

# LSUHSC Department of Pathology



**Manual for Residents and Faculty**

**2015**

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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 aka Interim LSU Hospital or UMC), West Jefferson Medical Center (WJMC), Children’s Hospital in New Orleans (CHNOLA), Ochsner Clinic Foundation Hospital (OCF), the Veterans Affairs Hospital (VA) and the Jefferson Parish Coroner’s Office (JPCO).

## DEPARTMENTAL AND PROGRAM LEADERSHIP

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## 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

**VA Medical Center**  
 1555 Poydras  
 New Orleans, LA 70112  
 Site Director: Dr. Giovanni Lorusso

**Jefferson Parish Forensic Center**  
 2018 8<sup>th</sup> Street  
 Harvey, LA 70058  
 Site Director: Dr. Susan Garcia

## **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 these 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 successfully perform as a competent practicing pathologist. In addition the program promotes 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 faculty must aid residents in attaining these objectives, critically and honestly evaluate them, allow them to assume graded 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. These embody specific knowledge, skills, behaviors and attitudes that are required of residents to complete Graduate Medical Education (GME) programs. 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 relevant 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.
- Designation of study design and research methodologies and parameters of clinical utility for the implementation and continuing use of new evidence based analytes

**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
- Effectively incorporating information technology, to optimize and support patient care decisions.
- Developing personal strategies for the identification and remediation of 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 laboratory personnel
- Using proficiency programs to improve laboratory practices.

**INTERPERSONAL AND COMMUNICATION SKILLS in the field of Pathology**

- Demonstrating the 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 service 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 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 they relate to clinical laboratory testing at all levels.

## **PROFESSIONALISM**

The LSU Pathology Residency adopts the 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 your successful development and performance as a physician. The elements of Professionalism are:

1. Altruism
2. Accountability

3. Excellence
4. Duty
5. Honor and Integrity
6. Respect for others

You will be evaluated in many ways for adherence to the above principles. In addition, behaviors that reflect a commitment to professionalism include completion of all tasks which are assigned to you including

1. Accurately logging and adhering to duty hour standards
2. Accurately logging and attending to medical records
3. Accurately logging and attending to case log recording
4. Attendance at conferences
5. Alertness management
6. Assurance of fitness for duty
7. Recognition of impairment
8. Adherence to policies governing transitions of care
9. Working core modules and other online assignments
10. Maintenance of licensure and certifications
11. Awareness of and compliance with institutional policies
12. 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

[http://www.medschool.lsuhschool.edu/medical\\_education/graduate/HouseOfficerManual/LSUMS%20House%20Officer%20Manual%202015-2016.pdf](http://www.medschool.lsuhschool.edu/medical_education/graduate/HouseOfficerManual/LSUMS%20House%20Officer%20Manual%202015-2016.pdf)

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.

<b>PROF1: Licensing, certification, examinations, credentialing: Demonstrates attitudes and practices that ensures timely completion of required examinations and licensure (AP/CP)</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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
<p>Aware of importance of emotional, physical, and mental health and issues related to fatigue/sleep deprivation</p> <p>Exhibits basic professional responsibilities such as timely reporting for duty rested, ready to work, and appropriately dressed</p>	<p>Manages emotional, physical, and mental health and issues related to fatigue/sleep deprivation</p> <p>Recognizes signs of impairment and seeks appropriate help when needed</p>	<p>Manages emotional, physical, and mental health and issues related to fatigue/sleep deprivation, especially in stressful conditions</p>	<p>Recognizes signs of impairment and facilitates seeking appropriate help when needed</p> <p>Anticipates and avoids behaviors that might lead to impairment</p>	<p>Accesses institutional resources to address impairment and initiates seeking appropriate help when needed</p>

**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:

**ANATOMIC PATHOLOGY CURRICULUM**

PGY I	Autopsy Pathology/ Neuropath: 2 months: UMC	Surg Path: 5 months: UMC/WJ		
PGY II	Autopsy Pathology/ Neuropath: 1 months: UMC	Surg Path: 3 months: UMC/WJ	Cytology: 1 month UMC	Pediatric Pathology: 0.5 month: CHNOLA
PGY III	Autopsy Pathology/ Neuropath: 1 months: UMC	Surg Path: 4 months: UMC	Cytology: 1 month UMC	
PGY IV	Forensic Path / Toxicology: 1 month: JPCO	Surg Path: 4 months: UMC/WJ/OCF	Cytology: 1 month UMC	EM: 0.5mo CHNOLA

**MINIMUM TOTAL AP MONTHS: 25**

**CLINICAL PATHOLOGY CURRICULUM**

PGY I	Hematology 1 month: UMC		BB: 1 month: UMC	Microbiology 1 month: WJ				
PGY II	Chem/ Immuno- path 2 month: UMC/WJ	Heme/ Flow: 1 month: UMC	BB / Coag 1 month: OCF	Microbiology 1 month: WJ	Research: 1 months: UMC		EQuIP UMC 1mo	
PGY III	Chem/ Immuno- path 1 month: UMC	Heme/ Flow: 1 month: UMC		Microbiology 1 month: WJ				
PGY IV	Chem/ Immuno- path 1 month: UMC	Heme/ Micros: 1 month: UMC	BB: 1month: UMC	Microbiology 1 month: WJ		Molecular / Cytogenetics 1 month: UMC	Lab Admin: 1 month: VA	Tox 0.5mo: JPCO

**MINIMUM TOTAL CP MONTHS: 19.5**

## 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 are finalized and will be 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 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 to document activities across a variety of educational areas. Subsequently, residents are each asked to evaluate themselves across the milestones.

**CCC Members**

Dr. Tracy Dewenter  
 Dr. Bart Farris  
 Dr. Rachna Jetly  
 Dr. Leo Pei

**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; developing competency based curriculum goals and objectives, reviewing annually the program using evaluations of faculty, resident and others and assuring that areas of non-compliance with ACGME standards are corrected.

Through the PEC, the program will document formal, systematic evaluation of the curriculum at least annually and is responsible for rendering a full, written annual program evaluation. Data and outcomes to be analyzed also 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<sup>nd</sup>/3<sup>rd</sup> year) will be peer selected.

**PEC Members Term July '14- June '15**

Dr. Ritu Bhalla  
 Dr. Bart Farris  
 Dr. Robin McGoey \***Chair**  
 Dr. Leo Pei  
 Dr. Christin Tsao: Chief Resident  
 Dr. Ellen Connor: Elected Junior Resident

## **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 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 for each semi-annual session. The first year is focused on successful attainment of the third step in licensing. Subsequently, and assuming good standing, the resident is guided towards scholarly pursuits including publications. The resident is also encouraged to assuming leadership positions in various organizations and committees around the school and health science center.

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.lsuhschool.edu/faculty\\_affairs/promotions\\_and\\_tenure.aspx](http://www.medschool.lsuhschool.edu/faculty_affairs/promotions_and_tenure.aspx)

The resident is also encouraged to join as many professional medical societies as possible, 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 is encouraged at all times. Communication options are many and vary depending on the situation and the resident. At any time, you can ask the PD for direction. Some resources are listed below:

### **Upper Level Residents**

The Upper level residents are those in their 3<sup>rd</sup> and 4<sup>th</sup> year. Second year residents are termed intermediate. Upper levels serve as good sounding boards for advice in terms of perspective on study resources, work flow, work-life balance, etc. Should formal questions about responsibility arise, ensure your question is answered, however, by the Program Director.

### **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 appointed 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 PGY-3s are queried as to their interest level in performing the duties of CR in the fall. The slate of candidates is put forth to the entire complement (12) of residents in an anonymous election. Each resident is permitted to cast one anonymous vote. The CCC faculty members are each given one vote. The winner of the CCC vote is collectively counted as one vote towards the election. The winner is announced and takes office January 1<sup>st</sup> 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 below

### **House Staff Association**

The LSU Housestaff Association has formal meetings and an organization with leadership opportunities for residents from all disciplines. See the link: <http://residents.lsuhsu.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 or the LSU Ombudsman

### **GME Office and DIO**

The Graduate Medical Education (GME) office can be found in the 6<sup>th</sup> 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.lsuhschool.edu/Medical\\_Education/Graduate/default.aspx](http://www.medschool.lsuhschool.edu/Medical_Education/Graduate/default.aspx) for further information and for more resources available.

### **Ombudsman**

Dr. Matthew Carlisle 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. Carlisle will work to resolve issues while protecting confidentiality. He can be reached at (504) 568-4006 or [mcarl2@lsuhsc.edu](mailto:mcarl2@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](mailto: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:

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

## 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 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 running 70% attendance rate is expected from every resident and factors into each residents 'good status' standing as determined by the CCC. If a resident's overall RISE performance in the prior spring is below the national average for his/her year of training, a 75% attendance is expected. This permits a 25-30% absence from conference which builds in all types of leave time that is allowable and necessary. A resident who is consistently below his/her conference attendance rate **and** is below the overall RISE performance standard for his/her year may not be permitted to utilize the entirety of his/her academic allowance fund.

<i>even</i>	AP	CP
JULY	CardioVascular	Microbiology
AUG	Gynecologic	Heme
SEPT	Breast	Lab Admin / Informatics
OCT	Liver / Pancreas	Molecular
NOV	DermPath/Forensics	BB/TM
DEC	Neuropath	Chemistry / Toxicology
JAN	Cytology	Molecular
FEB	GI	Lab Admin / Informatics
MAR	Bone / Soft Tissue	Heme
APR	GU (bladder/ renal)	EM/IF
MAY	Pulmonary	BB/TM

<i>odd</i>	AP	CP
JULY	GI	Microbiology
AUG	Neuropath	Heme
SEPT	Ovary / Placenta	Lab Admin / Informatics
OCT	Lymph Node / Spleen	Molecular
NOV	Prostate/ Testes	BB/TM
DEC	Bone / Soft Tissue	Chemistry / Toxicology
JAN	Pulmonary	Molecular
FEB	DermPath/ Forensics	Lab Admin / Informatics
MAR	Breast	Heme
APR	Head and Neck	Microbiology
MAY	Endocrine	BB/TM

### **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 4<sup>th</sup> 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 and at least characterize your thoughts about what you see. 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. Be smart though 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 years generally give:

- Gross Conference
- Hemepath Conference
- Grand Rounds
- 1-2 West Jeff end of month conferences

## **GIVING AND RECEIVING FEEDBACK**

Residents are encouraged to develop the skills to both receive as well as 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:

<b>PROF4: Professionalism: Giving and receiving feedback (AP/CP)</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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

### **GIVING 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.

Semiannual sessions with the PD also offer an opportunity for resident suggestions for programmatic improvement.

Anonymous feedback is encouraged in three different ways:

- Monthly and yearly evaluations of teaching faculty
- Yearly of peers
- Monthly of the morning didactics
- Yearly via the ACGME, via LSU GME office and via the Program itself

Residents also give feedback on themselves by completing twice yearly self evaluations on their own reflections on progress through the milestones.

### **GETTING FEEDBACK:**

Residents are provided electronic and written feedback from multiple sources.

From faculty:

- Monthly rotational evaluations
- Real-time via the TAG system on procedural elements such as the autopsy
- After scholarly presentations such as tumor boards

From peers:

- Annually in an anonymous format through *NewInnovations*.

Monthly if you were supervised by a senior resident on surgical pathology

**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.

The 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 and the student, in turn, anonymously evaluates the teaching effectiveness of each resident. The student evaluations are aggregated and reviewed with the resident at the time of the biannual review.

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 Pathology 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 by scholarly activity evaluations in NewInnovations and by progress across the milestone:

<b>MK2: Teaching: Demonstrates behavior that interprets, synthesizes, summarizes knowledge and teaches (AP/CP)</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
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 AND RESEARCH 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. In addition to traditional research, 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 is offered to all residents for the purposes of securing time to pursue scholarly pursuits.

Logging 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:

<b>PBLI2: Scholarly Activity: Analyzes and appraises pertinent literature, applies scientific method to identify and interpret evidence-based medicine and apply it clinically (AP/CP)</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Utilizes and applies basic texts	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
Uses presentation software, online literature databases and searches as needed				
Demonstrates working knowledge of basic statistical analysis				

## 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 lab management rotation and individual quality-centric projects will be encouraged through the GME EQUiP office. In addition, the EQUiP rotation will enhance the residents’ understanding of PS/QI initiatives.

## 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 – the 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 for tracking sheet*
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. The completed instruments will be maintained in each resident's portfolio.

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:**

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

**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.

<b>Condition Requiring Faculty Notification</b>	<b>PGY 1</b>	<b>PGY2</b>	<b>≥PGY 3</b>
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. 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 should 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]

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

## 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 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  $\geq$  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 moonlighting under no 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. RiskWEB needs completion:
  - Found in Citrix
  - 'START'
  - 'ALL PROGRAMS'
  - 'MCL SHORTCUTS'
  - Login name :risk; Password: risk
4. 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 two mechanisms:

1. [UMCSafe@lsuhsc.edu](mailto:UMCSafe@lsuhsc.edu)
2. 903-SAFE

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. 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.

The program recommends organizing email into subfolders to include at least one that is marked To Do and one that is listed Call Schedule. Organization is critical to success; ask fellow residents what has worked for them.

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.lsuhs.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.

No Pathology resident is classified as an Essential employee by LSUHSC and therefore none will be permitted in the facility if a closure is declared.



## 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:

<b>Criteria</b>
‘Satisfactory’ status for promotion as determined by CCC
USLME – Must at least sit for step III
Cumulative conference attendance ≥70%
No more than one ‘Unsuccessful’ Rotation [see below]
Successful presentation at at least two of the following: 1) Gross Conference 2) Grand Rounds 3) Any Autopsy related conference 4) Tumor Board 5) Clinical Call Conference

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

<b>Criteria</b>
‘Satisfactory’ status for promotion as determined by CCC
USLME – Step III Pass
Cumulative conference attendance ≥70%
Note: If RISE score as PGY-1 was less than national average overall, cumulative conference attendance must be ≥75%
No more than one ‘Unsuccessful’ Rotation [see below]
Successful presentation at 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) Clinical Call Conference

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

<b>Criteria</b>
‘Satisfactory’ status for promotion as determined by CCC
Cumulative conference attendance ≥70%
Note: If RISE score as PGY-2 was less than national average overall, cumulative conference attendance must be ≥75%
No more than one ‘Unsuccessful’ Rotation [see below]
Successful presentation at at least three of the following: 1) Gross Conference 2) Grand Rounds 3) Any Autopsy related conference 4) Tumor Board, 5) Clinical Call 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 on pages 8-13, the link to which is provided below:

[http://www.medschool.lsuhschool.edu/medical\\_education/graduate/HouseOfficerManual/LSUMS%20House%20Officer%20Manual%202014-2015%20-%20rev%204-11-14.pdf](http://www.medschool.lsuhschool.edu/medical_education/graduate/HouseOfficerManual/LSUMS%20House%20Officer%20Manual%202014-2015%20-%20rev%204-11-14.pdf)

## **UNSUCCESSFUL ROTATIONS**

An overall score of a 1 is deemed an 'Unsuccessful' score on a rotation and no credit for the rotation is granted. In the event where there are three or more supervising faculty, who each spent equal amounts of time with resident, the month will be deemed 'Unsuccessful' when at least two of the faculty scored the rotation as a '1'. If interpretation is required, the CCC will be the final determinant. An Unsuccessful rotation immediately places the resident on Preliminary Intervention status.

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 and will not be promoted to the next PGY year. 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.

For all other PGY years: 2-4, \$1000.00 is available to the resident on a yearly basis for educational pursuits.

The money can be used to purchase books, join societies, attend meetings or board review courses or to offset board examination costs.

Use of the PGY3 allowance may be restricted to use at a board review course in the situation where a resident has had two consecutive RISE scores below expectations for his/her year of training.

A resident who consistently fails to attend conferences or who is in poor academic standing may not be granted free use of all of his/her funds.

The money does not roll over year-to-year.

If a resident would like to be the lead presenter for a poster or a platform presentation at a national meeting he/she may be eligible for an additional 1000.00 to support travel costs.

Prior to submission, however, the submission concept and proposed meeting must be submitted to the Program Director for approval.

Failure to seek approval may result in declined support from the department.

Additional requests should be discussed with the Program Director on an individual basis.

The Departmental Business Manager, Program Coordinator and Program Director will work together to oversee funds and manage the accounts

**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. 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

<b>PGY-1</b>	<b>≥PGY-2</b>
<b>15 Work Days [3 weeks]</b>	<b>20 Work Days [4 weeks]</b>

**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 so that leave time is not continually docked from the resident.

**EDUCATIONAL LEAVE**

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

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 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.

<b>ROTATIONAL FACULTY and ROTATION SUPERVISORS</b>	
Autopsy Pathology / Neuropathology	W. Newman, MD (UMC, WJ)* R. McGoey, MD (UMC, WJ) R. Craver, MD (CHNOLA) L. Del Valle, MD (LSU) B. Farris, MD (WJ)
Forensic Pathology/ Toxicology	S. Garcia, MD (JPCO)* A. Ragan, PhD (UMC) D. Troxclair, MD (JPCO) M. Sandormirsky (JPCO)
Surgical Pathology	L. Pei, MD (UMC)* B. Ruiz, MD (UMC) R. Jetly, MD (UMC) T. Dewenter, MD (UMC) R. Bhalla, MD (UMC) W. Luer, MD (WJ)* B. Farris, MD (WJ) J. Brown, MD (WJ) R. Craver, MD (CHNOLA)* M. Stark, MD (CHNOLA) R. Fleming (OCF)*
Electron Microscopy	R. Craver, MD (CHNOLA)*
EQuIP	F. Rodriguez, MD (UMC/LSU)*
Cytopathology	B. Ruiz, MD (UMC)* T. Dewenter, MD (UMC) R. Bhalla, MD (UMC)
Hematology	R. Jetly, MD (UMC)*

	E. Rinker (UMC) B. Farris, MD (WJ)*
Flow Cytometry	R. Jetly, MD (UMC)* E. Rinker (UMC)
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)
Chemical Pathology / Immunopathology	F. Brazda, MD (UMC)* W. Luer, MD (WJMC)*
Medical Microbiology	J. Wall, MT (UMC) B. Farris, MD (WJ)* J. Brown, MD (WJ) W. Luer, MD (WJ)
Cytogenetics/ Molecular Pathology	C. Kletecka, MD (UMC)* P. Gregory PhD (UMC) F. Tsien PhD (UMC)*
Immunopathology / Serology	F. Brazda, MD (UMC)*
Pediatric Pathology	R. Craver, MD (CHNOLA)* M Stark, MD (CHNOLA)

\*Rotation Director

Appendix: Direct Supervision –Grossing

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

<b>Hematolymphoid (eg. LN, spleen)</b>			
<b>Kidney</b>			
Biopsy			
Larger specimen			
<b>Liver</b>			
Biopsy			
Larger specimen			
<b>Pancreas</b>			
<b>Placenta</b>			
<b>Products of Conception</b>			
<b>Prostate</b>			
Biopsy			
Larger specimen requiring orientation			
<b>Respiratory system</b>			
Biopsy			
Larger specimen			
<b>Skin</b>			
Biopsy			
Ellipse or other requiring orientation			
<b>Soft tissue (eg. Lipoma, sarcoma)</b>			
<b>Urinary bladder</b>			
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						
<b>Bone</b> (eg. Extremity, digits)						
Breast						
Biopsy						
Larger specimen (eg. Mastectomy requiring orientation)						
<b>CNS</b> (eg. Brain biopsy)						
CVS (eg. Valve, vessel)						
<b>Gallbladder</b>						
<b>Gastrointestinal System</b>						
Biopsy						
Larger specimen (eg. Hemicolectomy, gastrectomy)						
<b>Gross only</b> (eg. Hardware)						
<b>GYN</b>						
Biopsy (eg. ECC, EMB, conization)						
Larger resection (eg. Hysterectomy, oophorectomy)						
<b>Head and Neck</b>						
Larynx						
Salivary Gland						
Thyroid, non-biopsy, larger specimen						