LSUHSC Department of Pathology

Manual for Residents and Faculty

2017

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***Milestones indicated in Purple Font**

INTRODUCTION

The Department of Pathology at Louisiana State University School of Medicine in New Orleans directs an integrated Pathology Residency Training Program involving the Medical School, Department of Pathology and its teaching hospitals: University Medical Center (UMC), West Jefferson Medical Center (WJMC), Children's Hospital in New Orleans (CHNOLA), Ochsner Clinic Foundation Hospital (OCF), the Veterans Affairs Hospital (VA) and both the Orleans and Jefferson Parish Coroners' Offices (OPCO and JPCO).

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SPONSORING INSTITUTION

Louisiana State University (LSU) Health New Orleans
1542 Tulane Avenue
New Orleans, LA 70112

MAJOR TEACHING SITE (MTS)

University Medical Center New Orleans (UMCNO)
2000 Canal Street
New Orleans, LA 70112

PROGRAM AFFILIATES

West Jefferson Medical Center
1101 Medical Center Blvd
Marrero, LA 70072
Site Director: Dr. Bart Farris

Children's Hospital of NO
200 Henry Clay Ave
New Orleans, LA 70118
Site Director: Dr. Randall Craver

Ochsner Medical Center
1514 Jefferson Highway
New Orleans, LA 70121
Site Director: Dr. Courtney Jackson

Veterans Health Care System
2400 Canal Street
New Orleans, LA 70112
Site Director: Dr. Giovanni Lorusso

Jefferson Parish Forensic Center
2018 8th Street
Harvey, LA 70058
Site Director: Dr. Dana Troxclair

Orleans Parish Coroner's Office
3001 Earhart Blvd
New Orleans, LA 70125
Site Director: Dr. Sam Huber

OVERALL PROGRAM GOALS AND OBJECTIVES

The role of a pathologist is to contribute to patient care by acting as a diagnostic medical consultant providing diagnoses by interpretation of specimen material in the anatomic and/or clinical laboratory. In addition, pathologists contribute to the knowledge data base regarding disease by analysis of data from patient care or through experimentation and observation. Finally, the pathologist is an educator, teaching students, residents, allied health professionals and other physicians. The residency training program provides instruction and experiences that enable trainees to acquire skills necessary to become competent in each of theses roles in all areas of anatomic and clinical pathology.

To accomplish these goals, the program provides training in skills, cultivates critical thinking, develops managerial expertise, and increases communication abilities so that the trainee may become a successful and independent practicing pathologist. In addition, the program promotes the acquisition of skills and insights needed to evaluate, adapt, and incorporate new techniques and methodologies as they become available.

Responsibility for attaining these objectives falls on both the resident and faculty. The resident must perform assigned duties, read texts and current literature regarding encountered disease processes, acquire experience in technical and managerial aspects of the laboratory, expand communication skills, and grow into the role of educator. The resident must practice self reflection and develop an awareness of their own strengths as well as their areas for improvement. A successful resident is wholly aware of his or her own blind spots. The faculty must aid the residents in attaining these objectives, critically and honestly evaluate them, allow them to assume graduated responsibility as they grow in knowledge and expertise, take part in didactic education, and provide an educational milieu that includes mutual professionalism and respect.

6 CORE COMPETENCIES

The LSU Pathology residency abides by the ACGME 6 CORE COMPETENCIES across all areas of pathology. They are universal across all medical disciplines. Each resident is evaluated and guided on his/her progress in each of the individual competencies listed below.

Patient Care: residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

Medical Knowledge: residents must be able to demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care

Practice-Based Learning and Improvement: residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and lifelong learning

Interpersonal and Communication Skills: residents must be able to demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals.

Professionalism: residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Systems-Based Practice: residents must demonstrate an awareness of the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

All evaluation instruments are categorized by Core Competency and the newly described ACGME Pathology Milestones are also competency based. Below are some applications of the 6 Core Competencies to the field of Pathology.

PATIENT CARE in the field of Pathology

- Developing a diagnostic plan based on specific clinical questions and relevant clinical and pathologic information.
- Functioning as part of a multidisciplinary healthcare team in developing a therapeutic plan
- Serving as a consultant in a multidisciplinary conference
- Gathering essential and accurate information about patients using all available modalities.
- Acting as a skilled consultant to other clinicians

MEDICAL KNOWLEDGE in the field of Pathology

- Using and evaluating evidence-based information in evaluating and presenting findings
- Critically reviewing peer-reviewed journals for use in patient care
- Maintaining a knowledge base in the basic and clinical sciences that provides for the necessary consultative role of a pathologist
- Acquiring sufficient knowledge to determine clinically optimal yet cost-effective diagnostic and therapeutic strategies
- Defining testing turnaround time and in-house vs referral diagnostic testing strategies

- Understanding statistical laboratory methods and application to quality control (QC) and quality assurance
- Demonstrating awareness and understanding of general and test-specific standards for method development and evaluation, such as those promulgated by the Clinical Laboratory Standards Institute, CAP, and similar organizations.
- Demonstrating awareness and understanding of proficiency programs, such as those provided by CAP and similar organizations.
- Demonstrating 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.
- Understanding good study design and research methodologies particularly as they relate to test implementation and diagnostic algorithms in pathology

PRACTICE BASED LEARNING AND IMPROVEMENT in the field of Pathology

- Maintaining a self-awareness of one's progress and track across the Milestones
- Expressing a commitment to lifelong learning through seeking knowledge of evidence-based medicine
- Critically appraising the scientific literature and evidence of outside reading
- Effectively incorporating information technology, to optimize and support patient care decisions.
- Developing personal strategies for the identification and remediation of one's own gaps in medical knowledge
- Using laboratory problems and clinical inquiries to identify process improvements to increase patient safety.
- Maintaining awareness of continual competency assessment for both pathologists as well as other laboratory personnel
- Using proficiency programs to improve laboratory practices.

INTERPERSONAL AND COMMUNICATION SKILLS in the field of Pathology

- Ability to write an articulate, legible, and comprehensive yet concise consultative note.
- Providing clear and informative pathology reports including a precise diagnosis whenever possible, a differential diagnosis when appropriate, and recommended follow-up or additional studies as appropriate.
- Demonstrating a direct communication line for 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.
- Conducting him/herself at presentations and multidisciplinary conferences in a focused, clear, and concise manner
- Demonstrating an ability to communicate the role of the pathologist to other clinicians as well as to other healthcare personnel and administrators
- Navigating multiple communication modes effectively including: listening, nonverbal, explanatory, questioning, face-to-face, telephone, e-mail, and written as appropriate.
- Demonstrating the necessary skills in obtaining informed consent, including effective communication to patients about procedures, alternative approaches, and possible complications
- Interacting well with medical technologists in the day-to-day laboratory environment
- Demonstrating the ability to educate nonpathology clinicians and other healthcare workers, including pharmacists, nurses, residents, medical students, and others

PROFESSIONALISM in the field of Pathology

- Demonstrating compassion in the care of patients, their families, and the faculty and physicians caring for them.
- Interacting with all in the workplace without discriminating on the basis of religious, ethnic, sexual, or educational differences.
- Demonstrating consistently positive work habits, including punctuality, dependability, and a professional appearance.
- Demonstrating a responsiveness to the needs of patients and society that supersedes one's own self-interest.
- Maintaining the highest standards of patient confidentiality with all information transmitted both during and outside of a patient encounter.
- Staying current in one's knowledge of regulatory issues pertaining to the use of human subjects in research.
- Staying committed to excellence and ongoing professional development.
- Striving for high standards in interpersonal skills as a professional member of a multidisciplinary healthcare team.

SYSTEMS BASED PRACTICE in the field of Pathology

- Demonstrating an understanding of the role of the pathologist in the healthcare system.
- Recognizing resource utilization and management in diagnostic plans as part of the best practices approach to patient care in collaboration with other clinicians.
- Maintaining a working knowledge of basic healthcare reimbursement methods.
- Demonstrate knowledge of the laboratory regulatory environment, including licensing 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
- Striving for an understanding of accreditation agencies of Graduate Medical education (ACGME)
- Seeking to continually improve patient safety as it relates to clinical laboratory testing at all levels.

PROFESSIONALISM

The LSU Pathology Residency adopts the same philosophy as the institutional GME office, which states that of the 6 Core Competencies, a commitment to Professionalism actually leads to improvement in all of the other competencies. Further, professionalism is critical to our continued existence as a profession and an individual's successful development as a physician. The elements of Professionalism are:

1. Altruism
2. Accountability
3. Excellence
4. Duty
5. Honor and Integrity
6. Respect for others

Certain behaviors show a continual commitment to professionalism. Some of these behaviors include competition of all tasks which are assigned to you. These may include:

1. Accurately logging and adhering to duty hour standards
2. Accurately logging and attending to medical records
3. Maintaining the standards of turn-around-time particularly as it relates to autopsy protocols and provisional diagnoses
4. Responsiveness to calls when paged on home call
5. Email etiquette and civility in all forms of communication
6. Adherence to the LSU Social Media Policy
7. Accurately logging and attending to case log recording in the ACGME system
8. Meeting the required attendance standards for conferences
9. Alertness management
10. Assurance of fitness for duty
11. Recognition of impairment in self and in others around you
12. Adherence to policies governing transitions of care
13. Completing core modules and other online assignments including compliance training
14. Maintenance of licensure and certifications
15. Awareness of and compliance with all institutional policies
16. Adherence to policies and procedures in GME including those in the House officer manual and other program and institutional requirements.

For the full statement, see the LSU House Officer Manual

Pathology residents in the LSU training program will be formally evaluated twice yearly according to the six professionalism Milestones set forth by the ACGME. These Milestones are detailed below.

For more detail on the Milestone project and the interpretation of levels of progression through the Milestones, see that section.

PROF1: Licensing, certification, examinations, credentialing: Demonstrates attitudes and practices that ensures timely completion of required examinations and licensure (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Completes and passes step 2CK and 2CS of USMLE	Completes and passes Step 3 of USMLE Performs at expected level on objective examinations Begins assembling portfolio of experiences including case log and participation in administrative tasks	Performs at expected level objective examinations Demonstrates expanded portfolio and reviews with program director at semi-annual evaluation	Applies for full and unrestricted medical license Demonstrates complete portfolio and reviews with program director at semi-annual evaluation	Obtain full and unrestricted medical license Board certified and participates in maintenance of certification (SAMS, etc) Maintains portfolio

PROF2: Professionalism: honesty, integrity, and ethical behavior (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Behaves truthfully and understands the concepts of ethical behavior, occasionally requiring guidance; seeks counsel when ethical questions arise Understands the concepts of respect, compassion, and empathy	Is truthful, acknowledges personal near misses and errors and puts the needs of patients first Engages in ethical behavior Observes patient confidentiality Manifests sensitivity to patient's fears and concerns Demonstrates respect, compassion and empathy to all	Demonstrates truthfulness to all members of the health care team Identifies, communicates and corrects errors Demonstrates respect, compassion and empathy even in difficult situations	Exemplifies truthfulness to all members of the health care team Serves a role model for members of the health care team in accepting personal responsibility Puts the needs of each patient above his/her own interests Promotes respect, compassion and empathy in others	Models truthfulness to all members of the health care team; is viewed as a role model in accepting personal responsibility by members of the health care team; and always puts the needs of each patient above his/her own interests Models respect, compassion and empathy, in complex situations

PROF3: Professionalism: Demonstrates responsibility and follow through on tasks (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Completes assigned tasks on time	Dependably completes assigned tasks in a timely manner Assists team members when requested Respects assigned schedules	Anticipates team needs and assists as needed	Anticipates team needs and takes leadership role to independently implement solutions	Exemplifies effective management of multiple competing tasks, including follow through on tasks Is source of support/guidance to other members of health care team

PROF4: Professionalism: Giving and receiving feedback (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Receives feedback constructively	Accepts feedback constructively and modifies practice in response to feedback	Able to provide constructive feedback	Exemplifies giving and receiving constructive feedback Encourages and actively seeks feedback to improve performance	Models giving and receiving constructive feedback Encourages and actively seeks feedback to improve performance

PROF5: Professionalism: Demonstrates responsiveness to each patient's unique characteristics and needs (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Respects diversity, vulnerable populations, and patient autonomy	Embraces diversity and respects vulnerable populations Aware of potential for bias or cultural differences to affect clinical care	Demonstrates cultural competency Identifies and avoids biases and recognizes cultural differences that may affect clinical care	Exemplifies cultural competency Identifies and avoids biases and recognizes cultural differences that may affect clinical care	Models cultural competency Works with peers to avoid biases Recognizes cultural differences that may affect clinical care

PROF6: Professionalism: Demonstrates personal responsibility to maintain emotional, physical, and mental health (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Aware of importance of emotional, physical, and mental health and issues related to fatigue/sleep deprivation Exhibits basic professional responsibilities such as timely reporting for duty rested, ready to work, and appropriately dressed	Manages emotional, physical, and mental health and issues related to fatigue/sleep deprivation Recognizes signs of impairment and seeks appropriate help when needed	Manages emotional, physical, and mental health and issues related to fatigue/sleep deprivation, especially in stressful conditions	Recognizes signs of impairment and facilitates seeking appropriate help when needed Anticipates and avoids behaviors that might lead to impairment	Accesses institutional resources to address impairment and initiates seeking appropriate help when needed

OVERALL CURRICULUM

The LSUHSC-NO Pathology Residency Program is an AP/CP combined training program. The American Board of Pathology requires that the AP/CP resident complete at least eighteen (18) months of structured training in anatomic pathology and eighteen (18) months of structured training in clinical pathology.

The LSU AP/CP Pathology Residency curriculum generally consists of twenty-three (23) months of anatomic pathology training and eighteen (18) months of clinical pathology training. The additional six (6) months of training may be divided or concentrated in areas as indicated by either the residents' interests or by the program director's individualized learning plan for the resident.

For the typical core rotations of the LSU Pathology resident, see the block diagram below. The sum total is 46 months. Most residents choose to do another cytopath, hemepath or forensics rotation. Alternatively, electives in cytogenetics and patient safety can be selected. A research month can be requested if specifically designed and a faculty mentor is selected with a pre-approved project.

ANATOMIC PATHOLOGY CURRICULUM

PGY I	Autopsy Pathology/ Neuropath: 4 months: UMC	Surg Path: 5 months: UMC/WJ		
PGY II	Autopsy Pathology/ Neuropath: 1 months: UMC Autopsy/Forensics: 1 month UMC/OPCO	Surg Path: 4 months: LSU/UMC/WJ	Cytology: 1 month UMC	Pediatric AP Pathology: 0.5 month: CHNOLA
PGY III	Autopsy Pathology/ Forensics: 1 month: UMC/ OPCO	Surg Path: 4 months: UMC	Cytology: 1 month UMC	
PGY IV		Surg Path: 4 months: UMC/WJ/OCF	Cytology: 1 month UMC	EM/ Renal 0.5month CHNOLA

MINIMUM TOTAL AP MONTHS: 28

CLINICAL PATHOLOGY CURRICULUM

PGY I	Hematology/ Flow 1 month: UMC			Microbiology 1 month: WJ	Pediatric CP Pathology 0.5 month: CHNOLA			
PGY II	Chem/ Micro 1 month: WJ	Heme/ Flow: 1 month: UMC	BB / Coag 1 month: OCF				EQuIP Safety and QI 1 month: UMC	
PGY III	Chem/ Tox 1 month: UMC	Heme/ Flow: 1 month: UMC		Microbiology 1 month: WJ		Molecular / Cytogenetics 1 month: UMC	Lab Admin: 1 month: VA	
PGY IV	Chem/ Tox 1 month: UMC	Heme/ Flow: 1 month: UMC	BB: 1month: UMC	Microbiology 1 month: WJ	IF: 0.5 month CHNOLA		Path Admin: 1 month: UMC	

MINIMUM TOTAL CP MONTHS: 18

MILESTONES

As residency education becomes outcomes-based, each specialty has developed specialty-specific Milestones for resident performance within the six domains of clinical competence. The Milestones are competency-based developmental expectations that can be demonstrated progressively by residents from the beginning of their education through graduation to the unsupervised practice of their specialty. Pathology milestones were finalized and fully implemented July 1, 2014. There are

27 Milestones. They will be listed in the manual whenever they are clearly rotation-specific. Otherwise, consult the ACGME website or the Residency Website for the general AP/CP, AP or CP Milestones.

Resident progress across the Milestones is tracked by levels. The Milestones and the levels are the foundation for all rotational and other types of evaluation instrument utilized by the program. The levels of achievement are described below:

Level 1: The resident is a graduating medical student/experiencing first day of residency.

Level 2: The resident is advancing and demonstrating additional milestones.

Level 3: The resident continues to advance and demonstrate additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency.

***This level is designed as the graduation target.**

Level 5: The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

In preparation for the implementation of the Pathology Milestones, two main educational committees have been created and are described below.

CLINICAL COMPETENCY COMMITTEE (CCC):

The CCC is a group of core faculty across training sites and disciplines that is appointed by the Program Director (PD) to confidentially review each resident's progress biannually and make recommendations to the program director on milestone reporting data for each resident. They also serve as an early warning system to identify residents requiring remediation and to evaluate and make recommendations for all other trainees regarding promotion.

The CCC serves in an advisory role to the PD in preparing and assuring the reporting of Milestone data on each resident. The CCC also serves to make recommendations regarding resident progress including preliminary intervention, promotion, remediation, and dismissal.

Twice yearly, the PD enters Milestone data on each resident to the ACGME via the Milestones tracking system (ADS).

In preparation for the CCC meetings, residents are asked to complete Dashboards (see appendix) to document activities across a variety of educational areas. Subsequently, residents are each asked to evaluate themselves across the milestones via NewInnovations self evaluation (see appendix).

CCC Members ('17-'18)

Dr. Rachna Jetly *Chair
Dr. Tracy Dewenter (UMC)
Dr. Bart Farris (WJ)
Dr. Mike Leroy (UMC)
Dr. Gordon Love (UMC)

PROGRAM EVALUATION COMMITTEE (PEC):

The PEC assumes all functions of the former *Education and Evaluation Committee (EEC)*. The committee will participate actively in planning, developing, implementing and evaluating all significant activities of the residency program; reviewing the annual program evaluation (APE) document and designation of the program's ongoing improvement plans.

Through the PEC, the program will document formal, systematic evaluation of the curriculum at least annually. The PEC is responsible for analyzing and understanding the full, written annual program evaluation. Data and outcomes to be analyzed include volume/variety of case material, sufficiency of resident supervision, and resident performance on the yearly ASCP RISE (resident in-service examination) and The American Board of Pathology examinations. Additional activities of the PEC may include oversight for the American Board of Pathology examination timeline, the education and evaluation of pathology fellows and rotating medical students. Members will actively participate in the selection and ranking of resident applicants in the match.

The PEC will be composed of at least 3 members of the residency faculty and include representation from the residents. The Chief Resident is automatically a member. Additionally, a second resident (2^{nd}/3^{rd} year) will be peer selected by general resident vote in the month of May.

PEC Members ('17-'18)

Dr. Ritu Bhalla*Chair
Dr. Elizabeth Rinker
Dr. Mike Leroy
Dr. Bart Farris
Dr. Tracy Dewenter
Dr. Julie Li: Chief Resident
Dr. Louise Helander: Elected Junior Resident Rep (PGY3)

PROFESSIONAL DEVELOPMENT

Professional development of the resident refers to the acquisition of skills and knowledge both for personal development and for career advancement. At the heart is the resident's interest in lifelong learning and increasing their own skills and knowledge.

For the pathology resident, professional development begins on day one. The focus should be on achieving the highest level possible in all 6 Core Competencies, always with a focused eye on Professionalism. The Milestone language is a good driver for detail underlying the competencies.

To this end, career guidance is instrumental. The semiannual evaluation (SAE) is a valuable time to discuss plans and carve out individualized learning plans suited to aspirational goals. The PD will facilitate these plans. The resident will participate by completing a Self-Evaluation and completing a portion of the SAE instrument that details at least 3 specific goals.

Generally, the first year resident is focused on successful attainment of the third step in licensing and on a general overview of both AP and CP pathology. Subsequently, and assuming good standing, the resident is guided towards scholarly pursuits including publications. The resident is also encouraged to assume leadership positions in various organizations and committees around the school, hospital and health science center. Teaching opportunities are also selected for the residents and networking is facilitated.

The resident should also begin to formulate his/her Curriculum Vitae. As a general guide, the LSU template for faculty CV's can be found at the following link:
http://www.medschool.lsuhsc.edu/faculty_affairs/promotions_and_tenure.aspx

The resident is also encouraged to join the main pathology related professional medical societies, particularly as his/her interests focus within the field. Some of those are listed here:

American Society of Clinical Pathologists (ASCP)
http://www.ascp.org/Residents/Membership-for-Residents/US-Residents
FREE to residents

College of American Pathology (CAP)
http://www.cap.org/apps/cap.portal
FREE to residents ("Junior Member")

United States and Canadian Academy of Pathology (USCAP)
http://www.uscap.org/home.htm
$35 for residents Why join? : http://www.uscap.org/index.htm?future.htm

Louisiana State Medical Society (LSMS/Parish)
You join the State and the Parish at the same time, designating parish
http://www.lsms.org/site/join-the-lsms
- Orleans Parish: http://www.opms.org/ $35 Biannual dinner meeting
- Jefferson Parish: http://www.jpms.org/ $35 Fishing rodeo, various discounts

CAN I GET SOME HELP WITH THAT?

Residents are frequently faced with questions, some clinical based and others based on work-life issues. An open bidirectional dialogue with the Program Director (PD) is encouraged at all times. Communication options are many and vary depending on the situation and the resident. Some resources are listed below:

Upper Level Residents

The Upper level residents are those in their 3rd and 4th year. Second year residents are termed intermediate level. Upper levels serve as good sounding boards for advice in terms of perspective on study resources, work flow, work-life integration, etc. Should formal questions about general resident responsibilities arise, ensure your question is answered, you may seek the help of the Program Director. Should specific rotational requirements be at issue, communications with your supervising faculty is always advised.

Chief Resident

There will be one Chief Resident (CR) elected each calendar year. The CR is in the final 18 months of his/her training. He/she is an excellent resource for your guidance. The CR will be guided towards bidirectional communication between you, the residents and primarily the Program Director. The term of their leadership year runs January through December. The Chief Resident (CR) is defined as that upper level resident who is voted by his/her peers to function at an intermediary level between the residents and the program/departmental administration. The CR should be selected based on his/her ability to perform at a high level across all 6 core competencies. He/she should be viewed as a role model among his/her peers. The selection process is as follows: The current slate of PGY-3s are put forth to the entire complement of residents in an anonymous election. Each resident is permitted to cast one anonymous vote. The CCC faculty members are each given a vote; however the winner from the CCC vote is collectively counted only as one vote among the total resident complement vote. In the event of a tie, the PD determines the tie breaker. The winner is announced and takes office January 1st of the new year. The CR duties include:

1. Acting as a liaison among the residents
2. Offering support for his/her peers in answering questions
3. Leading by example
4. Leading schedule design for rotation assignment, call schedule, extended shift, Grand Rounds and the resident didactic series
5. Active participation in recruiting activities including interviewing if necessary
6. Leading the monthly residency meeting including generation of meeting agenda and minutes in conjunction with Program Director
7. Leading structure of incoming resident orientation

In addition, the CR is automatically appointed to the PEC [Program Evaluation Committee] – see section above.

House Staff Association

The LSU House staff Association has formal meetings and an organization with leadership opportunities for residents from all disciplines. Announcements will be sent and all are invited to attend. It is always helpful to have Pathology representation, given it is a hospital based specialty. See the link: http://residents.lsuhsc.edu/no/

Program Director (PD)

The PD is responsible for oversight of the program and the trainees. The PD is available to hear any grievance on behalf of any resident at any time. The PD often calls upon institutional resources from the GME office and/or Campus Assistance (CAP) to facilitate if needed. The PD prefers an opportunity to address any issues that arise prior to the issues being raised outside of the Department. Should the resident perceive, at any time, however that the issue is at the program or program director level, he/she is encouraged to contact the Department Head, the GME office or the LSU Ombudsman

GME Office and DIO

The Graduate Medical Education (GME) office can be found in the 6th floor of the Learning Center at LSU School of Medicine. Its mission is to provide a smooth transition from medical school to post graduate training. There are nearly 650 House Officers in the LSU GME system.

The Designated Institutional Official (DIO) is the Associate Dean for Academic Affairs, Dr. Charles Hilton.

See the website http://www.medschool.lsuhsc.edu/Medical_Education/Graduate/default.aspx for further information and for more resources available.

Ombudsman

Dr. Cathy Lazarus, the Associate Dean for Student Affairs, is available to serve as an impartial third party for house officers who feel their concerns cannot be addressed directly to their program or institution. Dr. Lazarus will work to resolve issues while protecting confidentiality. She can be reached at (504) 568-4874 or claza1@lsuhsc.edu

Human Resources

LSUHSC is committed to an equal opportunity for all members of its community. It is also committed to a professional work environment. Should any resident have questions or concern regarding either including any discriminatory practice, he/she should contact the Human Resources Director at (504) 568-8742. The resident can also report any concerning work place behavior to his/her Department Head and/or Program Director

Campus Assistance (CAP)

CAP is a free service provided by LSU Health Sciences Center at New Orleans to assist faculty, staff, residents, students and their immediate family members in resolving personal, academic or work related problems. A counselor is on call **24 hours a day** to assist in time of crisis. If you feel you have an emergency or need immediate assistance at any time, contact the counselor on call.

CAP Location and Contact Information

1542 Tulane Avenue, 8th Fl. Office 866
New Orleans, LA 70112
Phone: (504) 568-8888 Email: cap@lsuhsc.edu

LSUHSC is a drug free workplace and any violation of such will be reported to the Human Resource Management department. All residents are also expected to be fit-for-duty.

A resident's commitment to emotional, physical and mental health well-being is of critical importance and paramount to maintaining professionalism in the workplace.

The resident will be evaluated on continued adherence to this milestone:

PROF6: Professionalism: Demonstrates personal responsibility to maintain emotional, physical, and mental health (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Aware of importance of emotional, physical, and mental health and issues related to fatigue/sleep deprivation Exhibits basic professional responsibilities such as timely reporting for duty rested, ready to work, and appropriately dressed	Manages emotional, physical, and mental health and issues related to fatigue/sleep deprivation Recognizes signs of impairment and seeks appropriate help when needed	Manages emotional, physical, and mental health and issues related to fatigue/sleep deprivation, especially in stressful conditions	Recognizes signs of impairment in self and others and facilitates seeking appropriate help when needed Anticipates and avoids behaviors that might lead to impairment	Accesses institutional resources to address impairment and initiates seeking appropriate help when needed

RESIDENT CONFERENCES AKA DIDACTICS

The resident didactic conferences are teaching sessions that run from 730-830am across the academic year. The curriculum is a 2 year curriculum, usually with both an AP and a CP topic assigned each month. The conferences are an opportunity for the residents to passively learn from faculty from all training sites as well as from faculty from the larger pathology community. This hour of learning is protected time free from service responsibilities. You are not responsible for attending to frozen sections or other patient care work during this hour.

ATTENDANCE:

A 90% conference attendance is required. This will be calculated after deducting the vacation and sick leave days from the total number of conference days. The attendance to Hemepath slide reviews (on Thursdays) and breast rad-path correlation conferences (on Wednesdays) is optional and not included in the attendance calculation. Attendance is partly reflective of professionalism and is monitored by the CCC and taken into account during milestone grading.

THREE P'S OF DIDACTICS:

Three P's are expected from every resident from day one during conference time:

1. **Punctuality**: be on time. Do not enter the conference consistently late. Your peers and your faculty have made the effort; you should do so as well. The attendance sheet will be retrieved by the Chief Resident or other 4th year at the time the speaker begins to talk. Do not put your Chief in an awkward position by asking him/her to allow you to sign in late.
2. **Prepared:** if there were slides to preview, then preview them, characterize your thoughts about what you see and come out with differential diagnosis. If there were articles to read, then read them. Show your colleagues that you respect the time and effort they have put in to the conference preparation by also preparing.
3. **Power-down:** put your cell phone down and do not text, email or Google during conference. It is fine to take notes so that you can later look up items but remember that you should be actively listening and engaging rather than syncing with your device. Recognizing that some learners take notes on electronic devices, that is an acceptable use of equipment. But be respectful and know when to draw the line. Having a tablet does not mean that you can also toggle back and forth between the internet, your texts and your email. You are there to interact with the speaker. And, just remember, there are no devices allowed at the boards – so get used to it.

RESIDENT DRIVEN DIDACTICS

Most didactics are faculty based, but some will be offered by your peers. The same P's apply to these conferences. The schedule for resident driven didactics is provided by the Chief Resident at the start of each academic year, taking into account the residents' rotational and other responsibilities. There is enough advance notice of these conferences, so put them on your calendar.

First year residents generally give 2-3 Gross conferences, interesting case conferences, a hemepath conference as part of their rotational requirements and one Grand Rounds ½ hour presentation. Other rotations may ask for presentations, such as West Jeff months and CHNOLA months.

GIVING AND RECEIVING FEEDBACK

Residents are encouraged to develop the skills to both receive as well as to deliver feedback in a constructive manner. Both elements are one aspect to professionalism in the health care system. Residents will be assessed on achievement in this milestone:

PROF4: Professionalism: Giving and receiving feedback (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Receives feedback constructively	Accepts feedback constructively and modifies practice in response to feedback	Able to provide constructive feedback	Exemplifies giving and receiving constructive feedback Encourages and actively seeks feedback to improve performance	Models giving and receiving constructive feedback Encourages and actively seeks feedback to improve performance

OPPORTUNITIES TO GIVE YOUR FEEDBACK:

Residents have the opportunity to provide both open-forum feedback and anonymous feedback.

Open forum feedback occurs during the monthly Resident – PD morning meetings as well during the senior-to-junior resident wrap up evaluation at the end of a surgical pathology rotation at UMC and during the twice yearly semiannual sessions with the PD. Residents also given feedback via regular self assessments and via Dashboard completion.

Anonymous feedback is encouraged and is often solicited through the evaluation software platforms of NewInnovations (NI) or SurveyMonkey (SM). Examples include:

Monthly NI Evaluations of Morning Conferences
Monthly NI Evaluations of Rotations
Monthly NI Evaluations of Surg Path Faculty and Rotation
Once Yearly NI Evaluation of the Program Quality
Once Yearly SM Evaluation of Faculty and of Rotations
Once Yearly NI Evaluations of your Peers
Once Yearly ACGME Evaluation of the program
Once Yearly LSU Evaluation of the program

GETTING FEEDBACK:

Residents are provided feedback from multiple sources.

From faculty:

Monthly rotational evaluations
Real-time via the TAG system on procedural elements such as the autopsy, FNA, Bone marrow, Frozen Section, Pheresis, Grossing
Real-time from teaching or presentations such as tumor boards

From peers:

Annually in an anonymous format through *NI.*
Monthly if you were supervised by a senior resident on surgical pathology

From staff:

Once yearly in written format from histo techs, diener, transcriptionist, business managers etc.

From potential residency candidates:

Once yearly in a post-Match survey of residency interviews

SEMIANNUAL REVIEW:

At least semiannually, all evaluative data sources are aggregated and appraised by the CCC. These evaluations form the basis on which promotion, remediation and dismissal recommendations are made. A resident may review their evaluations at any time by entering NI or by asking Ms. Davis to see written portions of their learner portfolio.
The SAE (see appendix) begins with the resident completing a self-evaluation. They then complete a goal assessment: setting at least 3 goals for the upcoming 6 months and providing status updates on the goals that were set in the prior 6 months. The resident provides updates on some practice habits such as leave, conference attendance, logging of duty hours, core curriculum, ACGME case logging,

and autopsy turnaround time. Then, the resident is scheduled to sit with the PD who has prepared, in advance, numerical averages for the resident's performance across the 6 core competencies based on NI evaluations and based on the most recent CCC milestone scoring session. A dialogue occurs and a mutually agreed upon individualized learning plan is documented. PD completes a semiannual review form (SAE) and reviews it with each resident twice yearly. Comparatives are made with the resident's self-evaluations at that time.

OPPORTUNITIES FOR TEACHING

Residents are expected to take part in the education of third and fourth year medical students in the Career Planning Elective and the Pathology Elective. In both electives, resident will be given the opportunity to contribute to the overall evaluation of the student.

In addition, residents are expected to mentor, supervise, and teach medical and or nursing students who are observing the autopsy procedure at UMC.

Residents are also engaged in teaching other residents, not only their peers, but also those from other departments. Examples of this include the multidisciplinary tumor boards, Medicine Case Conferences, Emergency Medicine Forensic Conference, City-Wide and Infectious Disease conferences, etc. at various institutions where residents discuss the pathology of cases under review, as well as specialty conferences at Ochsner, WJMC, UMC and Children's Hospitals.

Residents are also expected to take a leadership role in the Gross and Microscopic monthly conference, once yearly in the Grand Rounds seminars, and in various other conferences such as interesting case conference.

For students seeking formal teaching responsibilities, opportunities may arise in either Dental pathology or in the sophomore medical school courses. Interest should be discussed with the PD and participation will be reserved for residents in good standing.

The resident who participates in teaching should maintain a teaching portfolio and include these items in his/her CV. Categorization of teaching activities is as follows:

1. Intradepartmental Teaching [within the Department of Pathology]
2. Interdepartmental Teaching
3. CME Teaching

The resident will be evaluated on teaching using the TAG system and by progress across the milestone:

MK2: Teaching: Demonstrates behavior that interprets, synthesizes, summarizes knowledge and teaches (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Participates in active learning	Understands and begins to acquire the skills needed for effective teaching Teaches medical students as needed	Teaches peers as needed	Teaches across departments and at all levels, including clinicians, patients and families	Models teaching across departments and at all levels, including clinicians, patients and families

SCHOLARLY ACTIVITY OPPORTUNITIES

Residents are expected to participate in scholarly pursuits during their training program. Residents are expected to become meaningfully involved with hospital based committees. Residents should approach their education with a scholarly eye towards multidisciplinary scientific pursuit of knowledge with a core mission to disseminate learned knowledge to peers, students and other health care professionals. Activities deemed scholarly will included multidisciplinary conferences, local, regional and national conferences, teaching, poster and oral presentations as well as publications.

Didactic conferences including core curriculum modules on study design and on patient safety and quality improvement will be required. Time classified as research may be available to upper level residents, in academic good standing only, who have a designated faculty mentor and a pre approved project.

Logging of all forms of scholarly activity on the Dashboard should be completed and up to date prior to a resident's scheduled semiannual review with the PD.

The resident will be evaluated on teaching by scholarly activity evaluations in *NewInnovations* and by progress across the milestone:

PBLI2: Scholarly Activity: Analyzes and appraises pertinent literature, applies scientific method to identify and interpret evidence-based medicine and apply it clinically (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Utilizes and applies basic texts Uses presentation software, online literature databases and searches as needed Demonstrates working knowledge of basic statistical analysis	Develops knowledge of the basic principles of research (demographics, IRB, human subjects), including how research is conducted, evaluated, explained to patients and applied to patient care	Critically reads and incorporates the medical literature into presentations and lectures Applies knowledge of the basic principles of research Adds to a portfolio of scholarly activities, which may include manuscript preparation, abstract presentation at a local, regional or national meeting, or other scientific presentation	Critically examines literature for study design and use in evidence-based clinical care Identifies gaps in the currently available knowledge Has a well developed portfolio of scholarly activities	Proficient in critical evaluation of the literature and participates in life-long learning

Patient Safety and Quality Improvement Projects

Residents are expected to integrate and actively participate in interdisciplinary clinical quality improvement and patient safety programs. Most residents will be appointed to one of the many hospital-based, quality improvement focused, committees at which their meeting attendance and participation will be evaluated annually. In addition, residents will collectively participate in a quality improvement exercise in their PGY2 EQuIP rotation. Further, the Pathology Management curriculum will further hone their PS/QI focus and develop their knowledge of safety in healthcare.

RESIDENT SUPERVISION

The PGY-I level resident is designated as the **junior resident**; the PGY-II resident is designated as **intermediate-level** and the PGY III and IV level residents are designated as in their 'final years of education' and are therefore **senior residents**.

The supervision of residents is a graded one and is classified according to three main levels:

1. **Direct Supervision (DS)** – the supervising physician is physically present with the resident and patient
2. **Indirect Supervision (ID) –**

- **ID *with DS immediately available*** – supervising physician is physically within the hospital or other site of patient care, and is immediately available for DS
- **ID *with DS available*** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide DS

3. **Oversight (O)** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

PGY-1 residents will be supervised in one of two ways, only:

1. DS or
2. ID with DS immediately available.

DS will apply during performance of, at least, the initial three procedures in the following areas:

1. Autopsies
2. Gross dissection of surgical pathology specimens by organ system
   * *see appendix*
3. Frozen sections
4. Fine needle aspirations and interpretation
5. Apheresis

The manner for documentation of DS is as follows: 1) documentation of supervising faculty physician into the autopsy protocol, 2) dictation of supervising physician into the gross dictation, 3) case-log and direct documentation of physician supervision for frozen sections and 4) case-log entry of physician supervision for fine needle aspirations.

A ≥PGY-3 resident may directly supervise the gross dissection and/or the autopsy and/or the apheresis procedure. PGY-2 (intermediate) and ≥PGY-3 house officers will be supervised at levels commensurate with the residents' abilities and so assigned by either the program director or other supervisory faculty.

Faculty is always reachable via telephonic and/or electronic modalities. Lists of contacts numbers and faculty call schedules are distributed to all residents monthly. As a backup, the call schedules are always made available to hospital operators and operating room nursing supervisors. Call schedules are posted online and are maintained daily on the V drives at UMC.

Diagrammatic Representation of Supervision:

	Direct Supervision by Faculty	*Direct Supervision by ≥PGY-3 resident*	*Indirect but immediately available*	*Indirect but available*	*Oversight*
Autopsy					
PGY-I Skill Level I	++	++			
PGY-I Skill Level II			++		
≥ PGY-2			++	++	
Frozen Section Preparation					
PGY-I Skill Level I	++	++			
PGY-I Skill Level II			++		
≥ PGY-II			++	++	++
Frozen Section Interpretation					
PGY-I Skill Level I	++				
PGY-I Skill Level II	++				
≥ PGYII II	++				
Bone Marrow Biopsy/ Aspirate					
PGY-I	++	++	++		
≥ PGY-II		++	++	++	
Fine Needle Aspiration					
PGY-I	++	++			
≥ PGY-II	++	++	++		
Fine Needle Cytologic Diagnosis					
PGY-I	++				
≥ PGY-II	++				
Apheresis					
PGY-I	++				
≥ PGY-II			++		
Grossing Pathology					
PGY-I Skill Level I	++	++	++		
PGY-I Skill Level II			++		
≥ PGY-II			++	++	++

REQUIRED FACULTY NOTIFICATIONS

All after hours (after 5pm) calls to residents which result in the resident returning to the hospital must be called in to the faculty on call for a check of supervision. During the work hours (7-5pm), any call made to a resident with a request for a procedure to include FNA, bone marrow, autopsy, frozen section must be called in to the attending covering the specific service in question.

Condition Requiring Faculty Notification	PGY 1 (not taking home call)	PGY2	≥PGY 3
Unanticipated invasive or diagnostic procedure	X	X	X
FNA	X	X	X
Autopsy Request	X	X	X
Intraoperative Consult Request	X	X	X
After Hours Pathology Consult or Clinical Consult	X	X	X

ACGME CASE LOG SYSTEM

LSU Pathology residents must enter into the ACGME Case Log System all autopsies, bone marrows and fine needle aspirations which they perform. Reports from this system will be printed at the time of the biannual evaluations with the program director and placed in the resident's portfolio.

Residents are encouraged to also track frozen sections and clinical calls including apheresis procedures in the ACGME Case Log system. Tracking procedures is a requirement prior to both Milestone reporting sessions. It is the responsibility of the resident to maintain an up to date portfolio.

TRANSITIONS IN CARE AKA HAND-OFFS

The program maintains a policy on providing structured patient / case transitions in care (TIC) for the purposes of providing safe and effective patient care in pathology. The policy is as follows: structured TIC should occur in any circumstance when coverage of a service or case is passed from one resident to another. Some examples of circumstances in which documented TIC is to occur include:

- Scheduled change over for rotations to include surgical pathology, neuropathology, autopsy when applicable
- On call patient care activities that require communications to the day team of residents and/or faculty providers to include frozen section cases and transfusion medicine cases
- Coverage of services during resident absences for any reason – either planned or unplanned

To offset abrupt TIC in surgical pathology, the senior most resident will start his/her service ½ day earlier than the remainder of the incoming team. He/she will receive the TIC signout from the outgoing upper level resident.

Review of the residents' effectiveness in both receiving and providing safe TIC occur via:

- Monthly rotational evaluations
- Didactic clinical call conferences
- TIC tracking sheets maintained in surgical pathology, autopsy and neuropathology
- TIC electronic databases maintained on the pathology shared drive

TIC must occur both face-to-face and via written documentation. TIC are to be logged when appropriate (eg. surgical pathology, neuropathology). Should email communication be utilized, the lsuhsc.edu encrypted mail system is the only approved email exchange.

Residents will be assessed on Hand-Overs or TICs across Milestone SBP1 where attainment of appropriate hand-over procedures is scored at a Level 1-2 [see below]

SBP1: Patient safety: Demonstrates attitudes, knowledge and practices that contribute to patient safety (AP/CP)	
Level 1	**Level 2**
Understands the importance of identity and integrity of the specimen and requisition form and verifies the identity Understands the risk inherent in hand-overs	Consistently checks identity and integrity of specimen Independently obtains clinical information when needed Explores other resources such as EMR and radiology Handles deviations from policies (waivers) with supervision Performs hand-overs in an appropriate manner, according to guidelines (e.g., Situation-Background-Analysis-Recommendation [SBAR] or local guidelines)

RESIDENT DUTY HOURS

The program strictly abides by the ACGME Duty Hours revision document July 2011. For details, see the ACGME.org Common Program Requirements. Duty hours do not include reading and preparation time spent away from the duty site.

Normal daily duty periods are detailed in each rotational section.

All call is strictly for > PGY-II residents and is pager call. There is no in-house call.
Call is comprehensive in scope and includes anatomic and clinical pathology needs.
Call is taken one week at a time (Monday – Sunday) but not for more two consecutive weeks.

Residents will be provided with 1 day in 7 days, totally free from all educational and clinical responsibilities (including home call) when averaged over a 4-week period.
'One day' is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

Duty periods of PGY-1 residents will not exceed 16 hours in duration.

Duty periods of ≥ PGY-2 residents may be scheduled to a maximum of 24 hours of continuous duty

PGY-1 and PGY-2 residents should have 10 hours [and must have 8] free of duty between scheduled work

PGY-3 and PGY-4 residents should have 8 hours free of duty between scheduled activity

If it becomes necessary for a resident to come into the hospital while on call, he/she must document the hours in *NewInnovations.* These hours are added to the daily duty hours and at no time may the number of in-house hours exceed eighty (80) in any week.

When any resident reaches seventy (70) hours they are to notify the PD for attention. Duty hours are regularly monitored by the program coordinator who notifies the PD of any irregularities.

If return to hospital activities with fewer than 8 hours occurs, the PD must be notified and the duty hours 'flag' will be noted in NewInnovations.

In addition, the PD and faculty observe residents for evidence of individual fatigue. Residents should report any indication of fatigue involving themselves or as they perceive it in others. Alertness management strategies such as strategic napping and caffeine consumption are critical.

MOONLIGHTING

The practice of medicine outside the education program (moonlighting) by house officers in the Pathology Department are evaluated on an individual basis by the Department Head upon the written request of the individual house officer. These activities at no time may interfere with the educational commitments and responsibilities of the house officer. In order to engage in such activities, the resident shall request permission in writing from the Department Head, outlining the duties to include location, time, frequency, and nature of the duties. The Department Head may then approve or disapprove of the request. Any house officer who performs activities other than those approved by the Department Head may be placed on probation or dismissed, whichever is appropriate.

PGY-I residents may not participate in moonlighting under any circumstances and all moonlighting hours must be counted towards the 80-hour maximum weekly hour limit.

The LSU School of Medicine House Officer Manual discusses moonlighting on pg. 21.

RESIDENT CALL

All pathology resident call is home-call. No first year takes any call. Call is seven consecutive nights but never for more than one week at a time and always with an average of one in seven days free from all duties when averaged over four weeks. All call duties are properly logged in accordance with the home-call duty hour rules set forth by the ACGME.

Call services only the UMC Hospital. Every other night call coverage is over the AP and the CP services. On the alternating night, call covers only the CP service. On every night of coverage, there is faculty assigned and immediately available as resident back-up. This includes a separate rotating autopsy faculty available for all autopsies to be directly supervised after-hours. Faculty schedules are available online, distributed via email and are stored on the hospital shared drives.

BACK UP CALL SYSTEM

If a resident cannot perform their required duties, they must contact their supervising faculty member, the Program Director and the Chief Resident immediately. The backup faculty will perform all call

functions until which time a replacement resident can be provided. The Chief Resident is responsible for identifying a backup resident, if the primary resident's absence is prolonged. Any house officer who fails to be available for on call or shift responsibilities, other than any that have previously been approved absences, may be placed on probation or dismissed, whichever is appropriate.

MONITORING OF DUTY HOURS AND AT-HOME CALL

To ensure compliance with duty hour regulations put forth by the ACGME, all residents will log their duty hours in *New Innovations* on a regular basis. The logged duty hours are reviewed by the coordinator and PD biannually. Any violation of the ACGME mandated duty hours is to be investigated. If there are any problems that are seen as consistent or in need of intervention, the EEC will be notified.

An anonymous Duty Hour Violation Hotline is available: **504-599-1161**

EDUCATION, ALERTNESS MANAGEMENT AND FATIGUE MITIGATION POLICY

The program is committed to and is responsible for promoting patient safety and resident well-being in a supportive environment. Faculty members are informed of the ACGME duty hour rules and also receive education on the signs of sleep deprivation, alertness management and fatigue mitigation. If a faculty member is concerned that a resident is not fit for duty due to fatigue or illness or any cause, they will immediately report this to the program director. Residents are also informed of the ACGME duty hour rules and receive similar education on the signs of sleep deprivation, alertness management and fatigue mitigation through a variety of educational sources including the LSUHSC core curriculum modules. If a resident feels that fatigue is affecting patient care, they should call the chief resident and the faculty on –call will provide call functions.

EXTENDED SHIFT WORK

In lieu of call, the HO-1 resident alternates with other residents providing extended shift coverage on the autopsy service at UMC for Saturdays between 7am-1pm. He/she is responsible for any autopsy case work that day and should also be using these hours to work on autopsy cases that he/she has. These hours should be logged into *NewInnovation* and count towards the total weekly work of no more than 80 hours. Autopsy faculty, as usual, provides either DS or ID with DS immediately available supervision.

OCCUPATIONAL HAZARDS AND NEEDLE STICK POLICIES

Universal precautions are the expected practice at all rotational sites. If a resident experiences a significant exposure or a needlestick, the resident is to refer to the policies of the institution at which the exposure took place. However, the following general guidelines should be followed:

1. Notify your supervising faculty immediately
2. Seek medical attention as needed and at the facility at which the incident took place
3. Notify your PD and Program Coordinator so that forms at LSU can also be completed

If the exposure/event took place at UMC, please note the following:

1. Notify your supervising faculty
2. Report to Nursing (W535) to retrieve the Exposure Pack. Bring packet with you to ED
3. Your medical care should be delivered in the Urgent Care/ ED; two purple tops of blood need to drawn on the source patient- these are to be delivered to the Blood Bank
4. Notify your Program Director and Program Coordinator so that forms at LSU can also be completed

UMC INCIDENT REPORTING

UMC encourages the reporting of any and all quality of care concerns including safety issues, facilities or supply problems, needle sticks, blood and/or fluid exposures and near misses.
Events can be reported via email to UMCSafe@lcmchealth.org
Or, anonymous call ins can be made via: B-SAFE (2-7233).
If the error involves medications, use the Quantifi system.
See the EQuIP link for more information
http://www.medschool.lsuhsc.edu/medical_education/graduate/EQuIP/cler_faqs.aspx

Residents will be assessed on recognition of the importance of error reporting across Milestone SBP4

SBP4: Lab Management: Quality, risk management and laboratory safety: Explains, recognizes, summarizes and is able to apply quality improvement, risk management and safety issues (AP/CP)				
Level 1	**Level 2**	**Level 3**	**Level 4**	**Level 5**
Participates in basic safety training (e.g., OSHA, blood borne pathogen, personal protective equipment)	Participates in laboratory specific safety training (e.g., sharps disposal, proper equipment utilization) Understands when and how to file an incident or safety report Understands the concept of a laboratory quality management plan	Interprets quality data and charts and trends Understands continuous improvement tools, such as Lean and Six Sigma Understands serious reportable events (SREs) and appropriate reporting, and participates in root cause analysis (RCA) Demonstrates a knowledge of proficiency testing and its consequences Attends and participates in quality improvement meetings	Has completed a quality improvement project Reviews and analyzes proficiency testing results Participates in department and hospital wide quality, risk management, and safety initiatives	Utilizes continuous improvement tools, such as Lean and Six Sigma Manages laboratory quality assurance and safety

COMMUNICATIONS

The Program utilizes @lsuhsc.edu email as the preferable email system. Though clinical discussions are relatively secure, patient initials, MRNs and / or case numbers rather than full names should still be utilized. LSU email should be used for all business. It should also be an email account that you limit to use for business. Residents are expected to be in touch with their LSU email account. Call schedules and didactic schedules are distributed via email. Faculty communications are related through email.

In most cases of emails from faculty-to-resident, a response ***is*** expected. The response should be prompt and courteous; within a work day in most cases. Non-responding is not acceptable email behavior.

Professionalism should also be maintained throughout all email communications and language should be appropriate.

Email organization to subfolders to include at least one that is marked 'To Do' and one that is listed 'Call Schedule', is helpful. Planning and organization are critical to success.

No patient or work related exchanges should occur across other, non-LSU email accounts. This type of communication is a violation of institutional policies.

SOCIAL MEDIAL POLICY

Residents should recognize that content posted on the Internet should be assumed to be permanent and public. Adherence to all policies that govern patient and health related care privacy is strict and unconditional. Even de-identified discussion on medical cases should be avoided. Proper use of social media and of the Internet is a key professionalism issue. Any violation or concern brought forward regarding a resident's use of the Internet and/or social media will fall under the purview of the CCC in conjunction with the PD.

For a full discussion of the LSU Social Media guidelines – see the LSU GME website.

COMMUNICATIONS DURING SCHOOL CLOSURES e.g. HURRICANES OR WEATHER EVENTS

In addition to LSU email, in the event of an unexpected school closure due to disaster or weather event, residents should monitor the LSUHSC-NO website.

Additionally, LSU pathology residents are also asked to register for the e2Campus alert text message system for Emergency Preparedness by choosing Sign-Up at the following link: http://www.lsuhsc.edu/alerts/. And, finally, personal email accounts and emergency contact information should be provided to the Program Coordinator in the event that the LSUHSC-NO website becomes nonfunctional. In such case, the Department will utilize the LSU Pathology Google group for communications.

PROMOTION OF RESIDENTS

Promotion of LSU Pathology residents is based upon evaluation tools including rotation evaluations, in-training examinations, 360 degree evaluations and any other pertinent information. In conjunction with the PD, the CCC makes recommendations as to resident promotion. Every effort will be made to notify a resident of his/her nonpromotion no less than 4 months prior to the end of his/her current contract, except when the circumstances for his/her nonpromotion occurred during these final months. General promotional criteria are detailed below:

For a resident to be promoted to **PGY-2** all of the following criteria must be satisfied:

Criteria
'Satisfactory' status for promotion as determined by CCC
USLME – Must attempt step III
Cumulative conference attendance ≥90%
No more than one 'Unsuccessful' Rotation [see below]
Successful presentation at least two of the following: 1) Gross Conference 2) Grand Rounds 3) Any Autopsy related conference 4) Tumor Board 5) Interesting case conference

For a resident to be promoted to **PGY-3** all of the following criteria must be satisfied:

Criteria
'Satisfactory' status for promotion as determined by CCC
USLME – Step III Pass
Cumulative conference attendance ≥90%
No more than one 'Unsuccessful' Rotation [see below]
Successful presentation at least three of the following: 1) Gross Conference 2)Grand Rounds 3) Any Autopsy related conference 4) Tumor Board, 5)Pediatric Pathology Grand Rounds 6) Interesting case conference

For a resident to be promoted to **PGY-4** all of the following criteria must be satisfied:

Criteria
'Satisfactory' status for promotion as determined by CCC
Cumulative conference attendance ≥90%
No more than one 'Unsuccessful' Rotation [see below]
Successful presentation at least three of the following: 1) Gross Conference 2) Grand Rounds 3) Any Autopsy related conference 4) Tumor Board, 5) Interesting Case Conference

DISCIPLINARY ACTION

The LSU School of Medicine House Officer Manual discusses all levels of substandard performance and disciplinary action and the procedures thereof including the resident's due process and the role of the ombudsman.

UNSUCCESSFUL ROTATIONS

An overall score of a 1 is deemed an 'Unsuccessful' score on a rotation and means that the faculty's general assessment is that either a portion or all of the rotation requires remediation. In the event where there is only one primary supervising faculty, and the overall rotation score is '1', the resident will be required to repeat the rotation. If there are two supervising faculty who each spend equal amounts of time with resident, the month will require repeating only if both faculty score the rotation as a '1'. In the event that one faculty assigns a '1' and the other assigns a 2 or higher, the program director will design a specific remediation plan after discussing the issues with the faculty who observed the deficiencies. If interpretation is required, the CCC will be the final determinant.

An Unsuccessful rotation immediately places the resident on Preliminary Intervention status (see LSU House Officer Manual). No more than one rotation can be Unsuccessful in one academic year in order for a resident to be promoted to the next PGY year.

If only one rotation is unsuccessful in an academic year, plans will be made by the faculty in conjunction with the CCC and PD for the resident to address the deficiency. Elective time may be diminished in order to remediate the deficiency. If the deficiency is deemed by the CCC to be large and the program cannot accommodate a shift in schedule, the resident's length of training may be extended. This will be discussed and detailed with the CCC and the resident. Documentation of the resident addressing the deficiency will be made in the learner portfolio and the academic course will continue. Should it be determined that the resident is unable to address the deficiency, the resident may be progressed to probation, may be non-promoted, length of training extended or terminated. Plans will be discussed with the CCC.

EDUCATIONAL ALLOWANCES

All LSU pathology residents receive an educational allowance at the start of each academic year (July 1).

For PGY1 residents: the program purchases $800.00 worth of text book resources for them, thus leaving 200.00 in a discretionary fund that can be used towards other books, journal subscriptions, society dues or to defray travel costs if attending a scientific meeting in or out of state.

For all other PGY years 2-4, $1000.00 is available to the resident on a yearly basis for educational pursuits aimed at enhancing their academic training. This money can be used to purchase books, join societies, attend scientific meetings in or out of state, attend pathology board review courses or to purchase journal subscriptions. Items other than those stated may be considered but require a justification as to how use will enhance their academic training at LSUHSC. Funding cannot be used for American Board of Pathology fees.

Notes:

Use of the $1,000.00 during the PGY3 year may be advised for use at a pathology board review course when a resident has had two consecutive RISE scores below 50%ile for his/her year of training.

Use of the $1,000.00 may be restricted at any time if a resident is in poor academic standing, is currently classified as under 'disciplinary action' and/ or who is consistently failing to comply with professional practice habits as monitored at each semiannual session and overseen by the CCC. The Department Head carries final discretion.

No money carries over from academic year-to-year.

If a resident would like to be the lead presenter for a poster or a platform presentation at a national or international meeting he/she may be eligible for an additional $1000.00 to support travel costs. Specific criteria for approval must be met, a specific Departmental form must be completed and signed, and the presentation must be submitted to both the Department Head and Program Director no later than three (3) weeks prior to the meeting submission deadline. For the specific criteria and the Departmental form see the Appendix or see the Program Director or Business Manager. Failure to seek approval according to the above noted guidelines may result in declined support from the department.

LEAVE POLICIES

Leave policies are governed by the institution. Note, however, that the American Board of Pathology (ABP) has specific language in regards to leave for residents [see below].

Annual (vacation) leave for LSU residents must be requested at least two weeks in advance. For the leave form, see the residency webpage and the Appendix. Appropriate coverage of duties must be arranged prior to request for approval of leave by the section and PD. All leave approval is at the discretion of the PD and/or the supervising faculty. Resident performance as well as needs of the program may be considered in decisions regarding approval. TIC must be maintained whenever a resident takes leave.

Annual / Vacation Leave is granted as follows, and is non-cumulative

PGY-I	>PGY-2
15 Work Days [3 weeks]	**20 Work Days [4 weeks]**

SICK LEAVE

Sick leave may only be used for the illness of the resident and amounts to 10 work days [2 weeks] annually. As this is unplanned leave, the resident is to email his/her supervising faculty along with the PD and the Coordinator immediately to inform them of his/her absence. The Coordinator will initiate the leave paperwork. It is the resident's responsibility to notify the group upon his/her return to work so that leave time is not continually docked from the resident.

EDUCATIONAL LEAVE

Three work days per academic year are allowable for attending or presenting at medical meetings.

OTHER LEAVE

For other types of leave including FMLA, and military leave consult the LSUHSC House officers' Manual.

HOLIDAYS

Residents receive Holidays only if the hospital site at which they are rotating is on Holiday schedule. The resident does not follow the LSU Holiday schedule. For any confusion, communication with supervising faculty must occur in advance of the holiday. Otherwise, should the resident desire the day off, he/she must put in request for annual leave.

Note: holiday schedules are different at all of the rotational training sites. It is the residents' responsibility to know the schedule.

AMERICAN BOARD OF PATHOLOGY: BOARD CERTIFICATION

Information regarding training requirement, eligibility and registration for certification by the American Board of Pathology. All information taken from the American Board of Pathology web site: http://www.abpath.org/index. and on http://www.abpath.org/PathwayLinks.htm

See the Booklet for the ABP exam for certification requirements:
http://www.abpath.org/BIContents.htm

Note the ABP Statement on Leave during Residency:

> "One year of approved training credit toward ABP certification requirements must be 52 weeks in duration, and the resident must document an average of 48 weeks per year of full-time pathology training over the course of the training program, and any additional leave must be made up. Unused vacation and other leave time may not be accumulated to reduce the overall duration of training"

It is the residents' responsibility to monitor his/her own leave, especially during his/her PGY2 year and on. If he/she utilizes all of his/her annual leave only [not using sick, educational or other], this qualifies him/her for one year of board eligibility.
If he/she utilizes annual, sick and educational, this will jeopardize a board eligibility year.

PATHOLOGY RESIDENCY POLICY ON ABP READINESS

Beginning in 2010, the program launched a board readiness policy such that rising senior residents are assessed for board readiness. Board readiness for spring of their PGY-IV year may be documented by good standing, good evaluations, good RISE scores and attendance at conferences. The CCC will ultimately determine board readiness for the PGY4 year and retains the option of utilizing the October testing session when a resident's performance is questionable.

PATHOLOGY RESIDENCY POLICY ON REMEMBRANCES

The LSU Pathology residency has a no tolerance policy for use of any ABP Board remembrance material. Any resident found in violation of the policy will be reviewed under the purview of the CCC in conjunction with the PD.

ROTATIONS and SUPERVISING FACULTY

Resident rotations alternate between the various training sites. The junior residents primarily rotate at UMC but progressively rotate off-campus at our affiliated sites. All residents are expected to comply with each site's specific rules that govern residents including holiday coverage, orientation modules, paperwork, and GME check-in. Ultimately, however, the PD provides complete oversight and is available to discuss any issues that arise at any site.

The appropriate set- up is that each rotation has a 'director' assigned who practices primarily at the site of the rotation. Additional teaching faculty may also be involved in the learning experience either via direct supervision or by providing didactic teaching sessions. See below for each rotation's full list of teaching faculty and make note of your rotational director as your main point-of-contact on site.

ROTATIONAL FACULTY and ROTATION SUPERVISORS	
Autopsy Pathology / Neuropathology	R. McGoey, MD (UMC, WJ) S. Fox (VA, UMC) R. Craver, MD (CHNOLA) L. Del Valle, MD (LSU) B. Farris, MD (WJ)
Forensic Pathology	S. Huber, MD (OPCO)* E. O'Sullivan, MD (OPCO) C. Gardner, MD (OPCO) D. Troxclair, MD (JPCO) * M. Sandormirsky (JPCO)
Surgical Pathology	T. Dewenter, MD (UMC) * R. Bhalla, MD (UMC) R. Jetly, MD (UMC) M. Leroy, MD (UMC) E. Rinker, MD (UMC) W. Luer, MD (WJ)* B. Farris, MD (WJ) J. Brown, MD (WJ) E. Beckman (OCF)* R. Fleming (OCF)
Electron Microscopy/ IF/ Renal	R. Craver, MD (CHNOLA)*
Pediatric Pathology	R. Craver, MD (CHNOLA)* M. Stark, MD (CHNOLA)
EQuIP	F. Rodriguez, MD (UMC/LSU)*
Cytopathology	R. Bhalla, MD (UMC) * T. Dewenter, MD (UMC)

Hematology/Flow Cytometry	R. Jetly, MD (UMC)* E. Rinker (UMC) B. Farris, MD (WJ)*
Coagulation/ Hemostasis	M. Oleary (UMC) C. Jackson, MD (OCF)* E. Occhipinti, MD (OCF)
Medical Microscopy / Urinalysis	R. Jetly, MD (UMC)* E. Rinker (UMC)
Blood Banking/ Transfusion Medicine	M.Oleary, MD (UMC/TBC)* M.Leroy, MD (UMC) B. Rodwig, MD (OCF)* E.Cooper, MD (OCF) C.Alquist (OCF)
Chemical Pathology / Toxicology	G. Love, MD (UMC)* W. Luer, MD (WJMC)* A. Ragan, PhD (UMC)
Medical Microbiology	L. Falter, MT (UMC) J. Wall, MT (UMC) B. Farris, MD (WJ)* J. Brown, MD (WJ) W. Luer, MD (WJ)
Cytogenetics/ Molecular Pathology	P. Gregory PhD (UMC) F. Tsien PhD (UMC)* C. Kletecka (VA)*
Pathology Management	F. Rodriguez (UMC, LSU) T. Moll. MT (UMC) M. O Leary (UMC) B. Farris, MD (WJ)* G. Love, MD W. Luer, MD (WJ G. Lorusso, MD (VA)*

*Rotation Director

Appendix: Direct Supervision –Grossing

Direct Supervision Policy of Residents: **Gross Dissection of Surgical Pathology Specimen by Organ System**

Hematolymphoid (eg. LN, spleen)				
Kidney				
Biopsy				
Larger specimen				
Liver				
Biopsy				
Larger specimen				
Pancreas				
Placenta				
Products of Conception				
Prostate				
Biopsy				
Larger specimen requiring orientation				
Respiratory system				
Biopsy				
Larger specimen				
Skin				
Biopsy				
Ellipse or other requiring orientation				
Soft tissue (eg. Lipoma, sarcoma)				
Urinary bladder				
Biopsy				
Larger specimen				

Direct Supervision Policy of Residents: **Gross Dissection of Surgical Pathology Specimen by Organ System**

	Procedure 1		Procedure 2		Procedure 3	
	Acc #	M.D.	Acc #	M.D.	Acc #	M.D.
Appendix, routine						
Bone (eg. Extremity, digits)						
Breast						
Biopsy						
Larger specimen (eg. Mastectomy requiring orientation)						
CNS (eg. Brain biopsy)						
CVS (eg. Valve, vessel)						
Gallbladder						
Gastrointestinal System						
Biopsy						
Larger specimen (eg. Hemicolectomy, gastrectomy)						
Gross only (eg. Hardware)						
GYN						
Biopsy (eg. ECC, EMB, conization)						
Larger resection (eg. Hysterectomy, oophorectomy)						
Head and Neck						
Larynx						
Salivary Gland						
Thyroid, non-biopsy, larger specimen						