum for each rotation.


Patient Care

- Gather essential and accurate information about patients using all relevant available modalities.
- Act as a skilled consultant to other clinicians to develop a diagnostic plan based on specific clinical questions and relevant clinical and pathologic information. This should be accomplished both in the patient-specific setting and the broader context of developing appropriate clinical pathway algorithms for diagnosis.
- Consult as part of a multidisciplinary healthcare team in developing a therapeutic plan that includes laboratory monitoring of efficacy and toxicity. Where clinically appropriate, consult on the use of laboratory-based therapeutics such as blood transfusion and other forms of cellular therapy.
- Provide expert consultation on the interpretation and follow-up of unusual or unexpected test results.
- Consult as a clinical expert in laboratory medicine at multidisciplinary conferences.
Medical Knowledge

- Be able to use all relevant information resources to acquire and evaluate evidence-based information. Demonstrate proficiency in evaluating and presenting findings from appropriate peer-reviewed journals.
- Develop and maintain a knowledge base in the basic and clinical sciences necessary for effective consultation in laboratory medicine.
- Demonstrate sufficient knowledge to determine clinically optimal yet cost-effective testing and laboratory-based therapeutic strategies, including issues of turn-around time, test menu construction, and in-house vs referral diagnostic testing.
- Employ mathematics and statistics as appropriate to laboratory testing; understand and implement quality control (QC) and quality assurance procedures as required.
- Recognize the unique aspects of laboratory medicine practice as modified by patient age and other patient population characteristics, especially aspects of pediatric and geriatric practice.
- Demonstrate awareness and understanding of general and test-specific standards for method development and evaluation, such as those promulgated by the Clinical Laboratory Standards Institute (CLSI; formerly NCCLS), CAP, and similar organizations.
- Demonstrate awareness and understanding of proficiency programs, such as those provided by CAP and similar organizations.
- Demonstrate knowledge of the principles of clinical research design, implementation, and interpretation. Understand the various levels of evidence in medicine and their translation into evidence-based practice.
- Be able to design a study that can be used to validate methodologies and parameters of clinical utility for the implementation of continuing use of new evidence-based analytes in the local setting.

Practice-Based Learning and Improvement

- Demonstrate the ability to critically assess the scientific literature.
- Demonstrate knowledge of evidence-based medicine and apply its principles in practice.
- Use multiple sources, including information technology, to optimize lifelong learning and support patient care decisions.
- Develop personally effective strategies for the identification and remediation of gaps in medical knowledge needed for effective practice.
- Use laboratory problems and clinical inquiries to identify process improvements to increase patient safety. Demonstrate knowledge of how to establish continuing competency assessment for pathologists as well as for laboratory personnel.
- Use proficiency programs to improve laboratory practices.

Interpersonal and Communication Skills

- Demonstrate the ability to write an articulate, legible, and comprehensive yet concise consultation note. Provide a clear and informative report, including a
precise diagnosis whenever possible, a differential diagnosis when appropriate, and recommended follow-up or additional studies as appropriate.

- Demonstrate the ability to provide direct communication to the referring physician or appropriate clinical personnel when interpretation of a laboratory assay reveals an urgent, critical, or unexpected finding and document this communication in an appropriate fashion.
- Conduct both individual consultations and presentations at multidisciplinary conferences that are focused, clear, and concise.
- Demonstrate the ability to communicate the vision of the CP service role to other clinicians as well as to other healthcare personnel and administrators to develop clinically advantageous and cost-effective strategies.
- Choose effective modes of communication (listening, nonverbal, explanatory, questioning) and mechanisms of communication (face-to-face, telephone, e-mail, written), as appropriate.
- Demonstrate skills in obtaining informed consent, including effective communication to patients about procedures, alternative approaches, and possible complications of laboratory-based patient care diagnostic and therapeutic activities, such as those related to transfusion medicine.
- Demonstrate skills in educating colleagues and other healthcare professionals: (1) demonstrate the ability to help other residents obtain proficiency in laboratory medicine; (2) demonstrate the ability to work well with medical technologists and to present laboratory medicine concepts to them effectively in continuing education settings and in the day-to-day laboratory environment; (3) demonstrate the ability to educate nonpathology pharmacists, nurses, residents, medical students, and others, about topics such as the fundamental principles of pathophysiology underlying test design/interpretation and the approach to choosing and interpreting laboratory tests; (4) demonstrate an understanding of the principles one must follow when educating other practicing pathologists through publications or seminars on new testing and therapeutic strategies, research discoveries, and other cutting-edge professional knowledge.

**Professionalism**

- Demonstrate compassion: be understanding and respectful of patients, their families, and the staff and physicians caring for them.
- Interact with others without discriminating on the basis of religious, ethnic, sexual, or educational differences.
- Demonstrate positive work habits, including punctuality, dependability, and professional appearance.
- Demonstrate a responsiveness to the needs of patients and society that supersedes self-interest.
- Demonstrate principles of confidentiality with all information transmitted both during and outside of a patient encounter.
- Demonstrate knowledge of regulatory issues pertaining to the use of human subjects in research.
- Demonstrate a commitment to excellence and ongoing professional development.
• Demonstrate interpersonal skills in functioning as a member of a multidisciplinary healthcare team.

**Systems-Based Practice**

• Demonstrate understanding of the role of the clinical laboratory in the healthcare system.
• Demonstrate the ability to design resource-effective diagnostic plans based on knowledge of best practices in collaboration with other clinicians.
• Demonstrate knowledge of basic healthcare reimbursement methods.
• Demonstrate knowledge of the laboratory regulatory environment, including authorities; federal, state, and local public health rules and regulations; regulatory agencies such as the Centers for Medicare and Medicaid Services and the US Food and Drug Administration; and accrediting agencies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), CAP, and the ACGME.
• Understand and implement policies to continually improve patient safety as they relate to clinical laboratory testing at all levels.

**Responsibilities**

Department of Pathology faculty will guide each resident through this experience and assess the development of the required competencies.

Residents will be responsible for achieving the desired level of competency. In addition, residents must assume individual responsibility for increasing and maintaining competency in clinical pathology through life-long learning activities.
**RESIDENCY PROGRAM**  
**DEPARTMENT OF PATHOLOGY**

**ELECTIVE EXPERIENCE**

Electives allow residents to expand their training experience in a new area or to gain more extensive training in an area to which some prior exposure has occurred. Elective time must first be used to remediate any deficiencies in training. If no deficiencies have been identified, a resident will have the option of choosing an elective experience. All elective experiences must receive prior approval of the Program Director. Residents must submit for Program Director approval an **ELECTIVE REQUEST FORM** defining the objectives for the elective at least one month prior to beginning the elective. A copy of the form is available from the Program Coordinator.

Elective experiences which are scheduled to occur at another institution must be approved in advance. Financial arrangements for these elective experiences are described in the information on **OFF-SITE TRAINING**.

All elective experiences must be evaluated based on the defined objectives. The supervising faculty member is expected to complete the **ELECTIVE EVALUATION FORM** at the end of each elective experience.
Evaluation of training in the Department of Pathology Residency Training Program will be based on the following principles:

1. Various and appropriate assessment tools should be used to determine a resident’s progress in attaining the desired level of competency.
2. Residents must attain the desired level of competency before a rotation is considered completed.
3. Resident evaluation of the program, faculty, and each rotation is critical to improving the program.

**Methods of Assessment**

The method of assessment for a resident will vary depending on the nature of the training experience. The following are recommended approaches to assessment. Faculty are encouraged to use multiple tools in carrying out their assessment of resident performance.

1. **Personal Observation**

   Residents are expected to perform many hands-on tasks during the course of their training, e.g. gross dissection, FNA, case review. This method of assessment involves the observation and evaluation of a resident as he/she performs one of these tasks. Faculty using this form of assessment should clearly identify what is expected of the resident (based on training level) and provide feedback related to the acceptability of performance of the observed task.

2. **Checklist**

   This method of assessment requires the faculty member overseeing the training block to define the experiences that the resident is expected to complete. These may be presented to the resident in the form of a checklist of activities or procedures. Residents are expected to identify the experiences they have completed during the training rotation. Faculty should determine the extent that the experiences must be completed for satisfactory completion of the rotation.

3. **360° Global Evaluation**

   This method of assessment is most useful in evaluating interpersonal and communication skills. It is performed by obtaining input from superiors, peers and subordinates. In practice, a 360 evaluation is usually carried out by asking faculty, other residents, and laboratory staff to complete a questionnaire describing interactions with the resident undergoing
evaluation. Faculty and residents outside the Department of Pathology may also be included in this assessment process.

4. **Examination (Written)**

   An examination consisting of written questions in which the resident is expected to supply written responses. These examinations should be used to provide an objective assessment of a resident's knowledge in a subject area. The resident should receive feedback related to the resident's performance.

5. **Examination (Oral)**

   An examination in which one or more faculty assess the resident's knowledge and decision-making skills in a subject area through a formal oral discussion. Faculty should provide a subjective assessment of the resident's performance and give feedback related to his/her performance.

6. **Case/Slide Unknowns**

   This method of assessment involves demonstration of a resident's ability to perform a task. To evaluate a resident, he/she is given the assigned task (e.g. review of unknown slides) and informed regarding what level of competency is expected. A resident may be evaluated in terms of accuracy and/or time required to complete the task. At the conclusion of the performance evaluation, faculty should provide feedback related to the resident's performance.
RESIDENCY PROGRAM
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EVALUATION - RESIDENT

Each resident is evaluated to determine progress toward and attainment of the goals of the program. The following process is used to carry out resident assessment.

1. Each resident is evaluated weekly to monthly by the supervising faculty member responsible for the assigned rotation. If the time allotted to the rotation extends beyond one month, this evaluation serves to indicate the resident’s progress. If the resident has completed the allotted time, this evaluation serves as the final assessment for that rotation. A standardized evaluation form is used for each rotation and is available through Medhub.

2. Gaps between expectations and performance which exist at the end of a rotation must be remediated to the satisfaction of the supervising faculty member before the rotation is considered completed. Time for remediation may be taken from elective time. The remediation plan must be developed by the resident and the supervising faculty member and approved by the Program Director.

3. First year residents undergo quarterly evaluations with the Program Director. All other residents undergo sixth-month and annual assessments with the Program Director.

4. The Assessment Committee makes recommendations to the Program Director regarding the progress of each resident.

5. The results from these assessments are recorded using various forms and provided to the residents in an effort to recognize accomplishments, monitor progress, and improve performance in weak areas.

6. The Program Director meets with each resident at least semi-annually to provide feedback to the resident and to make recommendations for improving the training experience.
Residents are asked to evaluate the program, each rotation, and faculty who participate in their training. The purpose of this effort is to identify the strengths and weakness of the program, rotations, and faculty with the goal of improving the learning experience. The following process is used to evaluate the program and faculty.

1. Each resident is expected to complete a **ROTATION EVALUATION FORM** through Medhub when a rotation is completed. The Program Director reviews this information annually and discusses with the faculty member responsible for the rotation. Faculty are encouraged to use the information to improve the rotation.

2. Each resident is expected to complete a **FACULTY EVALUATION FORM** through Medhub when a rotation is completed. Faculty may review these evaluations on Medhub when a sufficient number has been collected to maintain anonymity. The Program Director reviews this information annually and discusses with the faculty member being evaluated. Faculty are encouraged to use the information to improve their teaching effort.

3. Each resident at the end of his/her training is asked to provide an overall assessment of the program. This “exit interview” is used to capture a picture of the entire program and to determine ways in which the overall training experience can be improved. This interview is carried out by the Program Director. Information obtained is disseminated to the appropriate faculty members. In addition, graduates of the program may be periodically surveyed for further assessment of the quality and relevance of the training.

4. Annually a committee composed of faculty and residents reviews program goals and objectives and the effectiveness of the program in achieving them. In carrying out this evaluation process, the committee must take into consideration written comments from faculty and residents and any information provided by the institutional GMEC. If deficiencies are identified, a plan of action is developed and implemented.
Faculty who participate in the Department of Pathology Resident Training Program are expected to:

1. Prepare educational goals and objectives for the activity in which they interact with residents. These may be prepared by another faculty member with supervisory responsibility for the section.
2. Discuss the goals and objectives with the resident at the beginning of each rotation.
3. Describe to the resident the expected level of competency to be obtained during the rotation.
4. Follow the goals and objectives in training the resident in the assigned area.
5. Use a variety of evaluation tools (include objective and subjective tools) to evaluate resident performance during the rotation.
6. Provide the resident with periodic feedback regarding his/her performance.
7. Inform the Program Director monthly of the resident’s progress by completing the appropriate Medhub evaluation form.
8. Complete a final evaluation of the resident’s performance at the end of a rotation.
9. Discuss the performance during the rotation with the resident. The purpose is to give the resident a sense of his/her strengths and weaknesses.
10. If the resident has not reached the expected level of competency, work with the resident to develop a plan for remediation. Get approval from the Program Director for the remediation plan.
11. Work with the resident to carry out the remediation plan and to evaluate final performance.

Each participating faculty member will be expected to certify that the resident has achieved the defined level of competency in the assigned area before the resident is credited with completing the rotation.
Pathology residents serve as the first point of contact between the medical staff and laboratory/pathology services. A resident may be assigned to either of two types of call - Daytime Call (8-5 M-F) (Pager # 660-3536) or After-Hours Call (Evenings after 5 pm, weekends, and holidays) (Pager # 647-7702). Non-holiday call is typical assigned to begin at 8 am on Monday and continue until 8 am on the following Monday. Holiday call begins at 8 am on the first holiday day and ends at 8 am on the next day after the holiday. Residents in anatomic and clinical pathology participate in a combined AP/CP on-call system, according to the schedule prepared by the Chief Resident(s). A resident can often fulfill evening and weekend responsibilities from home but should be prepared to come to the hospital when necessary.

On-call responsibilities in anatomic pathology predominantly involve providing intraoperative consultations at PT and autopsy coverage at ET and VAMC. On-call responsibilities in clinical pathology includes coverage at PT, ET, and VAMC.

Evening weekday and weekend responsibilities for residents in clinical pathology predominantly involve providing clinical consultations and addressing clinical laboratory problems. Resident on-call responsibilities in clinical pathology can usually be provided from home; however, on-call residents are required to review peripheral smears and body fluids on weekends and holidays.

A member of the pathology faculty provides support for the on-call resident. This arrangement secures coverage of the laboratories with professional expertise during evenings, weekends, and holidays. The faculty-resident interaction is a valuable teaching experience for the residents to help develop independent judgments and assume graded responsibility while supported with the advice and expertise of senior staff. Continuous communication and coordinated activity of the on-call team is advisable.

The resident carries the on-call pager and is available as a consultant to other resident and laboratory staff. If for any reason a resident becomes incapacitated or for other reasons is unable to carry out on-call duties, it is his or her personal responsibility to arrange for another resident to assume the duties. The resident accepting responsibility for the coverage must confirm personally the acceptance of on-call duty before the responsibility of the resident originally on-call is relinquished. Arrangements through secretaries are not acceptable; however, the appropriate secretaries should be notified.

A log of all calls handled must be maintained in the Resident On-Call Notebook. This information will be of value to each resident in documenting his/her number of clinical consultations and is a quality assurance activity of the laboratory. The on-call
resident reports on the calls received and actions taken during the prior week at the
Monday morning On-Call Rounds.
RESIDENCY PROGRAM
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GRIEVANCES

The Department of Pathology is committed to creating and maintaining an atmosphere where residents feel they can express their concerns and seek redress for grievances. The identification of any issues or problems in the program will provide direction and focus to efforts to improve the educational environment. When appropriate and requested, all communication regarding complaints and grievances will be treated as confidential information.

The following steps should be used as a guide for the process of resolving a complaint or addressing a grievance.

1. When possible, the complaint/grievance should be taken to the individual directly responsible for the perceived problem.
2. When the complaint/grievance affects multiple residents or the overall program and resolution cannot be achieved at the individual level, the problem should be communicated to the Chief Resident. The Chief Resident may act to resolve the problem when possible or may seek the advice of the Program Director in handling the issue.
3. When the above steps have not satisfactorily resolved the problem, or when the nature of the problem makes the above steps inappropriate, a resident should request an appointment with the Program Director. This will usually provide a sufficient forum for discussion and resolution of all complaints and grievances.
4. Should the Program Director’s attempt to resolve the issue fail, the matter should be taken to the Department Chair. If the issue cannot be resolved at this level, it should be forwarded to the Associate Dean for Graduate Medical Education following the process, procedure, and timeline described in the RESIDENT HANDBOOK for Graduate Medical Education.

Residents should consult the RESIDENT HANDBOOK for Graduate Medical Education for more information regarding the Definition of a Grievance and the OUHSC Grievance Procedure. All actions of the Department of Pathology will conform to the RESIDENT HANDBOOK.

The University, through its designated officials, retains the right to make final determination as to the academic qualifications, performance evaluations, professional conduct, promotion, suitability for continued training, and certification of resident physicians participating in the University’s graduate medical education programs.
Locum tenens positions may provide senior residents an opportunity to gain additional experience and graduated responsibility in a community practice pathology setting. Such positions may also provide an avenue for exploring future job possibilities. Resident participation in a locum tenens arrangement requires specific prior approval of the Program Director. In general, residents should reserve locum tenens activities to their senior year of training. As with moonlighting activities, departmental liability insurance does not provide coverage for resident activities performed outside of departmental rotations. Therefore, the resident must assume individual responsibility for obtaining adequate liability coverage.

Senior residents should discuss the educational merits of potential locum tenens opportunities with the program director before accepting such positions. Locum tenens may be scheduled during vacation time or as elective time (with the approval of the program director). Resident salaries during locum tenens are to be paid by the outside institution.
RESIDENCY PROGRAM
DEPARTMENT OF PATHOLOGY

MOONLIGHTING

Resident contracts state that the "resident agrees not to engage in any employment or professional medical activity without the prior written approval of the Program director."

Resident training in pathology is a full-time job, and the department does not actively encourage employment outside the training program. It is recognized, however, that financial obligations may in some circumstances necessitate supplementation of resident income.

Resident engagement in moonlighting activities must be approved by the Program Director. Residents considering moonlighting employment must have demonstrated satisfactory performance in all pathology training program responsibilities. Employment outside the department will be approved only with the mutual understanding that such activities are not to interfere with satisfactory completion of departmental service and other training responsibilities. Residents also need to be aware that departmental liability insurance does not provide coverage for activities performed outside of departmental rotations. Residents must therefore assume individual responsibility for obtaining adequate liability coverage.

Residents who desire to engage in moonlighting should discuss this with the Program Director. A letter addressed to the Program Director should outline the individual's proposed moonlighting responsibilities, days involved (weekdays or weekends), and the average time commitment per month. Permission for moonlighting will be granted only when all of the above conditions are fulfilled. If the Program Director determines that the moonlighting would interfere with housestaff training based on the facts of each individual case, moonlighting will not be approved.
RESIDENCY PROGRAM
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RESIDENT BOOK FUND

Each resident is allocated funds to be used to support his/her training activities. First year residents are provided an amount of $750.00. PGY-2-4 residents receive $500. These funds may be used to purchase educational materials (e.g. books, slide sets) or for expenses incurred to attend professional seminars, meetings, or review courses. Expenses to be paid by the Department of Pathology which exceed the amount of allocated funds must be approved by the Program Director. The resident will be required to justify why the Department should cover these additional expenses. It is not the routine practice of the Department to do so; therefore, the resident must show why this activity is an exception and how it will be beneficial to the Department and/or other residents in the Resident Training Program.

Items purchased with Book Fund money become the property of the University.

Requests for reimbursement of expenses using Book Fund money should be made promptly after the expense has been incurred. Expenses should not be carried over from one academic year to the next. Expenses incurred within 30 days of the end of one academic year may be reimbursed with money from the Book Fund for the next academic year.
RESIDENCY PROGRAM
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FUNDING FOR MEETINGS

Purpose:

Faculty are encouraged to include residents as significant participants in original research projects. When this collaboration leads to an opportunity for a resident to present the work at a major scientific/professional meeting, the Department will attempt to defray the costs for the resident. The following information describes the process for obtaining these funds and what will be covered by the Department.

Policy:

“Professional leave may be granted to housestaff at any level of training who have been invited to present an abstract at an approved scientific meeting. Housestaff may be reimbursed for travel expenses dependent upon availability of funds. Approval for this must be obtained in advance and is given on an individual basis by the Program Director.”

Explanation:

1. Funds are not guaranteed. Before submitting an abstract or paper for presentation at a meeting, check to see if funding will be available. A draft of the abstract should accompany the request.
2. To qualify for departmental funding, the resident must be the presenting author on the submitted abstract for a major scientific/professional meeting. A resident may contribute to a publication even if he/she will not present; however, funding to attend a meeting is not usually available unless he/she has been identified as the presenter.
3. Funds are accessible only for reimbursement after the expense has been incurred. The University does not provide or allow money to be given in advance of the time the expense is incurred. Unfortunately, this requires an individual to use personal resources, e.g. credit card, and to request reimbursement at a later time. Faculty, as well as residents, are required to follow this process.
4. Funds will be made available for travel to domestic meetings in the continental United States only. Materials for presentation should not be sent to international meetings with the expectation that the Department will cover the expense of travel, lodging, etc.
5. Preference will be given for attendance at major scientific meetings relating to a field of pathology, e.g. USCAP, ASH, AACC.
6. Preference will be given to meetings which publish abstracts in a format which can be referenced as a publication. In addition to the experience gained in making the presentation, it is important that the resident be able to
cite a reference on his/her personal curriculum vitae.

7. PGY 2-4 residents are supported for travel to two professional meetings per year to make presentations and with the cost of poster preparation covered by departmental funds if the resident is first or last author and presenting at a meeting. PGY-1 residents are supported with travel to one professional meeting to present and the cost of a poster for presentation to be covered by the Department if the resident is first or last author. It is the expectation that the total cost for each resident for this type of activity will be held to a minimum and will not exceed $1500. Arrangements to travel by air should be made well in advance and through the University to obtain the lowest rate. Lodging and per diem costs should be limited to a maximum of three days. Registration fees should be at the resident (student) rate for the days at the meeting. Ground transportation, e.g. taxi, should be limited to connecting between the airport and the meeting site. By holding the cost down the money available should be sufficient to allow all residents to participate. Even though the $1500 limit is not rigid, exceptions may be possible, but additional justification and approval will be required to exceed this amount.

8. Funding is available only for residents who incur the expense while in the Department of Pathology Residency Training Program. Funding will not be available for residents who are no longer in the program at the time the expense would be incurred. Therefore, residents leaving the program prior to the time of a meeting should not expect the Department of Pathology to reimburse their expenses.
RESIDENCY PROGRAM
DEPARTMENT OF PATHOLOGY

PARKING, KEYS, ID CARDS, MEDICAL LICENSE, PAYCHECKS

Information regarding parking and parking cards may be obtained in the OUHSC Parking Office, Service Center Building.

Keys for the different pathology areas at ET and PT are requested by the Residency Coordinator through the Facilities and Maintenance Services after completing a key request form and receiving an approval signature from the Laboratory Administrative Director. The Program will notify the resident when the keys are available. Each resident must sign for the keys at the Facilities and Maintenance Services Office when the keys are ready. Office hours are M-F, 8:00 am – 4:30 pm (telephone number: 271-7122). For the VAMC contact the VA pathology office 456-5348. The Service Secretary will assist you in obtaining the necessary keys.

ID Cards can be obtained through the Bursar’s Office at the One Card Office, located in the Service Center Building.

Applications for Medical Licensure may be obtained by contacting:

The State Board of Medical Licensure and Supervision
P.O. Box 18256
Oklahoma City, OK 73154.
405/848-6841

Paychecks are directly deposited to the resident’s bank account.
RESIDENCY PROGRAM
DEPARTMENT OF PATHOLOGY

RECOMMENDATION LETTERS

Residents may need letters of recommendation. These letters may be required for committee appointments, fellowship applications, employment applications, etc. Residents must request letters of recommendation in writing from the Program Director. All requests must be made at least one month prior to the deadline for receipt.

Forms to be completed must also be given to the Program Director at least one month prior to the deadline for receipt.

Applications for examination by the American Board of Pathology must be reviewed by the Program Director at least one month prior to the deadline for receipt.
One of the missions of our faculty is to participate in research and publish in respected scientific journals. An additional goal is to contribute to the teaching and mentorship of students and residents. As a way to foster these essential ingredients of our mission, the Department of Pathology will provide research awards to Pathology Faculty to help support directed research projects of students and residents. A limited number of projects will be funded per year depending on departmental finances and the merits of the projects. These awards are designed to provide relatively short-term support and to accomplish relatively small-scale projects; however, it is hoped that they will in general encourage research by all faculty and residents, stimulate collaboration, attract potential graduate students, and provide the confidence and preliminary results for more accomplished research for some of our faculty. An expectation of research data development to support manuscripts and/or grant applications is an anticipated requirement of these awards.

Both clinical and research pathology faculty are eligible to apply for these awards. Pathology faculty must work with a fellow, resident, or medical, dental, or College of Allied Health student, or graduate student (not currently assigned to a pathology research laboratory) to be eligible. Preceptors and students are expected to develop a scientific concept and demonstrate feasibility. A written proposal should be submitted for each project to the Pathology Office. The proposal should be no more than 2 pages and should include:

- background
- specific aims
- hypothesis
- overall goals of the program
- proposed methods
- description of facilities and resources
- a line-item budget with budget justification

Curriculum vitae of both student and mentor/co-investigator(s) should be submitted with proposals. Preferably, a fellow/resident/student should be identified in advance of submission of proposals.

The department will provide monetary support for reagents, supplies and equipment (<$500 for total equipment costs), up to $5000 per investigator/fellow, resident or student pair. Equipment (>=$500) and laboratory resources must be already in-place and described, although this may represent collaboration with research faculty and/or core facilities. No funds have been assigned for providing stipends to students in this program; however, these awards are available for faculty who wish to mentor students in programs that do provide stipends to students (e.g., 1st Year Medical Students recruited through the Summer Student Fellowship in Pathology Program).
Three awards are given annually to outstanding residents in the Housestaff Training Program. Recipients for these awards are selected by the faculty. The Executive Committee may seek input from the faculty as part of the selection process.

**Nancy K. Hall Award for Outstanding First Year Resident**

This award is presented to a first year Pathology resident who has shown outstanding performance in pathology training. The recipient receives an award in the amount of $200.

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Grant Davis, M.D.</td>
</tr>
<tr>
<td>2002</td>
<td>Hans Iwenofu, M.D.</td>
</tr>
<tr>
<td>2003</td>
<td>Adeboye Osunkoya, M.D.</td>
</tr>
<tr>
<td>2004</td>
<td>Zhongxin Yu, M.D.</td>
</tr>
<tr>
<td>2005</td>
<td>Eric Harp, D.O.</td>
</tr>
<tr>
<td>2006</td>
<td>Carlo Gavino, M.D.</td>
</tr>
<tr>
<td>2007</td>
<td>Katerine Seywerd, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Douglas Warden, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Brad Chaser, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Nicholas Grant, M.D.</td>
</tr>
<tr>
<td>2011</td>
<td>Matthew Cykowski, M.D.</td>
</tr>
</tbody>
</table>

**Perry Lambird Pathology Resident Award**

This award is presented to the outstanding pathology resident who demonstrates excellence in all aspects of pathology including service, laboratory management skills, and teaching of medical students and residents in pathology and other programs. The recipient receives an award in the amount of $200.

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Matthew Coleman, M.D.</td>
</tr>
<tr>
<td>2002</td>
<td>Gregory Blakey, M.D.</td>
</tr>
<tr>
<td>2003</td>
<td>Bobby Boyanton, M.D.</td>
</tr>
<tr>
<td>2004</td>
<td>Fred Bierbaum, M.D.</td>
</tr>
<tr>
<td>2005</td>
<td>Robyn Potts, M.D.</td>
</tr>
<tr>
<td>2006</td>
<td>Adeboye Osunkoya, M.D.</td>
</tr>
<tr>
<td>2007</td>
<td>Zhongxin Yu, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Katerine Seywerd, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Katerine Seywerd, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Cheri Blacksten, M.D.</td>
</tr>
<tr>
<td>2011</td>
<td>Douglas Warden, M.D.</td>
</tr>
</tbody>
</table>
This award is presented to the Pathology resident who has shown outstanding performance in anatomic pathology. The recipient receives an award in the amount of $200.

<table>
<thead>
<tr>
<th>Year</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>Steve Grombey, M.D.</td>
</tr>
<tr>
<td>2002</td>
<td>Gregory Blakey, M.D.</td>
</tr>
<tr>
<td>2003</td>
<td>Grant Davis, M.D.</td>
</tr>
<tr>
<td>2004</td>
<td>Robyn Potts, M.D.</td>
</tr>
<tr>
<td>2005</td>
<td>Adeboye Osunkoya, M.D.</td>
</tr>
<tr>
<td>2006</td>
<td>Zhongxin Yu, M.D.</td>
</tr>
<tr>
<td>2007</td>
<td>Zhongxin Yu, M.D.</td>
</tr>
<tr>
<td>2008</td>
<td>Georgi Pirumyan, M.D.</td>
</tr>
<tr>
<td>2009</td>
<td>Vladislav Zakharov, M.D.</td>
</tr>
<tr>
<td>2010</td>
<td>Lichao, Zhao, M.D.</td>
</tr>
<tr>
<td>2011</td>
<td>Paari Murugan, M.D.</td>
</tr>
</tbody>
</table>
The University of Oklahoma and OU Physicians require employees to complete training as a requirement of employment. Current requirements are as follows.

**OUHSC**

**Sexual Harassment and Discrimination Awareness Training**
- Must be completed by all new and current employees
- Must be completed within the first 30 days of employment
- Must be completed every other year of employment
- Online Training: [www.ou.edu.outraining](http://www.ou.edu.outraining)

**Standards of Conduct Review and Compliance**
- Must be completed by all new employees
- Must be completed within first 60 days of employment
- Online Certification: [www.ouhsc.edu/compliance/standards.asp](http://www.ouhsc.edu/compliance/standards.asp)

**Annual Safety Training**
- Must be completed annually
- Categories of training needed are determined by job duties
- For more information contact the Environmental Health and Safety Office (271-3000)
- Online Training: [https://www.ouhsc.edu/ehso/training/new_logon.asp](https://www.ouhsc.edu/ehso/training/new_logon.asp)

**HIPAA Training**
- All persons engaged in health care activities must complete the Privacy Training and the Privacy Assessment modules upon hire.
- The Security Training and Security Assessment modules must be completed annually.
- Numbers to contact for assistance:
  - OUHSC IT Help Desk (271-2203)
  - Office of Compliance (271-2511)
- HIPAA Online Training: [http://www.ouhsc.edu/hipaa](http://www.ouhsc.edu/hipaa)

**OU Physicians**

**Risk Training**
- Required annual training for liability coverage: [www.lawandmed.com](http://www.lawandmed.com)
- (800) 808-8525 – info@lawandmed.com

The list of required training may change. In addition, you may be required to complete other training periodically. The Program Coordinator will inform you of other requirements.