

THE UNIVERSITY of TENNESSEE 

---

HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Pathology Residency  
Program Handbook  
2022-2023**

# Table of Contents

<b>Section 1. Program Information</b> .....	4
1. General Information and Mission Statement .....	4
2. Department Chair, Program Director and Associate Program Directors .....	5
3. Office Contact .....	5
<b>IV. Core Faculty (alphabetical listing)</b> .....	6
4. 2022-2023 Resident Contact Information .....	8
5. Resident Block Schedule 2022-2023 .....	9
<b>Section 2. Site Information</b> .....	10
1. Veterans Affairs Medical Center .....	10
2. LeBonheur Children’s Hospital.....	10
3. Regional One Hospital.....	10
4. Baptist Hospital .....	10
5. American Esoteric Laboratories .....	10
6. St. Jude Children’s Research Hospital.....	11
7. West Tennessee Regional Forensic Center.....	11
<b>Section 3. Educational Activities</b> .....	12
1. Didactic Lectures, Conference Schedule, Program Meetings .....	12
Summary conference schedule.....	14
Program Meetings .....	14
2. Required Reading .....	15
3. Research and Scholarly Activity .....	15
<b>Section 4. Examinations</b> .....	16
1. Documenting Exam Results / USMLE .....	16
2. In-service Training Exam .....	16
3. Board Examination .....	16
<b>Section 5. Policies and Procedures</b> .....	17
UTHSC GME Policies and Procedures .....	17
Program-Specific Policies and Procedures: .....	18
1. Wellbeing, fatigue management, and fitness for duty .....	18
2. Leave Policies and Procedures .....	19
3. Parental and Bereavement Leave.....	21
4. Moonlighting .....	22

5. Discrimination, Intimidation, Fear of Retaliation, Professionalism, and Due Process Policies ...	22
6. Discrimination, Harassment, and Abuse .....	23
7. Resident Eligibility and Selection .....	23
8. Resident Supervision .....	24
9. Process by Which Faculty receive resident Feedback .....	25
10. Method for reporting improper behavior in a confidential manner .....	26
11. Assessment Instruments and Methods .....	26
13. Handoffs and Transitions of Care in the Department of Pathology and Laboratory Medicine	30
14. Communications – Email, Phone Expectations .....	30
15. Program Awards and Recognition .....	31
16. Selection and Responsibilities of Pathology Chief Residents .....	32
17. Maintenance of Logs, Portfolios .....	32
18. Safety, Workplace Injury .....	33
19. Rotation Planning and Educational Curriculum – Program-Specific Policies .....	35
<b>Section 6. Resident Benefits.....</b>	<b>38</b>
1. Salary .....	38
2. Health Insurance .....	38
3. Liability / Malpractice Insurance .....	38
4. Stipends .....	39
5. Travel .....	39
<b>Section 7: Curriculum .....</b>	<b>40</b>
1. ACGME Competencies.....	40
2. Milestones .....	42
3. Rotation Goals and Objectives.....	42
4. Supervision and Graduated Level of Responsibility.....	42
<b>Section 8: Resource Links .....</b>	<b>44</b>
<b>Section 9. Appendix.....</b>	<b>45</b>
<b>GME Information and Dates .....</b>	<b>46</b>
<b>UTHSC Pathology Resident Leave Request Form .....</b>	<b>47</b>
<b>Resident Request for Approval to Moonlight .....</b>	<b>48</b>
<b>Resident Request for Rotation Change .....</b>	<b>49</b>
<b>Agreement for Handbook of UTHSC Pathology Residency Program.....</b>	<b>50</b>

## Section 1. Program Information

### 1. General Information and Mission Statement

#### Mission Statement:

Our mission is to prepare the resident for a successful career in a wide variety of areas in Anatomic and Clinical Pathology. In addition to developing an extensive knowledge base, the training fosters and emphasizes the developing of continuous learning as a life-long habit, and service to patients as a first priority. When training is complete, the individual should be exceedingly competent in Pathology, as well as an excellent manager, communicator and a better informed individual. The resident should be able to practice his or her specialty with distinction within a variety of healthcare environments and maintain this excellence for the length of his or her career. Residents will accept citizenship in the clinical, research and education missions of the Department Apprentice style model of taking ownership in clinical care. It is expected that all residents will assume graduated responsibility, as they become more senior throughout the course of the program.

#### Program Aims:

1. When training is complete, the individual should be exceedingly competent in overall Pathology skills, an excellent diagnostician, understand the role of medical lab director, an effective communicator and patient care focused.
2. After completing the program, the resident should be able to practice his/her specialty with distinction within a variety of healthcare environments and maintain this excellence for the length of his/her career.
3. Residents who complete the program will have competence in general AP/CP pathology, a strong understanding of disease pathways and outcomes, technologies to diagnose them, qualified to enter a fellowship program, and excel in individual goals, however the program will also prepare the resident to practice in a career that is increasingly becoming self-specialized.
4. It is our program's goal to train and cultivate pathologists who can ultimately practice in the state of Tennessee.

## 2. Department Chair, Program Director and Associate Program Directors

### **Kwame Torgbe, M.D.**

Interim Department Chair  
Department of Pathology and Laboratory Medicine  
930 Madison Avenue, Suite 500  
Memphis, TN 38163  
Phone: (901) 448-6434  
Email: ktorgbe@uthsc.edu

### **Lauren King, M.D.**

Program Director  
Department of Pathology and Laboratory Medicine  
930 Madison Avenue, Suite 500  
Memphis, TN 38163  
Phone: (901) 484-2653  
Email: lauren.king@uthsc.edu

### **Vicki Baselski, Ph.D.**

Associate Program Director  
Phone: (901) 448-6329  
Email: vbaselski@uthsc.edu

### **Twisha Oza, M.D.**

Associate Program Director  
Phone: (901) 448-6300  
Email: toza@uthsc.edu

## 3. Office Contact

### **Rocio Agundis**

Program Coordinator  
University of Tennessee Health Science Center  
930 Madison Avenue, Suite 500  
Memphis, TN 38163  
Phone: (901) 448-6344  
Email: ragundis@uthsc.edu

#### IV. Core Faculty (alphabetical listing)

**Amal Anga, MD**

*Site Director - VAMC*  
Rotation Director - VA Anatomic Pathology  
Veteran's Hospital (VA)  
901-523-8990  
[amal.anga@va.gov](mailto:amal.anga@va.gov)

**Vickie Baselski, PhD**

*Associate Program Director*  
Rotation Director - Microbiology  
UCH – Multiple hospitals  
901-448-6329  
[vbaselski@uthsc.edu](mailto:vbaselski@uthsc.edu)

**Patrick Blackburn, PhD**

Rotation Director, St. Jude Molecular Pathology  
Molecular Pathology  
SJCRH  
[Patrick.blackburn@stjude.org](mailto:Patrick.blackburn@stjude.org)

**Fred Bugg, MD**

AEL Lab Management / AEL Chemistry / AEL Cytology  
American Esoteric Laboratory (AEL)  
901-516-7171  
[mbugg@ael.com](mailto:mbugg@ael.com)

**Erica Curry, MD**

*Site Director, West TN Regional Forensic Center*  
Rotation Director, Forensic Pathology  
Fellowship Program Director – Forensic Pathology  
WTRFC  
[ecurry@uthsc.edu](mailto:ecurry@uthsc.edu)

**David Ellison, MD, PhD**

*Site Director, St. Jude Children's Research Hospital*  
Neuropathology, Chair of Dept of Pathology  
SJCRH  
[David.ellison@stjude.org](mailto:David.ellison@stjude.org)

**Xiaowei (Rose) Fu, PhD**

Biochemical Chemistry and Genetics  
LeBonheur Children's Hospital  
901-287-6217  
[Xfu11@uthsc.edu](mailto:Xfu11@uthsc.edu)

**Gabriela Gheorghe, MD**

Rotation Director – St. Jude Hemepath  
Hematopathology  
SJCRH  
[Gabriela.gheorghe@stjude.org](mailto:Gabriela.gheorghe@stjude.org)

**Farrukh Gill, MD**

Surgical Pathology, Cytopathology  
UCH – ROH and VAMC  
[fgill@uthsc.edu](mailto:fgill@uthsc.edu)

**Zenaib Hasan, MD**

Surgical pathology, cytopathology  
UCH – ROH and VAMC  
[zhasan@uthsc.edu](mailto:zhasan@uthsc.edu)

**Lauren Cooper King, MD**

Residency Program Director  
Hematopathology  
UCH – LeBonheur, other  
901-484-2653 (cell)  
[lauren.king@uthsc.edu](mailto:lauren.king@uthsc.edu)

**Julieann Lee, MD**

Rotation Director – St. Jude Neuropathology  
Neuropathology  
SJCRH  
Email address pending

**Leslie Lopez-Calderon, MD**

Surgical pathology, cytopathology  
UCH – ROH and VAMC  
[leslie.lopez@uthsc.edu](mailto:leslie.lopez@uthsc.edu)

**Glenn P. Murray, DO**

Surgical Pathology, Hematopathology  
UCH – Regional One Hospital  
[Gmurray5@uthsc.edu](mailto:Gmurray5@uthsc.edu)

**Twisha Oza, MD**

*Associate Program Director*

*Site Director – Regional One Hospital*

Rotation Director - Regional One Surgical Pathology

Surgical Pathology, Cytopathology

UCH – Regional One Hospital

[toza@uthsc.edu](mailto:toza@uthsc.edu)

**Eugene Pearlman, MD**

Rotation Director – VA Chemistry (Chem), VA Lab  
Management

Veteran’s Hospital (VA)

901-523-8990 P

[eugene.pearlman@va.gov](mailto:eugene.pearlman@va.gov)

**Teresa Santiago, MD**

Rotation Director – St. Jude Surgical Pathology

Pediatric Anatomic Pathology (AP)

St. Jude Children’s Research Hospital (SJ)

901-595-7474 P

[teresa.santiago@stjude.org](mailto:teresa.santiago@stjude.org)

**Kwame Torgbe, MD**

Surgical pathology, cytopathology

UCH – ROH and VAMC

[ktorgbe@uthsc.edu](mailto:ktorgbe@uthsc.edu)

**Nour Yadak, MD**

Surgical pathology

UCH – Regional One

[nyadak@uthsc.edu](mailto:nyadak@uthsc.edu)

**Jie Zhang, MD**

*Site Director – LeBonheur Childrens Hospital*

Rotation Director – LeBonheur Pediatric Pathology

Pediatric Pathology

UT-MPG – LeBonheur Children’s Hospital

[Jzhang1@uthsc.edu](mailto:Jzhang1@uthsc.edu)

#### 4. 2022-2023 Resident Contact Information

##### PGY1

**Jasmine Jefferson, M.D.**

Phone: (901) 598-5729

Email: [jjeffe13@uthsc.edu](mailto:jjeffe13@uthsc.edu)

**Mayuri Shende, M.D.**

Phone: (609) 721-9056

Email: [mshende@uthsc.edu](mailto:mshende@uthsc.edu)

##### PGY2

**Stephanie Allen-Winters, M.D.**

Phone: (901) 461-4857

Email: [bqn397@uthsc.edu](mailto:bqn397@uthsc.edu)

**Abhilasha Borkar, M.D.\***

Phone: (331) 308-4821

Email: [aborkar@uthsc.edu](mailto:aborkar@uthsc.edu)

**Merina Rajbhandari, M.D.**

Phone: (901) 319-4983

Email: [mrjbhan@uthsc.edu](mailto:mrjbhan@uthsc.edu)

##### PGY3

**Mercy Anelo, M.D.**

Phone: (781) 366-8930

Email: [oanelo@uthsc.edu](mailto:oanelo@uthsc.edu)

**Negin Farsi, M.D.**

Phone: (202) 569-1883

Email: [nfarsi@uthsc.edu](mailto:nfarsi@uthsc.edu)

##### PGY4

**Cory Bosworth, M.D.**

Phone: (615) 415-9655

Email: [cboswor1@uthsc.edu](mailto:cboswor1@uthsc.edu)

**Lyle Christiansen, M.D.**

*Chief Resident*

Phone: (404) 429-3869

Email: [lchris12@uthsc.edu](mailto:lchris12@uthsc.edu)

**Claire Williamson, M.D.**

Phone: (901) 209-1926

Email: [cpender3@uthsc.edu](mailto:cpender3@uthsc.edu)

\*Classified as PGY-1 until 9/21/2022



## 5. Resident Block Schedule 2022-2023 (Updated July 1, 2022)

PGY-1	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	2	2	2	4	4	6
Rotation Name	AP: Surgical path	AP: Surgical path	AP: Surgical path	AP: Surgical path	CP: Clinical path	CP: Clinical path	AP: Surgical path	CP: Microbiology	CP: Heme	AP: Cytology	CP: Chemistry	AP/CP: Intro

PGY-2	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	1	1	2	2	2	2	6	7
Rotation Name	AP: Surgical path	AP: Surgical path	AP: Surgical path	AP: Surgical path	AP: Cytology	CP: Clinical path*	AP: Surgical path	AP: Surgical path	CP: Microbiology	CP: Heme	AP: Surgical pathology	AP: Forensics

PGY-3	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	1	1	2	2	4	5	5	6	6	7
Rotation Name	AP: Surgical path	AP: Surgical path	AP: Surgical path	AP: Cytology	AP: Surgical path	CP: Heme**	CP: Chem or manage	AP: Pedi path	CP: Blood bank	CP: Molecular	CP: Heme	AP: Forensics

PGY-4***	1	2	3	4	5	6	7	8	9	10	11	12
Site	1	1	2	2	4	4	5	5	5	6	6	7
Rotation Name	AP: Surgical path	CP: Clinical path	CP: Microbiology	AP: Surgical path	CP: Chemistry	CP: Manage	AP: Pedi path	CP: blood Bank	CP: Chemistry	CP: Molecular	AP: neuropath	AP: Forensics

**Sites:**

1. Veteran's Affairs Medical Center, Memphis (VAMC)
2. Regional Medical Center at Memphis (ROH)
3. Baptist Memorial Hospital (temporarily on hiatus – renew in 2023)
4. American Esoteric Laboratories (AEL)
5. LeBonheur Children's Hospital
6. St. Jude Children's Research Hospital
7. West Tennessee Regional Forensic Center

**Notes:**

- Vacation: Up to one week vacation may be taken in any four week rotation; no restrictions on when vacation occurs.
- Research: NO rotations within our program include dedicated research time.
- St. Jude "Intro": one week each of hemepath, molecular path, surgical (pediatric path), and neuropath
- VA Clinical path: Includes elements of hemepath and clinical chemistry; some microbiology may occur rarely.
- Autopsy: residents complete autopsies while on LeBonheur AP, ROH AP, and the forensic rotation; autopsy assigned on rotating weekly basis.
- PGY-2 Electives: \*Some residents may elect to complete a Cytology rotation at site 4
- PGY-3 Electives: \*\*Some residents may elect to rotate in other subspecialties
- PGY-4 Electives: \*\*\*Adjustments to accommodate AP/CP needs may be made in the PGY-4 year.

## Section 2. Site Information

### 1. Veterans Affairs Medical Center

Amal Anga, MD – Site Director

Address: 1030 Jefferson Avenue, Memphis TN 38104

Phone: Main Number: 901-523-8990

Fax: n/a

Email for director: [Amal.Anga@va.gov](mailto:Amal.Anga@va.gov)

### 2. LeBonheur Children's Hospital

Jie Zhang, MD – Site Director

Address: 848 Adams Avenue, Memphis, TN 38103

Phone: 901-287-6246

Fax: n/a

Email: [Jzhang1@uthsc.edu](mailto:Jzhang1@uthsc.edu)

### 3. Regional One Hospital

Twisha Oza, MD – Site Director

Address: 877 Jefferson Ave, Memphis TN 38103

Phone: 901-545-7100 (main)

Fax: n/a

Email: [toza@uthsc.edu](mailto:toza@uthsc.edu)

### 4. Baptist Hospital

Pending resumption in 2023; new Site Director to come

Address: 6019 Walnut Grove Road, Memphis TN 38120

Phone:

Fax: n/a

Email:

### 5. American Esoteric Laboratories

TBD – Site Director

Address: 1701 Century Center Cove, Memphis, TN 38134

Phone: 800-423-0504

Fax: n/a

Email: pending

**6. St. Jude Children's Research Hospital**

David Ellison, MD, PhD – Site Director

Address: 262 Danny Thomas Place, Memphis, TN 38105

Phone: (contact – Geneva Martin) 901-595-3800

Fax: n/a

Email: [Geneva.Martin@stjude.org](mailto:Geneva.Martin@stjude.org)

**7. West Tennessee Regional Forensic Center**

Erica Curry, MD – Site Director

Address: 637 Poplar Avenue, Memphis TN 38105

Phone: 901-222-4600

Fax: n/a

Email: [ecurry@uthsc.edu](mailto:ecurry@uthsc.edu)

## Section 3. Educational Activities

### 1. Didactic Lectures, Conference Schedule, Program Meetings

<b>Anatomic Pathology Didactic Lecture Series</b>	
Day/Time	Monday – 12:00pm
Location	Virtual
Description	Rolling curriculum covering surgical pathology topics.
Attendance %	85% required
Resident Expectations	Residents are expected to complete any pre-reading assignments prior to the conference.

<b>Clinical Pathology Didactic Conference Series</b>	
Day/Time	Tuesdays, 12:00 noon
Location	Virtual
Description	Rolling curriculum covering clinical pathology topics
Attendance %	85% required
Resident Expectations	Residents are expected to complete any pre-reading assignments prior to the conference.

<b>Anatomic Pathology Slide Conferences / Unknowns</b>	
Day/Time	2nd and 4th Thursday, 8:00am
Location	930 Madison, 5 <sup>th</sup> floor, Pathology resident conference room (occasionally virtual)
Description	Real-time review of surgical pathology cases. May be topic-based, or general. Led by faculty, guest lectures, and/or senior residents.
Attendance %	85% required – in person conference
Resident Expectations	Cases provided in advance must be reviewed prior to conference with diagnostic impressions rendered by residents.

<b>Clinical Pathology Correlation Conference (CPC)</b>	
Day/Time	1st Thursday, 8:00am
Location	In person, with virtual streaming for faculty (residents should attend in person) 930 Madison Ave, 5 <sup>th</sup> floor, pathology resident conference room
Description	Resident led case presentations covering clinical pathology topics.
Attendance %	85% required – if presenting, MUST attend
Resident Expectations	Presenting residents will prepare 20 minute talk about a CLINICAL PATHOLOGY case (please, no histologic findings, unless approved by supervising attending).

<b>Journal Club</b>	
Day/Time	Third Wednesday, 12:00 Noon
Location	Virtual
Description	Resident-led discussion of recent journal publications

Attendance %	85% required
Resident Expectations	Residents must read the selected articles and attend ready to discuss.

<b>Grand Rounds</b>	
Day/Time	3rd Thursday, 800am
Location	In person, with virtual streaming for faculty (residents should attend in person) Locations announced for each conference
Description	Lecture series to include interdepartmental, intradepartmental, and invited speakers.
Attendance %	100% required**

<b>CP Case/Call Conference</b>	
Day/Time	Every Friday, 8:00am
Location	Virtual
Description	Conference for every resident on a CP rotation to share interesting cases from the week. Residents should aim to present a case or problem from the week. Presentations are brief (5 minutes) and do not necessarily require any visual aids (i.e. verbal presentation is satisfactory).
Attendance %	85% required
Resident Expectations	If resident is on CP rotation, they should be prepared to share a brief case.

<b>Other residency program lectures</b>	
Day/Time	Various
Location	Virtual
Description	Other lecture topics may include cytopathology, autopsy, forensics, informatics, or other special topics.
Attendance %	85% required

<b>PGY-1 Required Lecture Series</b>	
Day/Time	Various, during first half of academic year
Location	Virtual
Description	A lecture series to cover the basics of pathology and pathologic diagnosis, with a combination of didactic and slide-based lessons. Largely organ-based in approach.
Attendance %	85% required for PGY-1; optional for PGY2-4

<b>Tumor Boards, Multidisciplinary conferences, committee meetings, etc</b>	
Day/Time	Various, dependent on hospital/rotation
Location	In person
Description	Various clinical services at our many institutions have tumor boards/multidisciplinary team meetings where the resident may be asked to present cases or lead a discussion. Additionally, residents may be invited to attend hospital meetings (such as infection control, blood utilization, etc).
Attendance %	As requested

## Summary conference schedule

The most up-to-date conference schedule will be kept in the Residency Outlook Calendar.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am				*In Person Day* 1- CPC 2- Unknowns 3- Grand Rounds/ Guests 4- Unknowns	CP case conference (30 min)
12:00pm (noon)	AP Didactic	CP Didactic	Gross, Journal Club, Autopsy, Forensics, Resident Meetings, Other		

## Program Meetings

Each Month:

- Chief resident may be asked to attend institution PSQI meeting
- Resident-only meeting on fourth Wednesday, at Noon (PD to attend last 15-20 minutes).

July:

- Program kick-off and introduction meeting
- Program Evaluation Committee meets: Annual Program Evaluation performed

Dec:

- Clinical Competency Committee meets: Milestone reviews
- Semi-annual evaluations: PD and residents meet one-on-one
- "End-of-calendar-year" celebration

Jan:

- Program Evaluation Committee meets for follow-up on tasks

June:

- Clinical competency Committee meets: Milestone reviews
- Semi-annual (and Final Summative) evaluations: PD and Residents meet one-on-one
- Graduation celebration

## 2. Required Reading

Each rotation will include required and recommended reading resources to complete. These may include assignments for videos, textbook chapters, or journal articles, among other resources. These resources can be found within rotation curricula in New Innovations.

These texts will generally be helpful to the pathologist-in-training (many are available through the UTHSC library, login required):

1. Molavi Basic Surgical Pathology (recommended for PGY-1)
2. Grossing Manual – such as Lester
3. All-purpose surgical pathology reference text: Rosai, Sternberg, etc
4. Histology for Pathologists
5. Henry's Laboratory Diagnosis
6. Cytology atlas – such as Cibas or Demay

### **Question Banks and Other Assignments:**

Throughout the year, residents may be assigned question bank exercises, reading exercises, or journal assignments to be completed. Failure to complete assigned activities could result in a performance improvement plan or remediation activities.

## 3. Research and Scholarly Activity

- a. Residents must participate in the regularly scheduled journal club conferences. This is to advance knowledge in the basic principles in scientific inquiry, including how research is designed, conducted, evaluated, applied to patient care, and also explained to patients and laypeople.
- b. In harmony with our program aims, residents are encouraged to participate in research activities to prepare for future practice and subspecialization. Overall, every resident must:
  1. Be involved in at least one of the following: ongoing research project, presentation of at least one research abstract (platform, poster, etc) during their training tenure, and/or preparation/submission of at least one article for peer-reviewed publication.
  2. The nature of the work the resident is involved in may be self-determined. Residents may conduct scholarship in education, patient safety, quality improvement, basic science, review articles, case series, case reports, translational science, patient care, or other areas not mentioned here.
- c. The program does not require attendance or presentation at a regional or national meeting, however residents are encouraged to attend at least one meeting during their training

- program in order to experience the larger scholastic community and cooperative learning environment.
- d. When participating in research activities, residents must meet all regulations of the UTHSC IRB office and complete all IRB training activities prior to beginning the research activity.
  - e. A resident who is found to violate IRB protocols and standards may face program discipline, up to and including dismissal.

## Section 4. Examinations

### 1. Documenting Exam Results / USMLE

Documentation of exam results should be forwarded to the Program Coordinator as soon as received for inclusion in Resident personnel file. Photocopies of the original documentation or PDFs are both acceptable.

USMLE 1, 2 and 3 or COMLEX 1, 2 and 3 – Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1, 2 or COMLEX Level 1, 2. Step 3 (COMLEX or USMLE) must be passed for residents to advance to their PGY-3 year.

*Pathology residents are urged to consider taking the Step 3 exam as early as possible during training, as the material is quite different than that needed to master our specialty.*

For more information on UTHSC USMLE requirements, please visit the GME website:  
<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures/documents/mle-requirements.pdf>

### 2. In-service Training Exam

**RISE First Exam**- One-time exam for new first-year residents. There is no minimum score requirement. The test is used for individual and program benchmarking of current knowledge.

**RISE (Resident In Service Exam; Annually – mid-to-late March)**- Yearly proctored exam for all residents. There is no minimum score required for promotion. However, a resident may be placed on a performance improvement plan if scores are of concern in any given topic or area. Scores are also used for program-wide assessment.

### 3. Board Examination

American Board of Pathology: [www.abpath.org](http://www.abpath.org)



Primary examinations are given twice a year. Spring Session begins in May and fall session begins in October.

Residents are expected to utilize the ABP’s Booklet of Information to be aware of registration requirements and deadlines. Careful attention to case numbers, rotation numbers, and dates/deadlines are ultimately the responsibility of the resident.

The applications are due in January of the final year of training, and so any case requirements should be met by that point. Please plan to complete your required autopsy numbers before the January registration date.

Residents are reminded that they must APPLY for a state license to register for the examination, and that an ACTIVE LICENSE will be required to receive their scores.

## Section 5. Policies and Procedures

### UTHSC GME Policies and Procedures

All UTHSC Programs follow the UTHSC/GME institutional policies. For more information, please visit the GME website: <https://www.uthsc.edu/GME/documents/policies>

<a href="#">Academic Appeal Process</a>	<a href="#">Observership</a>
<a href="#">Academic Performance Improvement Policy</a>	<a href="#">Offsite Rotation Approval- In Tennessee</a>
<a href="#">Accommodation for Disabilities</a>	<a href="#">Offsite Rotation Approval-Out of State</a>
<a href="#">ACLS</a>	<a href="#">Offsite Rotation Approval-International</a>
<a href="#">HeartCode ACLS &amp; BLS Instructions</a>	<a href="#">Outside Match Appointments</a>
<a href="#">Affirmative Action</a>	<a href="#">Pre-Employment Drug Testing</a>
<a href="#">Agreement of Appointment</a>	<a href="#">Program Closure/Reduction</a>
<a href="#">Aid for Impaired Residents</a>	<a href="#">Program and Faculty Evaluation</a>
<a href="#">Background Checks</a>	<a href="#">Program Goals and Objectives</a>
<a href="#">Certificate</a>	<a href="#">Resident Evaluation Policy</a>
<a href="#">Clinical and Educational Work Hours</a>	<a href="#">Resident Non-Compete</a>
<a href="#">Logging and Monitoring Procedures</a>	<a href="#">Resident Reappointment and Promotion</a>
<a href="#">Code of Conduct</a>	<a href="#">Resident Selection Guidelines</a>
<a href="#">Disaster</a>	<a href="#">Resident Supervision</a>
<a href="#">Disciplinary and Adverse Actions</a>	<a href="#">Resident Transfers</a>
<a href="#">Drug and Alcohol Use</a>	<a href="#">Resident Wellbeing</a>
<a href="#">Drug Free Campus and Workplace</a>	<a href="#">Salary</a>
<a href="#">Fatigue Management</a>	<a href="#">Sexual Harassment</a>
<a href="#">Fit for Practice</a>	<a href="#">Social Media</a>
<a href="#">Authorization to Release Information of Mental Health Evaluation Drug/Alcohol Testing</a>	<a href="#">Stipend Level</a>
	<a href="#">Student Mistreatment</a>

<a href="#">Reasonable Suspicion Drug/Alcohol Testing Checklist</a>	<a href="#">Support Services</a>
<a href="#">Fit Testing</a>	<a href="#">UT Travel</a>
<a href="#">Grievances</a>	<a href="#">Vendor Relationships</a>
<a href="#">Handoffs and Transition of Care</a>	<a href="#">Baptist</a>
<a href="#">Hospital Procedures for Handling Resident Disciplinary Issues</a>	<a href="#">Methodist/Le Bonheur</a>
<a href="#">Infection Control</a>	<a href="#">Methodist/Le Bonheur FAQ</a>
<a href="#">Infection Control Tuberculosis</a>	<a href="#">Regional One Medical Center</a>
<a href="#">Insurance Benefits</a>	<a href="#">VA</a>
<a href="#">Internal Rotation Agreement for ACGME Programs</a>	<a href="#">Visas</a>
<a href="#">Leave and Time Off</a>	<a href="#">Visiting Resident Approval</a>
<a href="#">Licensure Exemption and Prescribing Information</a>	<b>Workers' Compensation Claims Process: Supervisor</b>
<a href="#">Malpractice Coverage</a>	<ul style="list-style-type: none"> <li>○ Supervisor may call in First Notice of Loss (FNOL) within 3 days when resident is receiving medical treatment.</li> <li>○ Contact the CorVel nurse triage line: 1-866-245-8588 option #2</li> <li>○ A departmental fine of \$1,000 will be charged each time a claim report is not completed by a supervisor.</li> <li>○ Complete the <a href="#">Incident Report Form</a> and return to the campus Workers Compensation representative at 910 Madison Ste. 764.</li> </ul>
<a href="#">Medical Licensing Examination Requirements USMLE</a>	
<a href="#">Moonlighting</a>	
<a href="#">New Innovations Protocols</a>	

**Program-Specific Policies and Procedures:**

**1. Wellbeing, fatigue management, and fitness for duty**

Residents well-being is valued within the program. Residents should utilize their personal leave to provide themselves relaxation. Time away from work to attend scheduled personal appointments can be provided, so long as a resident can help secure coverage for responsibilities when away from work. Residents are asked to be mindful of good communication and ample notice when attending such appointments. Additionally, residents should be mindful to not take advantage of this opportunity.

**Wellness initiatives:**

Resident social events will be held at least once per quarter and may include informal resident-only events or invitation-only department-wide events. Residents are invited to submit ideas for social events to the PD/APDs/chief resident.

**Fitness for Duty:**

The resident must be unimpaired and fit for duty to engage in patient care. If the resident is unable to engage in his or her duties due to fatigue or impairment, he or she must transition

his/her duties to other health care providers. It is the responsibility of peers, supervising attendings and faculty to monitor the resident for fatigue and ensure that necessary relief or mitigation actions are taken when necessary. The program provides the resident with facilities for rest/sleep and access to safe transportation home. When the resident is too fatigued to continue his or her duties, relief by back-up call systems with transition of duties to other providers is available. All new residents are required to complete the on-line training module, SAFER (Sleep Alertness and Fatigue Education in Residency) video in New Innovations. This education module addresses the hazards of fatigue and ways to recognize and manage sleep deprivation.

## **2. Leave Policies and Procedures**

### **Resident Leave Application**

Prior to taking planned leave, residents must complete the Resident Leave Application, obtain the signatures of the rotation director, the chief resident (if VAMC rotation, VA Site Director Signature), and submit it to the program coordinator. Once received, the program coordinator will submit this to the program director for signature. This document shall be completed two weeks prior to the first day of leave. Leave requests made less than two weeks in advance will be granted at the program director's discretion. Leave requests must be approved before travel arrangements (tickets accommodations, etc.) are made. Please reference the "APPENDIX" for the required departmental leave form.

Residents taking sick leave (or other leave on short notice) must complete the leave form as soon as they return to work.

### **Leave Policies and Guidelines**

- Leave from a one month (four week) rotation cannot be more than one week (5 business days).
- If more than one resident requests leave for the same rotation, attempts will be made to compromise and reach a mutually agreeable solution. However, if this cannot be achieved, then the leave will be granted on "the first-come, first-serve" basis, based on dates of request.
- Absence from work without proper leave documentation can result in leave without pay; prolonged absence is consistent with job abandonment and can result in termination.
- The resident is responsible for arranging coverage for their work duties when they are taking leave. When residents are on surgical pathology, they must arrange for

coverage for any frozen section and grossing responsibilities they have. This includes arranging coverage when traveling to professional meetings.

- If a resident will not be at work, then leave must be utilized. For example – a resident who wishes to leave before June 30<sup>th</sup> of their final training year must have personal leave to utilize for that time away. A resident wishing to take time off surrounding holidays must utilize leave to do so (unless the clinical site is also closed on those days).

### **Educational leave**

Residents have 5 days of educational leave each year. The educational leave may be utilized for conference attendance/travel or examinations (or travel to examinations). Time off for fellowship or job interviews must utilize personal leave; time off to study for examinations must utilize personal leave.

Educational leave requests shall be filed as soon as residents learn of abstract acceptance. Since multiple residents may request off for some meetings, it is vitally important that these requests be received well in advance. The due date for leave requests for a professional meeting will be 4 weeks before the meeting date. If too many people request off for a meeting (i.e. clinical duties will be impacted), then some individuals may be denied travel. We ultimately do not want this to occur, so carefully consider rotation implications when submitting research and travel plans.

### **Personal Leave (Vacation)**

Residents are granted 15 working days (3 weeks) of personal leave annually. These days may be taken in any combination, however residents may not be absent for more than 5 days from any one-month rotation. Vacation days do not “roll-over” from year to year. Residents are not paid for unused leave. Residents are encouraged to utilize their leave to provide time away from work for rest and recovery.

### **Sick Leave**

Residents are granted 15 days of sick leave to be utilized for personal or family illness.

For single days needed off for sickness, no documentation from a healthcare professional is required. If more than 2 consecutive days ( $\geq 3$  days) are required, a doctor’s note may be requested for the sick leave. If a resident is requesting frequent sick leave, they may be asked to meet with the PD to ensure that educational objectives are still being met. This is not meant to be punitive, but rather to ensure that resident progress continues.

Residents quarantining or recovering from COVID will be expected to utilize their allotted sick days. If extenuating circumstances arise, then cases will be considered on an individual basis.

### 3. Parental and Bereavement Leave

Medical, Parental Leave (Maternity/Paternity), and Caregiver Leave:

Parental leave is available for the parent(s) for the birth or adoption of a child. Each resident will be eligible to have six weeks (42 calendar days) of paid parental leave one time during each ACGME training program. This paid leave is in addition to the above annual and sick leave. This leave will renew for a second period if a resident continues to another UTHSC training program but does not accumulate if unused. This benefit is available to non-ACGME programs one time during their non-standard training. Parental leave should be used prior to any remaining annual and sick leave. The leave should be used immediately following the birth or adoption of the child unless both parents are residents. Should both parents be residents, the residents may each use their leave concurrently, overlapping, or consecutively. If desired, this leave may be deferred to a later birth or adoption. Any remaining annual and sick leave may be added after this six-week benefit. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training. Should another birth or adoption take place during the same training program after this benefit has been used, only the remaining annual and sick leave are available as paid time off, but all FMLA and other protected unpaid time are still available. The caregiver leave below is part of the same six-week benefit and not in addition to the parental leave.

Caregiver leave is available for any resident that needs to take time off for the care of a parent, spouse, or child. This additional six-week (42 calendar days) leave is available one time during the ACGME training program. This leave will renew for a second period if a resident continues to a different UTHSC training program but does not accumulate if unused. It is the responsibility of the resident and Program Director to discuss, in advance, what effect taking time off from the training program may have on Board or ACGME requirements dictating a possible extension of training. This caregiver leave is part of the same six-week benefit as the parental leave above and not in addition to.

Tennessee State Law ~ 4-21-408

Under Tennessee law, a regular full-time employee who has been employed by the university for at least 12 consecutive months is eligible for up to a maximum of four months leave (paid or unpaid) for adoption, pregnancy, childbirth, and nursing an infant. After all available paid sick and annual leave has been taken, unpaid leave may be approved under FML and Tennessee law provisions. The state benefit and FML benefit run concurrently with paid leave or any leave without pay.

#### Bereavement Leave

Residents may take up to three (3) days of paid leave due to the death of an immediate family member. Immediate family shall include spouse, child or stepchild, parent or stepparent, grandparent, grandchild, parent-in-law, foster parent, brother, sister, brother-in-law, sister-in-law, daughter-in-law, or son-in-law of the trainee. With approval of the Program Director, additional time for bereavement may be taken using annual leave or leave without pay.

#### **4. Moonlighting**

The UT Pathology Residency Program follows the UTHSC institutional policy on Moonlighting. To ensure that professional activities outside the program do not interfere with the ability of the resident to achieve the goals and objectives of the educational program, all extramural professional activities must be approved in advance by the program director. If approved, the program director will include a written statement of permission in the resident's file and will monitor the effect of these moonlighting activities. Adverse effects on the resident's performance may lead to withdrawal of permission. Moonlighting is a privilege granted by the program director; this privilege may be revoked if the resident fails to fulfill rotation or conference responsibilities. Residents who are placed on Performance Improvement Plans may lose the ability to moonlight as well.

Per UT/GME Policy #320- Residents on J-1 or J-2 visas cannot participate in moonlighting activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Each resident is responsible for maintaining the appropriate state medical license where moonlighting occurs (see GME Policy #245 – Licensure Exemption) and separate malpractice insurance. The Tennessee Claims Commission Act does not cover residents who are moonlighting.

A pathology resident wishing to "moonlight" in any capacity should submit the moonlighting approval form (see APPENDIX) prior to any activities beginning.

#### **5. Discrimination, Intimidation, Fear of Retaliation, Professionalism, and Due Process Policies**

The program encourages reporting of all perceived incidents of discrimination or harassment. We will thoroughly investigate such reports and prohibit retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law, or that of his or her relatives, friends or associates, and that: a) has the purpose or effect of creating an intimidating, hostile or offensive work environment, b) has the purpose or effect of unreasonably interfering with an individual's work performance, or c) otherwise adversely affects an individual's employment opportunities.

Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is any way circulated in the program.

## **6. Discrimination, Harassment, and Abuse**

Individuals who believe that they have been the victim of such conduct (or who have witnessed such conduct) should discuss their concerns with the program director, another attending, or chief resident. The complaint may also be taken to the GME office.

Any reported allegations of harassment, discrimination or abuse will be investigated promptly. The investigation process will involve the UTHSC Office of Equity and Diversity, as required by law. Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, "sexual harassment" is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example: a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

## **7. Resident Eligibility and Selection**

All applications will be processed through ERAS, following ERAS's timetable for application submission availability; unsolicited applications received via e-mail, mail, or fax will not be considered. Trainee selection is based on the complete application including 3 letters of

reference from prior faculty or supervisors, a personal statement, and interviews with faculty members of the program and Program Director. These processes will be published on the program website.

The UTHSC Pathology Residency Program engages in recruitment and retention practices of a diverse workforce of residents and faculty. Each application undergoes holistic review that includes assessment of performance in medical school, performance on standardized tests, performance in previous training programs as applicable, familiarity/experience within pathology, research, and overall potential contributions to the program. The final decision is made by the Program Director in consultation with the Associate Program Directors and other core faculty.

### **Program Eligibility and Selection Criteria**

Candidate for PGY-1 must have passed Step 1, Step 2 (CK), and Step 2 (CS) before being accepted into the Pathology Residency Program at UTHSC.

- We accept applications through ERAS only.
- Three letters of recommendations are required.
- Graduated from an LCME, Canadian School, AOA school, and be able to obtain an ECGMG certificate

We arrange J-1 Visas only for eligible international medical graduates accepted. No H1B visas are possible.

## **8. Resident Supervision**

There are three levels of supervision to ensure oversight of resident supervision and graded authority and responsibility:

1. **Direct Supervision:** the supervising physician is physically present with the resident and patient. *Example: A Pgy-1 resident performing a frozen section evaluation with the attending physically present in frozen section room.*
2. **Indirect Supervision:**
  - a. **With direct supervision immediately available:** the supervising physician is physically within the site of patient care, and is immediately available to provide direct supervision. *Example: A PGY-2 resident performing an autopsy prosection, with the attending on-site but not in the autopsy suite during the procedure. The attending is immediately available to help if needed.*
  - b. **With direct supervision available:** the supervising physician is not physically present within the site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct



supervision (i.e. could drive in to be physically present). *Example: A PGY-2 resident performing an autopsy with the attending stationed at another hospital, but available via phone for immediate questions, or a drive-in for direct supervision.*

- 3. Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. *Example: A resident is called overnight for a specimen labeling question, which they are able to easily resolve. No attending input is needed; only a report is made the following day.*

### **Procedure-specific supervision**

A chart detailing the supervision requirements for various procedures is located in Section 7 of this manual.

In particular, all frozen sections will have at least indirect supervision with direct supervision available. Residents are not allowed to perform frozen sections at an oversight level.

Faculty providing any level of supervision will educate residents on procedures to follow should they be unable to reach them.

### **Rotation-Specific Supervision**

Each rotation curriculum will detail supervision requirements that specifically pertain to that rotation. All curricula can be viewed in New Innovations.

### **Supervision of Hand-Offs**

Normal hand-off of cases does not require supervision (see handoff policy), however if the resident handles any calls at the “indirect” or “oversight” level, then the resident will follow-up with the attending the next morning to provide brief summary and outcome.

### **Gaps in Supervision**

If for any reason, a resident is unable to contact his or her supervising physician or senior resident, they are to notify the program director or associate program director immediately. Dr. King can be reached at 901-484-2653 (cell).

The program director or associate program director will then activate the faculty-specific chain of command to ameliorate the gap in supervision

## **9. Process by Which Faculty receive resident Feedback**

The UT- Pathology Residency Program follows the UTHSC institutional policy on Program and Faculty Evaluation. For more information on the UT Faculty Evaluation Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/program-evaluation.pdf>

**Resident Feedback of Faculty is Anonymous:**

All evaluation of faculty (by residents) will be anonymous. If needed, evaluations will be gathered for several months to preserve anonymity, with only aggregate results provided to faculty.

Aggregate evaluations are provided to the faculty at least once per year, as part of their annual faculty evaluation. Evaluations of faculty will be reviewed by the faculty member, the program director, and the department chair.

All evaluations are sent to the Department Chair for the semi-annual evaluations or when requested. The Department Chair will meet with all faculty for reviews.

## **10. Method for reporting improper behavior in a confidential manner**

The Pathology Residency has created an online email portal that is completely anonymous for residents to send in concerns. Find this tool here: <https://anonymouspath.questionpro.com/> We also still have paper options available to report to the Program Director or Coordinator.

The program director also welcomes direct feedback. Residents may also use their chief residents to raise concerns within the program.

## **11. Assessment Instruments and Methods**

### **Resident Evaluation**

Residents are evaluated at the end of each rotation by faculty evaluations in New Innovations. These evaluations include milestone-based criteria as well as narrative feedback. Residents may also be evaluated on some rotations with a 360-degree evaluation by non-faculty members. These evaluations may be completed by pathology assistants, laboratory associates, or other clinical personnel.

At least annually, brief peer evaluations are completed by fellow residents. Also, at least annually, residents complete a self-assessment evaluation that is utilized during the semi-annual evaluation.

Twice per year, the Clinical Competency Committee (CCC) meets to review each resident's progress toward meeting milestones. The CCC utilizes resident rotation evaluations, 360 evaluations, peer evaluations, data from in-service and other examinations, narrative comments, rotation and conference attendance, and

participation in conferences, research, leadership, and other activities. The CCC provides recommendations for the Program Director on resident progress.

Following CCC meetings, the program director meets individually with each resident for a semi-annual evaluation. Resident progress toward meeting milestones, progress toward board eligibility, and planning for future career plans is reviewed. Decisions for performance improvement may be made during these meetings.

Prior to resident completion or departure from the program, a final summative evaluation will be completed between the resident and program director.

**Program Evaluation**

The program is evaluated at the Annual Program Evaluation (APE). Data is included, but not limited to, program evaluations, in-service and board examination outcomes, faculty and resident scholarly activity, and ACGME correspondence/accreditation information.

At least two program evaluations are completed each year: (1) the ACGME Faculty and Resident surveys – anonymous national surveys administered in Feb/Mar annually, and (2) Annual Program Survey – program-developed anonymous survey administered in Nov/Dec annually. The data from both of these surveys will be included in the APE. Additional surveys may be used to gather specific feedback, as needed.

**Clinical Competency Committee and Program Evaluation Committee**

<b>Clinical Competency Committee (CCC)</b>	
Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident’s program on achievement; of Pathology Milestones; meet prior to resident’s semi-annual evaluation meetings; and advise Program Director regarding resident’s progress.	
<b>NOTE:</b> Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.	
Dr. Vickie Baselski, PhD (chair)	VA Faculty member (at least one)
ROH Faculty member (at least one)	Lauren King MD
Program Coordinator, ex facto	

<b>Program Evaluation Committee (PEC)</b>
---

Responsibilities: Appointed by the Program Director conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process. The PEC also acts as an advisor to the program director, through program oversight; reviews the program’s self-determined goals and progress toward meeting them; guides ongoing program improvement, including the development of new goals, based upon outcomes; and reviews the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims.

Lauren King MD (Chair)	ROH Faculty Member (rotates)
Vickie Baselski – Faculty, APD	VA Faculty Member (rotates)
Twisha Oza – Faculty, APD	St. Jude, Baptist, or LeBonheur faculty member (rotates)
Rocio Agundis – Program Coordinator	Junior Resident (PGY2 or 3), as nominated by peers
Current Chief Resident(s)	

## 12. Attendance Expectations

### Rotations:

Residents are expected to be at their rotation site during the hours communicated by supervising faculty (or in the rotation curriculum). Failure to report to work in a timely manner, frequently leaving early, or being absent during the workday will result in disciplinary action, up to and including dismissal from the program.

Residents are encouraged to readily communicate with their colleagues and supervisors about any schedule conflicts, conferences, unexpected absences or tardiness, or planned vacations/leave during a rotation. It is helpful to reach out to the rotation director a few weeks before the rotation begins to discuss any planned absences.

### Conferences:

- Residents must attend 85% of conferences, in total. Attendance is monitored on a monthly basis. Failure to maintain attendance standard may result in loss of book and/or travel stipends. Residents who fail to maintain 85% attendance may be placed on a performance improvement plan.
  - Residents on an AP-only or CP-only track will be instructed as to which conferences they must attend; some conferences are required regardless of the track of training. It is ultimately the resident's responsibility to confirm which conferences they must attend.
  - Resident service obligations should be covered by attendings in most situations, to allow conference attendance. On occasion, a resident may need to step away from conference for patient care responsibility; when this occurs, please notify the presenter and chief resident.
  - Hospital autopsy work should be arranged to occur around didactic conference as much as possible – starting the case after conference or taking a break to attend conference are acceptable ways to balance these responsibilities. For 8am conferences, an autopsy is NOT an excused absence; for noon or 1:00pm conferences, then an autopsy will be considered excused, however residents are encouraged to arrange their time to be able to attend.
  - While on rotation at the WTRFC (forensic center), residents must attend the daily 8:00am WTRFC conference – **residents are EXCUSED from didactic conferences that conflict with their forensic work for the month that they are on forensic rotation.**
- Residents are expected to be ON TIME to all conferences. Frequent tardiness (>2 per month) may result in being counted as absent for attendance purposes. Faculty presenting at conference may choose to exclude residents who arrive after 10 minutes from attending the conference.

- As frequently as possible, lectures will be recorded for later viewing. Residents who miss conference may be expected to review the material on their own time. Additionally, a resident who falls below the 85% attendance expectation may be required to document their review of the conferences missed.
- Residents are expected to be engaged and attentive during conference. The ability to attend virtually in some scenarios is a privilege. Active listening and learning, with participation in discussion, polls, and breakout groups, is expected.
- When scheduled to present, the resident should be sure to attend the conference. If a resident is on frozens or autopsy, then they should arrange coverage during the conference time.
  - Missing a conference when scheduled to present will result in a warning from the program director. The conference will be rescheduled at a later date.

### **13. Handoffs and Transitions of Care in the Department of Pathology and Laboratory Medicine**

All transitions of care will adhere to the UTHSC GME policy #312):

<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/handoffs-and-transition-of-care.pdf>

Specific considerations for our field of pathology include:

1. While we do not typically “hand-off” patients, we do hand-off cases. This may occur with rotation changes, vacation, or other leave. Principles of the overall hand-off process outlined in the GME policy remain the same.
  - a. For most cases, provide the following documentation: responsible attending, pending studies, pending notifications, working diagnosis, in addition to a summary of the case work-up to that point. This information may be written, shared face-to-face, or sent via secure electronic communication.
  - b. Hand-off of laboratory issues or concerns will not always include patient information due to the nature of our specialty. Residents must ensure that adequate information to facilitate a care transition is still communicated. This may include the nature of the problem/question, what has been addressed to this point, planned or pending next steps, and the contact person(s) for the issue.
2. For any hand-off, clarifying questions should be encouraged from both parties.

### **14. Communications – Email, Phone Expectations**

**Email:**

Residents are expected to check their UTHSC email address at least daily, with prompt response to email messages and requests. Email is the most common method of communication within the department and university. Residents must use a professional email signature (<https://uthsc.edu/brand/email/index.php>) and must use away messages when on leave.

**Phone:**

Residents should be sure they can be reached on their cell phone when on call (or other patient care) responsibilities. Please reach out the program coordinator if you have difficulty receiving/completing calls on your personal phone.

## 15. Program Awards and Recognition

Several awards are available to recognize outstanding performance in the program.

**Sonia Masoud Award:**

Awarded annually to a resident (any year of training) at the end-of-year banquet. The award is dedicated to the memory of Sonia Masoud, MD. Any resident or faculty member may nominate a resident by providing a letter of recommendation to the award committee (note that residents may not nominate themselves). This nomination letter should provide in as much detail as possible the reasons for the nomination by describing the resident's achievements in clinical practice, teaching, research, administration, or public service. Additional co-supporting letters, or nominations of a single resident submitted by multiple individuals, are highly desirable. Objective evidence of achievement will be an important criterion in making an award. The award nomination should indicate the particular area (or areas) in which the resident has excelled. Rarely, more than one award will be given if nominees demonstrate exceptional performance in unique areas. All faculty members including fulltime, affiliated, or clinical and all residents and fellows are encouraged to submit nominations.

Criteria established in 2006 include but are not limited to:

1. A resident has set an exceptional example for leadership and achievement in many activities that relate to the practice of pathology throughout their time in residency.
2. A resident has performed throughout much of the year well beyond expectations for their level with said performance contributing in a positive manner to the department and the profession.
3. A special contribution more limited in time or scope has been made that inspires both the faculty and residents to excel in one or more missions of UTHSC.

The award committee will select the recipient from received nominations.

**Resident-selected awards:**

Award selection is facilitated by chief residents. Annually, awards for outstanding AP and CP rotations and outstanding AP and CP faculty are given. Residents may select to award additional faculty members for particular contributions, but are asked to limit awards to 4 faculty per year, at most.

**16. Selection and Responsibilities of Pathology Chief Residents****Selection of chief residents**

The Chiefs play a critical role in shaping our training program and epitomize core values of exceptional patient care, teaching, scholarship and service. The process for Chief Resident selection will begin with a confidential Survey emailed to residents and attendings. Each person may nominate up to two (2) residents. These nominations will be considered in the selection process. In addition to diagnostic ability, Chiefs are selected on the basis of strong character, passion for education and leadership qualities. Generally, one or two Chief residents are selected for each academic year and announced before the graduation ceremony. Residents are asked to fully participate in the survey and help shape the future of the program.

**Responsibilities of chief residents**

Chief resident(s) serve as a peer leader in the following roles:

1. Development of the resident rotation schedule (in conjunction with program director)
2. Development of conference schedule (in conjunction with PD/APDs), particularly for resident-led conferences; assignment of residents to conference schedule
3. Recording attendance at conferences
4. Formation of call schedules for residents
5. Leadership at resident-only meeting, at least monthly
6. Communication with program director regarding resident concerns or issue

**17. Maintenance of Logs, Portfolios****ACGME Case Logs:**

Residents are expected to keep their ACGME autopsy log up-to-date, at least on a monthly basis.

**Other Case logs:**

Some rotations may require a case log. If so, then please see the curriculum for proper documentation. On some rotations, it is possible to obtain a record of grossing/dictation/reporting from the LIS in order to monitor case numbers. From time to time, residents may be "audited" for their case numbers in annual review.

**Duty Hours:**



Duty hours are kept in New Innovations, as per the GME policy.

**Curricula Review (for each rotation):**

Each new rotation will provide an opportunity to review curricula in New Innovations. Residents should review the curricula during the first week of the rotation and mark as acknowledged in New Innovations.

**Evaluations (Rotation, Faculty, Peer, Program, Conference):**

Residents receive multiple evaluations through New Innovations. Careful attention to completing evaluations in a timely fashion is requested. The program monitors completion rates but also attempts to ease the number/volume of evaluations you receive.

**Portfolio:**

Every resident will record scholarly activities in New Innovations at least semi-annually (during a window proceeding semi-annual evaluations). It is recommended that they are regularly upkept, but at minimum all work should be recorded prior to the CCC meeting.

**Journal Entries:**

On occasion, residents will be asked to provide a journal reflection activity through New Innovations. These should be completed in timely fashion.

## **18. Safety, Workplace Injury**

As a pathologist-in-training, the resident is required to practice routine safety measures in order to prevent sharp injuries and toxic chemical or infectious disease exposure. Below you will find a brief summary of exposure hazards and the steps necessary in protecting yourself and others. Remember, safety begins and ends with you. All residents are required to complete an annual training session in OSHA, Safety and Standard Precaution Guidelines. UTHSC requires the first session be completed within the first 10 days of employment at UT.

**PERSONAL PROTECTIVE EQUIPMENT**

The main health hazard as a pathologist is exposure to infectious materials. Along with good sharps practice, you must wear protective barrier equipment (PPE) appropriate to the physical hazard in each training location. Appropriate barrier protection works against all infectious agents and also against accidental chemical exposure (e.g. formalin splash). You should always **WEAR** eyewear and gloves when dealing with any tissue, fixed or unfixed. A mask must be worn whenever there is a risk of splashing blood or bodily fluids in the face or when tissue particles might be aerosolized (e.g. with a bone saw). Scrubs, cloth gown, apron, bonnet and shoe covers should be added when there is a risk of splashing blood or body fluids. Appropriate PPE is provided at each training site, but you are personally responsible for gowning correctly. Both latex and nitrile gloves are available. There is absolutely **NO EXCUSE** for not wearing eye protection; if the glasses provided to you are uncomfortable, we will be happy to order you a different pair at no charge. If you don't see the PPE you need, **ASK** for it.

### **SHARPS**

Scalpel blades and needles are the main sources of incised and puncture wounds in pathology, almost always on the hands. Minimize your use of scalpel blades and needles; use scissors or a larger knife whenever possible. Learn how to safely install and remove the blade from a scalpel; a special blade-removal device is safest. Use only one blade at a time and immediately dispose of that blade in the sharps disposal box; loose blades are a danger to you and your colleagues.

### **UNIVERSAL PRECAUTIONS**

Treat ALL unfixed tissue as highly infectious (see below for additional precautions for prions). Prepare for and perform each dissection with precaution. Never let your guard down. You should assume that all instruments and surfaces are contaminated.

### **NEEDLE STICK OR OTHER EXPOSURE**

Immediately wash the area thoroughly. Notify the supervising attending. During work hours, proceed directly to employee health. After hours, you can be seen in the ER. Alert someone in the ER that you are a UTHSC physician-in-training and you have a sharp injury or blood/body fluid exposure. If you have a deep wound, which may require stitches, go directly to the Emergency room). You should contact the Program Coordinator to begin the workman's compensation paperwork process as soon as possible and before reporting to UTHSC Occupational Health. The needle stick policy is found here:

<http://www.uthsc.edu/health-services/employees/injuries-exposures.php>

### **OTHER SPECIAL PRECAUTIONS**

#### **Surgical Pathology Gross Room**

Eyewear and gloves are required at all times. A mask is required whenever there is a splash or aerosol hazard. Hold tissue with an instrument, rather than your fingers, when taking sections. Practice safe sharps practices.

#### **Frozen Sections**

Performing and interpreting frozen sections is an important part of your training in Surgical Pathology. The frozen-section technician will show you how to safely operate the cryostat.

Assume any tissue within and any surface of the cryostat is contaminated. Seek advice before cutting any potentially infectious tissue (such as from a patient suspected of TB or from a patient with potential infectious disorders).

#### **Bone Saw**

You may use a single tissue band saw in some rotations. Rare specimens require cutting bone or frozen soft tissues. You must complete a brief training before you operate this potentially dangerous equipment.

#### **Autopsy Room**

Complete gowning is required for the prosector and anyone else participating in the dissection of viscera.

#### **Creutzfeldt-Jacob disease:**

Potential CJD cases should be discussed with an attending pathologist.

### **Pregnancy Safety Policy**

The resident should be aware that there are certain hazards common to working in a hospital or pathology laboratory that may cause risk to a developing fetus to a greater degree than to an adult physician trainee. Specific information regarding any potentially harmful chemicals or exposures can be obtained from the Safety officer or Supervisor of each institution.

In the event of pregnancy, several safeguards may be implemented in order to minimize the risk of exposure to hazards that may be harmful to the fetus. In order to expedite such safeguards, prompt notification of the Program Director and/or site rotation director upon confirmation of pregnancy is important. To minimize the risk to yourself and your fetus, strict adherence to all of the universal safety precautions relevant to the task you are performing is essential. In the gross room and autopsy suite, the use of gloves, gown, mask, and eye protection will help to decrease the risk of exposure. Additionally, the resident can request a respirator from the Safety Office to be worn while working in areas where fumes or other agents may be a risk. If desired, the pregnant resident can also request a monitoring badge be provided by the UTHSC Safety Office in order to monitor, track, and specifically document formaldehyde exposure. In accordance with guidelines established by the Occupational Safety and Health Administration (OSHA), routine and periodic monitoring of formaldehyde exposure within the gross room is performed. The results of these tests are available for review by contacting the supervisor of Histology in each institution. In all areas of the Laboratory, it is important to remember that proper hand washing and consistent use of disposable gloves are two of the most effective means to reduce the risk of exposure to chemical and biologic agents. It is important to note that the 1978 Pregnancy Discrimination Act forbids sex-specific Fetal-protection policies and was upheld by the United States Supreme Court in 1991 (*Automobile Workers v. Johnson Controls, Inc.*). This law prohibits the removal of an employee from her job simply due to the pregnancy and potential risk to the fetus. Only when the pregnancy interferes with an employee's ability to perform the job duties can reassignment be mandated by the employer. Therefore, **NO resident will be automatically removed from their rotation at the grossing bench during Surgical Pathology, excluded from performing autopsies, or performing any other task as it relates to duties of Pathology Residency Program at UTHSC due to pregnancy.** If a resident desires reassignment during the course of her pregnancy, accommodation of this request will be attempted. It is important to note that such reassignment is usually best achieved prior to the start of the rotation block and will be on a voluntary basis and require approval of the Rotation Director(s) and the Program Director. If the resident and her physician deem that the pregnant resident is unable to carry out the essential duties of the assigned rotation, the resident can elect to take a leave of absence under the Family and Medical Leave Act in accordance with the policies of the UTHSC GME.

## **19. Rotation Planning and Educational Curriculum – Program-Specific Policies**

### **Minimal Educational Requirements of the Program**

- a. Residents must meet the required balance of AP and CP rotations required to sit for the American Board of Pathology examination for their allotted pathway, which is the same as the ACGME requirement (for AP/CP training, 18 months of AP and 18 months of CP, minimum)
- b. The program values flexibility in rotation scheduling to shape the educational experience toward resident career goals, however within that flexibility, there are minimum rotation requirements.
- c. During the four years of AP/CP training, a resident will complete:
  - i. At least 18 months AP training, to include at least:
    1. Surgical Pathology 12 months
    2. Cytopathology 2 months
    3. Pediatric Pathology 1 month
    4. Forensic Pathology 1 month recommended
    5. Neuropathology 1 month recommended
  - ii. At least 18 months CP training, to include at least:
    1. Chemical Pathology 3 months
    2. Hematopathology 3 months
    3. Microbiology 2 months
    4. Transfusion Medicine 2 months (3 recommended)
    5. Molecular Pathology 1 month
    6. Lab Management 1 month (AP only must also complete)
- d. Every resident must complete at least 1 quality improvement (or patient safety) project during the training program.
- e. Each resident will complete an informatics education module during the training program (concurrent with other rotations, longitudinal).
- f. Each resident will complete at least one “real” or mock Root Cause Analysis activity annually
- g. Each resident will complete at least one piece of scholarly activity during training program (see the section on scholarship).
- h. Each resident will complete the ASCP Lab Management University program during training program (best taken on Lab Management rotation).
  - i. A minimum number of some cases has been defined by ACGME. Autopsies must be logged in the ACGME database. Other cases may be logged on rotation-specific logs, or pulled from LIS, as needed. Residents may be asked to provide their case numbers prior to semi-annual review periods.
    1. Surgical Pathology cases >2000
    2. Intraoperative consultations >200
    3. Cytology Cases >1500
    4. Autopsies >= 30

## Rotation selection and planning

The annual rotation schedule is developed by the chief residents and program director. Care is given to remain equitable and non-biased; Ultimately, rotations are distributed to balance educational needs, stipend distribution, resident preference, and seniority of requests.

Requests will be taken in March for the upcoming academic year.

- Residents may provide all their “wishes”, however no resident should expect to have all requests fulfilled.
- Residents should indicate which rotations are their “most desired”

The first draft will be made available by May 20 (if funding is finalized); petitions for change will be accepted, although no guarantee is made for ability to meet requests.

The finalized schedule will be available by June 1 (if funding finalized); after this point, rotation change requests must be made through the rotation change policy.

## **Requests to change training track or change rotations**

### **Rotation Changes:**

After July 1, changes to the rotation schedule should be kept to a minimum and only requested if absolutely required. The resident requesting the change must complete the “Rotation change request form” (see appendix) and state why the change is needed. All changes are made at the discretion of the Program Director.

### **Training Track Selection/Changes:**

It is the intent of the program to train residents in anatomic and clinical pathology (4 year AP/CP track); residents are recruited with this in mind. If a resident wishes to change to AP-only or CP-only, the following steps must occur:

1. Notification of the proposed change must occur >6 months before the resident wishes to complete training (i.e. a change will not be allowed in the final 6 months of training).
2. Request shall be made in writing to the Clinical Competency Committee chair; requests must delineate the reason for the change.
3. The CCC will review the request and make a recommendation to the program director; the final decision rests with the PD.

## **Away rotations**

Permission to accept and participate in an “Away” rotation must be obtained from the Program Director at least 3 months in advance. A significant amount of GME paperwork to ensure proper pay and insurance coverage is required prior to any away rotation. If approved, funding for such rotations is NOT available through the pathology department of GME office; the resident will also be responsible for securing malpractice and the entire insurance benefit package while away.

## Section 6. Resident Benefits

### 1. Salary

Residents in all UTHSC Programs are student employees of the University of Tennessee. As a student employee of the University of Tennessee, you will be paid by the University on a monthly basis – the last working day of the month. Direct deposit is mandatory for all employees.

#### 2022-2023 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY LEVEL	BASE ANNUAL	with Disability Life Benefits	Monthly
PGY 1	\$ 56,592.00	\$57,252.00	\$ 4,771.00
PGY 2	\$ 58,704.00	\$ 59,364.00	\$ 4,947.00
PGY 3	\$ 60,600.00	\$ 61,260.00	\$5,105.00
PGY 4	\$ 63,120.00	\$ 63,780.00	\$ 5,315.00
PGY 5	\$ 65,700.00	\$ 66,360.00	\$ 5,530.00
PGY 6	\$ 67,980.00	\$ 68,640.00	\$ 5,720.00
PGY 7	\$ 70,464.00	\$ 71,124.00	\$ 5,927.00

For information on the UT Salary and Insurance please visit the GME website:  
<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

### 2. Health Insurance

For information on UTHSC resident insurance benefits, please visit the GME website:  
<https://uthsc.edu/graduate-medical-education/policies-and-procedures/documents/insurance-benefits.pdf>

### 3. Liability / Malpractice Insurance

As a State of Tennessee student/employee, your professional liability coverage is provided by the Tennessee Claims Commission Act. For more information on the UT Malpractice Policy, please visit the GME website: <http://www.uthsc.edu/GME/policies/claimscommission.pdf>

#### 4. Stipends

Residents are awarded funds for book material. This is an allocated sum through both GME and the Department of Pathology. Residents will be notified of the book fund amount in July of each academic year. Aside from this, the Program Director will need to approve any travel, or other purchases before requesting reimbursements from the residency. Book funds are not guaranteed from year to year. Residents may lose access to book funds for unsatisfactory conference attendance.

#### 5. Travel

The UT Pathology Residency Program follows the UTHSC institutional policy on Resident Travel. For more information on the UT Resident Travel Policy, please visit The University of Tennessee Policy website: [http://policy.tennessee.edu/fiscal\\_policy/fi0705/](http://policy.tennessee.edu/fiscal_policy/fi0705/)

Travel Reimbursement Form: <https://www.uthsc.edu/graduate-medical-education/administration/documents/travel-reimbursement.pdf>

##### **Important Guidelines:**

- Travel requests should be discussed with and approved by the Program Director before making any arrangements.
- UT Travel Policy must be followed at all times -with no exceptions.
- A Travel Request form must be completed well in advance of traveling in order to have a travel authorization (trip number) to be assigned by the GME office.
- The UT Resident Travel form must be completed for reimbursement.
- Conference travel will require prior approval from UT and the Program Director. Please see the travel policy for further information.

Travel Support for conferences are available through GME, pathology organizations, and the UT Department of Pathology. Prior to drawing on Department funds residents are:

1. Apply for the GME Travel Award through the Program Coordinator. Available to any resident in an ACGME residency program that is on GME payroll. Amount of award is \$500.
  - a. Along with request email to the Program Coordinator, also submit the following:
    - i. Proof of acceptance for the presentation prior to traveling must be sent with the travel award request form.
    - ii. A PDF copy of the presentation/poster must be emailed to Hilary Jones that shows the residents name FIRST on the poster.
    - iii. The presentation must be entered into New Innovations under scholarly activity before the travel reimbursement will be processed.
  - b. See [Rules and Procedures for the GME Travel Award](#)
2. Asked to explore support from various regional and national pathology organizations.

##### **For Department of Pathology funds**

1. Support will be given for a maximum of 2 conferences in which the resident presents data.
2. Support will typically only be provided 1 time per year for a given resident.
3. Prior to receipt of these funds, the resident must apply to the Program Director to insure availability of funds.

### **International Travel (Educational purposes only)**

International Travel Registration: <https://uthsc.edu/international/travel/itrp.php>

- Complete the online [Travel Information Registration](#) to provide information about your travel plans and contact information in the destination country(ies) for UTHSC administration use if emergencies arise either in the U.S. or in the country(ies) visited. This step will confirm that you can access referral services from International SOS.
- As the last step in this process, purchase [ISIC/ITIC travel insurance card](#):
  - Residents/Fellows must purchase the International Student Identity Card (ISIC).
  - Faculty/Staff must purchase the International Teacher Identity Card (ITIC).

This card provides basic travel insurance and is valid for one year from date of issue. Myisic.com describes the travel, medical evacuation, and repatriation insurance (Basic plan) covered through the card.

Purchase your card online or call 1-800-781-4040.

All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guan, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to neighboring countries such as Canada is also considered “international travel” and requires compliance with this registration program.

**NOTE:** Individuals traveling for solely personal reasons (vacation, medical mission trips, etc.) are not eligible for coverage through this program.

**UTHSC officially discourages** international travel, by faculty/staff/students when on official university business, to destinations that are subject to a U.S. Department of State Travel Warning and/or Centers for Disease Control and Prevention (CDC) Level 3 Warning.

## **Section 7: Curriculum**

### **1. ACGME Competencies**

The core curriculum of the UTHSC programs is based on the 6 ACGME Core Competencies:

- **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. This includes:
  - Competence in lab quality/management;



- Interpretation of laboratory data and testing;
- Provision of effective pathology consultation, including test recommendation;
- Examination and diagnosis of cytology specimens, including cytologic-histologic correlation;
- Examination and diagnosis of gross and surgical histopathologic specimens;
- Performance of required procedures including autopsy, assessment of adequacy (and triage) of cytopathologic specimens, gross examination of surgical specimens, and performance/interpretation of intraoperative consultation.
- **Medical Knowledge:** Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care, including:
  - Pathogenesis, diagnostic techniques, and prognostic features of diseases commonly encountered in pathology practice;
  - Statistical methods used in laboratory medicine;
  - Principles of lab management, accreditation, and inspection;
  - Understanding fine needle aspiration indications, complications, and specimen preparation;
  - Understanding apheresis techniques, indications, complications, and practice;
  - Understanding bone marrow sampling procedures and specimen preparation;
  - Understanding histocompatibility principles.
- **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 life-long learning. This includes:
  - Identification of one's strengths and deficiencies in knowledge and expertise;
  - Establishment of learning goals and activities;
  - Analysis of one's practice by using practice improvement methods or measures;
  - Integration of scientific evidence into one's patient care;
  - Performance of a quality improvement project;
- **Interpersonal and Communication Skills:** Residents must 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, including:
  - Compassion, integrity, and respect for others;
  - Responsiveness to patient care needs that supersedes self-interest;
  - Respect for patient privacy and autonomy;
  - Accountability;
  - Respect for diverse patient populations;
  - An ability to recognize and develop a plan for one's own well-being;
  - Appropriate disclosure and reconciliation of conflicts of interest.
- **Systems-Based Practice:** Residents must demonstrate an awareness of and responsiveness to 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, including working on interprofessional teams.

## 2. Milestones

The Milestones are designed only for use in evaluation of Resident physicians in the context of their participation in ACGME accredited Residency programs. The Milestones provide a framework for the assessment of the development of the Resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context. ACGME Milestones are located at:

<https://www.acgme.org/Portals/0/PDFs/Milestones/PathologyMilestones.pdf?ver=2019-05-29-124520-520>

## 3. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations <https://www.new-innov.com/Login/Home.aspx> and accessing each rotation-specific curriculum. Questions regarding the goals and objectives may be discussed with the rotation director to clarify expectations.

## 4. Supervision and Graduated Level of Responsibility

There are three levels of supervision utilized to advance graduated responsibility while ensuring adequate level-appropriate supervision.

Levels of Supervision – To promote appropriate supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

1. **Direct Supervision:** The supervising physician is physically present with the Resident during the key portions of the patient interaction or, the supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
2. **Indirect Supervision:** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.
3. **Oversight:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Specific Resident Supervision by Program information can be found at:

<https://www.uthsc.edu/graduate-medical-education/current-residents/supervision-by-program.php>

Clinical Activity	Method of Instruction	Instructor Level	PGY1	PGY2	PGY3	PGY4	Method to Confirm Competent to Perform Procedure/Activity
Gross Examination in Surgical Pathology	One-on-one grossing station teaching.	Pathology Assistant. PGY2,3,4 Attending Pathologist.					Review of gross dictation by attending, observation of grossing  *most gross 3-5 spec/organ with sup (dependent on organ)
Anatomic Pathology Sign-out  (Path residents cannot independently sign-out)	One-on-one teaching.	Attending Pathologist					The attending pathologist assesses the resident's approach to the case and the relevance of additional studies/consultations ordered by the resident. This is also assessed through evaluations.
Intraoperative Consultation Fine Needle Aspiration (performance, interpretation)	One-on-one teaching.	Attending Pathologist					Assessment of resident's performance by attending pathologist through evaluations.
Autopsy Dissection	One-on-one teaching in autopsy suite and at the scope. Discussion of the case, PAD and FAD.	PGY2,3,4 Autopsy assistant Attending Pathologist					The attending pathologist assesses the resident handling of the case and the ability to formulate preliminary and final reports.
Clinical Pathology Consultation and Interpretation	Discussion of clinical consultations between the resident and the attending pathologist.	Attending Pathologist				  	The clinical pathologist assesses the resident's ability to render a clinical consultation. This is also assessed through evaluations.
Tumor Board, Conferences	Discussion with attending	Attending pathologist				  	Attending may observe resident performance in



## Section 8: Resource Links

Site	Link
New Innovations	<a href="https://www.new-innov.com/Login/">https://www.new-innov.com/Login/</a>
UTHSC GME	<a href="http://www.uthsc.edu/GME/">http://www.uthsc.edu/GME/</a>
UTHSC GME Policies	<a href="http://www.uthsc.edu/GME/policies.php">http://www.uthsc.edu/GME/policies.php</a>
UTHSC Library	<a href="http://library.uthsc.edu/">http://library.uthsc.edu/</a>
GME Wellness Resources	<a href="https://uthsc.edu/graduate-medical-education/wellness/index.php">https://uthsc.edu/graduate-medical-education/wellness/index.php</a>
ACGME Residents Resources	<a href="https://www.acgme.org/residents-and-Residents/Welcome">https://www.acgme.org/residents-and-Residents/Welcome</a>
GME Confidential Comment Form	<a href="https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQE">https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQE</a>
ACGME Program Specific Requirements	<a href="https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/300_Pathology_2020.pdf?ver=2020-06-18-155736-410">https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/300_Pathology_2020.pdf?ver=2020-06-18-155736-410</a>
American Board of Pathology	<a href="http://www.abpath.org">www.abpath.org</a>

## **Section 9. Appendix**

- I. GME Information and Dates
- II. Leave Form
- III. Moonlight Approval Form
- IV. Rotation Change Request Form
- V. Handbook Agreement

## GME Information and Dates

Graduate Medical Education  
920 Madison Avenue, Suite 447  
Memphis, TN 38163

Natascha Thompson, MD  
Associate Dean  
ACGME Designated Institutional Official

Phone: 901.448.5364  
Fax: 901.448.6182

New Resident Orientation for 2022 will be held on the following dates:

Date	Time	Title
June 22 and 23, 2022	8:00 am - 5:00 pm	PGY 1 Orientation
June 24, 2022	8:00 am - 12:00 pm	Methodist University Hospital (MUH)
June 24, 2022	1:00 pm - 5:00 pm	Baptist
June 27, 2022	8:00 am - 12:00 pm	Regional One Health (ROH)
June 27, 2022	1:00 pm - 5:00 pm	Memphis Veteran's Hospital (VA)

### Other Important Dates:

July 30-Deadline for incoming residents to provide documentation of ACLS or PALS

September-SVMIC

\*\* GME Global conference

# UTHSC Pathology Resident Leave Request Form

Name: \_\_\_\_\_ Number of Days: \_\_\_\_\_

Dates requested: \_\_\_\_\_ Rotation: \_\_\_\_\_

Type of Leave:

( ) Vacation / "Annual Leave"

( ) Educational: Conference/Activity \_\_\_\_\_

( ) Sick Leave

( ) Other: Bereavement / Jury Duty / Other (please circle, describe "other")

Clinical Duties will be covered by: (signature requested)

\_\_\_\_\_ (or N/A )

Teaching assignments will be covered by: (signature requested)

\_\_\_\_\_ (or N/A )

Date of Request: \_\_\_\_\_ Resident Signature: \_\_\_\_\_

---

Approved by:

\_\_\_\_\_  
Rotation Director

\_\_\_\_\_  
\*if VAMC rotation, VA Site Director

\_\_\_\_\_  
Chief Resident

\_\_\_\_\_  
Program Director

Residents may take up to 15 annual leave days, 5 educational leave days, and 15 sick days per year.  
Residents do not receive pay for unused leave.

Completed forms go to Program Coordinator.

**Resident Request for Approval to Moonlight**  
**(External: non-UTHSC affiliated, non-rotation site)**

Name \_\_\_\_\_

PGY Level \_\_\_\_\_

Site of Activity or Service \_\_\_\_\_

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Estimated average number of hours per week \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Supervisor's Phone Number \_\_\_\_\_

Supervisor's Email \_\_\_\_\_

- 
- The ACGME and UTHSC GME policies require program director pre-approval of all moonlighting activities. Any Resident moonlighting without written pre-approval will be subject to disciplinary action.
  - Residents on a J-1 visa are not allowed to moonlight.
  - All moonlighting counts towards the weekly 80-hour duty limit.
  - The Resident is responsible for obtaining separate malpractice insurance. The Tennessee Claims Commission Act does not cover Residents' external moonlighting activities.
  - Moonlighting activities must not interfere with the Resident's training program. It is the responsibility of the trainee to ensure that moonlighting activities do not result in fatigue that might affect patient care or learning.
  - The program director will monitor trainee performance to ensure that moonlighting activities are not adversely affecting patient care, learning, or trainee fatigue. If the program director determines the Resident's performance does not meet expectations, permission to moonlight will be withdrawn.
  - Each Resident is responsible for maintaining the appropriate state medical license where moonlighting occurs.
- 

By signing below, I acknowledge that I have carefully read and fully understand the moonlighting policies of my program, UTHSC GME and ACGME. I will obtain prior approval from my program director if any information regarding my moonlighting activity changes, including hours, location, type of activity or supervisor.

**Signature of Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Program Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Resident Request for Rotation Change

Name: \_\_\_\_\_

Original Rotation & Location: \_\_\_\_\_ Original Month : \_\_\_\_\_

Proposed Change (Rotation & Location): \_\_\_\_\_ Same/New Month: \_\_\_\_\_

Will another Resident be affected by this change? \_\_\_\_ Y \_\_\_\_ N

If yes, please have other resident complete a separate change form.

Please explain the rationale for this request:

Complete the following:

Total AP months: \_\_\_\_\_ Total Autopsies at this Point: \_\_\_\_\_

Total CP months: \_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement for Handbook of UTHSC Pathology Residency Program

- I. I have received the 2021-2022 Handbook for the UTHSC Pathology Residency Program.
  
- II. I have been informed of the following requirements for house staff:
  1. Requirements for each rotation and conference attendance
  2. Formal teaching responsibilities
  3. Reporting of duty hours and case logging
  4. Safety policies and procedures
  5. On call procedures
  6. Vacation requests
  
- III. I understand that it is my responsibility to be aware of and follow the policies/procedures as stated in the handbook.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\* Please submit this signature page to the Program Coordinator no later than July 25, 2021.**