

THE UNIVERSITY of TENNESSEE 

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HEALTH SCIENCE CENTER™

COLLEGE of MEDICINE

**Pathology (AP/CP) Residency  
Program Handbook  
2024-2025**

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## Section 1: Program Information

### I. 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, our training emphasizes the development of continuous learning as a life-long habit and service to patients as a first priority. When training is complete, the individual should be competent in Pathology, as well as an excellent manager and communicator. The resident should be able to practice their specialty with distinction within a variety of healthcare environments and maintain this excellence for the length of their career.

Residents will accept citizenship in the clinical, research, and education missions of the Department, working as an apprentice to provide excellent clinical care. It is expected that all residents will take ownership and assume graduated responsibility as they progress through training. The program will serve a diverse patient population in a major urban area. The healthcare needs of our patients will be treated in a safe, cost-effective, patient-centered environment that ensures high quality, consistency, and respect.

#### Program Aims

- When training is complete, the individual should be exceedingly competent in overall Pathology skills, an excellent diagnostician, able to fulfill the role of medical lab director, an effective communicator, and fully focused on patient care.
- After completing the program, the resident should be able to practice their specialty with distinction within a variety of healthcare environments and maintain their excellence for the length of their career.
- Residents who complete the program will have competence in general AP/CP pathology, possess a strong understanding of disease pathways and outcomes and the technologies used to diagnose them. We also aim to prepare residents to practice in a career that is increasingly becoming highly specialized, should they desire to pursue the route of subspecialized fellowship training.
- It is our program's goal to train and cultivate pathologists who can ultimately practice in the state of Tennessee.

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

### **Tejesh Patel, MD**

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## V. Resident Contact Information

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## VI. Resident Block Schedule 2024-2025

	1	2	3	4	5	6	7	8	9	10	11	12
PGY1	VA AP – site 1				VA CP – site 1		ROH Micro – site 3	ROH Heme – site 3	ROH AP – site 3	AEL Cyto – site 5	AEL Chem – site 5	SJ Intro – site 6
PGY2	VA AP – site 1				VA Cyto – site 1	VA Blood Bank – site 1	ROH AP – site 3		SJ Surg path – site 6	Forensics – site 7	Elective	Elective
PGY3	VA AP – site 1		LB AP – site 2		ROH AP – site 3		ROH Heme – site 3	ROH Micro – site 3	SJ Heme – site 6	SJ Molecular – site 7	Elective	Elective
PGY4	VA AP – site 1	VA AP or Cyto – Site 1	VA Lab Man – Site 1		LB BB – site 2	Management – site 2, 3, or 5	AEL chem – site 5	SJ – site 7	Elective	Elective	Elective	Elective



## Section 2. Site Information

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### 4: Baptist Memorial Hospital – currently no rotations, pending new director\*

### 5: American Esoteric Laboratories

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## Section 3. Educational Activities

## I. Didactic Lectures, Conference Schedule and Program Meetings

<b>Anatomic Pathology Didactic Lecture Series</b>	
Day/Time	Noon – one day per week / every other week
Location	Virtual
Description	Rolling curriculum covering surgical pathology topics.
Attendance %	85% required
Resident Expectations	<i>Residents are expected to complete any pre-reading assignments prior to the conference. Some conferences may require residents to prepare a presentation to share.</i>

<b>Clinical Pathology Didactic Conference Series</b>	
Day/Time	Noon or 1:00pm – one day per week / every other week
Location	Virtual
Description	Rolling curriculum covering clinical pathology topics
Attendance %	85% required
Resident Expectations	<i>Residents are expected to complete any pre-reading assignments prior to the conference.</i>

<b>Anatomic Pathology Slide Conferences / Unknowns</b>	
Day/Time	2 <sup>nd</sup> and 4 <sup>th</sup> Thursday – 8:00 am
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	<i>If cases are provided in advance, they must be reviewed prior to conference with diagnostic impressions rendered by residents.</i>

<b>Clinical Pathology Correlation Conference (CPC)</b>	
Day/Time	1 <sup>st</sup> Thursday – 8:00 am
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	<i>Presenting residents will prepare ~20 minute talk about a CLINICAL PATHOLOGY case (please, no histologic findings, unless approved by supervising attending).</i>

<b>Journal Club</b>	
Day/Time	1 <sup>st</sup> Wednesday
Location	Zoom
Description	Resident-led discussion of recent journal publications
Attendance %	85% required
Resident Expectations	<i>Presenting residents will select articles (attendings may provide guidance) and prepare presentation; ALL Residents must read the selected articles and attend ready to discuss.</i>

<b>Grand Rounds</b>	
Day/Time	Generally, third Thursdays - may vary
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 – 8:00 am
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	<i>If resident is on CP rotation, they should be prepared to share a brief case.</i>

<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 quarter of academic year
Location	Virtual or in-person
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 %	<p><b>Tumor Boards:</b> Attendance or presentation at 1 (one) tumor board required <b>per quarter</b></p> <ul style="list-style-type: none"> <li>• If attended, log in New Innovations portfolio</li> <li>• If presented, log in New Innovations portfolio and upload either presentation, supporting documents, or email requesting/scheduling the presentation</li> </ul> <p>Attendance for all other multidisciplinary conferences and committee meetings as requested</p>

**Summary Conference Schedule:**

The most up-to-date conference schedule will be kept in the Residency Outlook Calendar. Check weekly for QR code uploads and updates.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am				*In Person Day* 1- CPC 2- Unknowns 3- Grand Rounds 4- Unknowns	CP case conference (30 min)
12:00pm (noon)	Optional GME conferences, other program conferences may be held	Weekly: AP or CP Didactic	1 <sup>st</sup> Wed: Journal Club Quarterly: Forensics Quarterly: Cytology	RISE Review	

**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 (possibly late June)

Dec:

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

Jan:

- Semi-annual evaluations continue – PD and residents meet one-on-one
- Program Evaluation Committee meets for follow-up on tasks
- Program Resident Retreat

Feb:

- Program Resident Retreat (if not held in January)

June:

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

## II. Required Reading (and Other Educational Assignments)

### 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) - available e-book via library
2. Grossing Manual – such as Lester – available e-book via library
3. All-purpose surgical pathology reference text: Rosai, Sternberg, etc
4. Histology for Pathologists
5. Henry’s Laboratory Diagnosis or Tietz’s Clinical Chemistry – both available e-book via library
6. Cytology atlas – such as Cibas or Demay – available as ebook via library
7. WHO series of books – login to online database available – update shared via email

### Question Banks and Other Assignments:

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

## III. Research and Scholarly Activity

### Journal Clubs:

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.

### Original Research:

In harmony with our program aims, residents are encouraged to participate in research activities to prepare for future practice and specialization.

Overall, every resident must:

- 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 preparation/submission of at least one article for peer-reviewed publication.

- 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.

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.

In order to receive GME-based (UTHSC GME office), program-specific, or departmental funding, the resident should be the presenting author of the work for the meeting. Funding will only be granted for ONE resident to present a poster or platform work – if more than one resident wishes to travel to a meeting for a presentation, then precedence will be given for the order of authorship. Please reach out to the program director and/or program manager if help is needed deciding who may travel to a meeting.

#### **Adherence to IRB regulations:**

When participating in research activities, residents must meet all regulations of the UTHSC IRB office (as well as the IRB procedures of any partner institution) and complete all IRB training activities prior to beginning the research activity. Residents are encouraged to complete IRB training during the first month of training, and complete any re-training as required.

A resident who is found to violate IRB protocols and standards may face program discipline, up to and including dismissal.

## **Section 4. Examinations**

### **I. Documenting Exam Results**

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

Prior to the start of their Residency, all Residents are expected to have taken and passed Step 1, 2 or COMLEX Level 1, 2. USMLE Step 3 or COMLEX Level 3 must be completed by the end of the PGY-2 year. Failure to meet this requirement can result in dismissal. 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>

### **II. 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. Residents may be asked to develop a learning plan based on their areas of strength and weakness.

### **III. Board Examination**

Residents should refer to the American Board of Pathology website for board requirements ([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.

Board applications are due in January of the final year of training, and so any case requirements should be met before 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 Institutional Policies:

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="#">New Innovations Protocols</a>
<a href="#">Academic Performance Improvement Policy</a>	<a href="#">Observership</a>
<a href="#">Accommodation for Disabilities</a>	<a href="#">Offsite Rotation Approval - In Tennessee</a>
<a href="#">ACLS</a>	<a href="#">Offsite Rotation Approval - Out of State</a>
<a href="#">Affirmative Action</a>	<a href="#">Offsite Rotation Approval - International</a>
<a href="#">Agreement of Appointment</a>	<a href="#">Outside Match Appointments</a>
<a href="#">Aid for Impaired Residents</a>	<a href="#">Pre-Employment Drug Testing</a>
<a href="#">Background Checks</a>	<a href="#">Program Closure/Reduction</a>
<a href="#">Certificate</a>	<a href="#">Program Director Protected Time Policy</a>
<a href="#">Clinical and Educational Work Hours</a>	<a href="#">Program and Faculty Evaluation</a>
<a href="#">Code of Conduct</a>	<a href="#">Program Goals and Objectives</a>
<a href="#">Disciplinary and Adverse Actions</a>	<a href="#">Resident Evaluation Policy</a>
<a href="#">Drug and Alcohol Use</a>	<a href="#">Resident Non-Compete</a>
<a href="#">Drug Free Campus and Workplace</a>	<a href="#">Resident Reappointment and Promotion</a>
<a href="#">Fatigue Mitigation</a>	<a href="#">Resident Selection Guidelines</a>
<a href="#">Fit for Practice</a>	<a href="#">Resident Supervision</a>
<a href="#">Fit Testing</a>	<a href="#">Resident Transfers</a>
<a href="#">Grievances</a>	<a href="#">Resident Wellbeing</a>
<a href="#">Handoffs and Transitions of Care</a>	<a href="#">Salary</a>
<a href="#">Hospital Procedures for Handling</a>	<a href="#">Sexual Harassment and Other Forms of Discrimination</a>
<a href="#">Resident Disciplinary Issues</a>	<a href="#">Social Media</a>
<a href="#">Infection Control</a>	<a href="#">Stipend Level</a>
<a href="#">Infection Control - Tuberculosis</a>	<a href="#">Student Mistreatment</a>
<a href="#">Insurance Benefits</a>	<a href="#">Substantial Disruption in Patient Care or Education</a>
<a href="#">Internal Rotation Agreement for ACGME Programs</a>	<a href="#">Support Services</a>
<a href="#">Leave</a>	<a href="#">Technical Standards</a>
<a href="#">Licensure Exemption and Prescribing Information</a>	<a href="#">UT Travel</a>
<a href="#">Malpractice Coverage</a>	<a href="#">Vendor/Industry Conflict of Interest</a>
<a href="#">Medical Licensing Examination Requirements</a>	<a href="#">Visas</a>
<a href="#">Moonlighting</a>	<a href="#">Visiting Resident Approval</a>
<b>Workers' Compensation Claims Process: Supervisor</b>	



- The TN Division of Claims and Risk Management will assess a \$500 departmental penalty each time an employee or employer does not report a work injury within (3) business days after sustaining that injury.
- Contact the CorVel nurse triage line: 1-866-245-8588 (option #1 – nurse triage (resident) or option #2 – report claim (supervisor))
- A departmental fine of \$500 will be charged each time a claim report is not completed by a supervisor. an injured worker seeks non-emergency medical treatment prior to treatment (unless it is an emergency) prior to calling Corvel.

### On-the-Job Injury Reporting Procedures

#### Injured Worker

1. Report injury to your supervisor *when it happens*.
2. Report your injury to CorVel (even minor injuries)
  - Call [1.866.245.8588](tel:18662458588) Option #1 (nurse line)
  - If you need medical care, the nurse will send you to an authorized doctor. You **MAY NOT** seek treatment with an **unauthorized provider!**
  - **DO NOT** go to the doctor before you report to CorVel.
3. Complete an Incident Report online via the Origami Portal
4. You will receive an email confirmation from Notifications@OrigamiRisk.com

#### Supervisor

1. You will receive email notification from Notifications@OrigamiRisk.com of the new injury after the injured worker's submission is complete.
2. Follow the instructions in the email to submit Supervisor Statement and complete the reporting process.
3. Follow up with injured worker for the doctor's return to work status.
4. Contact campus Human Resources Workers' Compensation Coordinator to process the return to work.



**For Life-Threatening or Serious Bodily Injury ONLY:  
Immediately Call Campus Police or Go to the Nearest Emergency Room!**

#### Supervisor - Must report emergency on-the-job injuries on behalf of injured worker:

1. Firstly, ensure injured worker has appropriate medical care (nearest ER)
2. Call immediately to report worker's injury to CorVel (24/7)
  - Call [1.866.245.8588](tel:18662458588) Option #2

3. Report the incident to:

- 
- Campus Safety Officer
- Supervisor
- UT System Office of Risk Management

**Injured Worker** - Must initiate the online reporting process as soon as possible:

1. Obtain the CorVel claim number from your supervisor
2. Complete an Incident Report online via the Origami Portal

**NOTE:** CorVel offers a [PPO Lookup](#) website to assist in locating the closest State of TN-authorized treating physician. This link will allow the injured worker to locate a physician or facility via zip code, city/state, and within a certain radius of their current location. This PPO Lookup website does not replace the requirement to call CorVel to report the injury. All injuries must be reported to CorVel to avoid the penalty.

## Program-Specific Policies and Procedures

### I. Wellbeing and Fitness for Duty

The resident's 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. If resident attendance on a rotation is called into question, then the program director reserves the right to require documentation of medical need for appointments.

#### **Wellness initiatives**

Resident social events 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. Residents will also complete annual fatigue and fitness for duty training each July.

## II. Resident Leave

### 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 manager. Once received, the program manager 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 (the first day returning to work).

### Leave Policies and Guidelines

- Leave from a one month (four week) rotation cannot be more than one week (5 business days).
- No half days are granted. You must take the full day off when requesting leave – plan accordingly. If you need a few hours for a personal appointment, you do not have to take a full day off – communicate with your attending and co-residents to arrange these types of appointments. HOWEVER – if this privilege leads to excessive time away from rotation, residents may be asked to provide documentation of appointments AND use their personal time for such matters.
- 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 or educational meetings. If a resident is on an autopsy rotation, they MUST arrange for coverage should an autopsy case arise.

- 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, days of examinations (STEP 3/Level 3 or Boards), or CAP Inspections. Time off for fellowship or job interviews must utilize personal leave; time off to study for examinations must utilize personal leave; travel to and from a conference or out-of-state exam site must utilize personal leave. Other requests will be reviewed by the program director on a case-by-case basis.

Educational leave requests shall be filed as soon as residents learn of abstract acceptance or inspection/event date. 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. Residents must confirm with other residents on their service that coverage is available.

In order for a resident to participate in a laboratory inspection, they must be invited/approved by the team lead attending. The resident must have completed an required training prior to the inspection date. In general, PGY-1 residents will not attend inspections.

### **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 (four week) 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 3 consecutive 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.

### Family Medical Leave

All UTHSC programs follow the following UTHSC/GME policies for Parental and Bereavement.

Residents who have been employed for at least twelve months and have worked at least 1,250 hours during the previous twelve-month period are eligible for qualified family and medical leave (“FML”) under provisions of the federal Family Medical Leave Act (“FMLA”). FMLA provides eligible employees up to twelve (12) weeks of protected unpaid leave for the birth or adoption of a child or a serious health condition affecting the employee or his or her spouse, child, or parent. Except as set forth in Section IV, below, Residents may use all available sick and annual leave days to be paid during FML leave.

UTHSC Human Resources (“HR”) office has administrative oversight for the FML program. The Program Manager or Program Director should notify HR when a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Program Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>. Health and disability insurance benefits for residents and their eligible dependents during any approved FML shall continue on the same terms and conditions as if the resident was not on leave. After all available paid sick, annual and other paid leave under Section IV has been taken, unpaid leave may be approved under FML and Tennessee law provisions, addressed below.

A. Tennessee State Law ~ 4-21-408. Under Tennessee law, a regular full-time employee who has been employed by the university for at least twelve (12) consecutive months is eligible for up to a maximum of four (4) 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.

The Program Director and resident should verify whether the length of leave will require extending training to meet program or board eligibility criteria. UTHSC Human Resources office has administrative oversight for the FML program. The Program Manager or Director should notify HR when it appears a resident may qualify for FML leave. HR will coordinate with GME and the Program Manager or Director to approve or disapprove a resident’s request for FML leave. Resident rights and responsibilities under FMLA can be found on the GME website: <http://uthsc.edu/GME/pdf/fmlarights.pdf>.

### Six Week Paid Medical, Parental (Maternity/Paternity), and Caregiver Leave

Each resident will be provided six (6) weeks (42 calendar days) of paid, approved medical, parental, and caregiver leaves of absence for qualifying reasons that are consistent with applicable laws, at least once and at any time during the resident's Program, starting on the day the resident is required to report, the first day of payroll for the resident (frequently July 1 of the academic year). A resident, on the resident's first approved six (6) weeks of medical, parental, or caregiver leave of absence shall be provided the equivalent of one hundred percent (100%) of his or her salary.

Health and disability insurance benefits for residents and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence shall continue on the same terms and conditions as if the resident was not on leave.

- A. Parental Leave** Paid parental leave is available to a resident for the birth or adoption of a child. Each resident, in an ACGME or non-standard Program, is eligible for six (6) weeks (42 calendar days) of paid parental leave one time during the Program. A resident's six (6) weeks of paid parental leave is available in addition to annual and sick leave and should be used prior to any remaining annual and sick leave. Paid medical and caregiver leave, below, is part of the same six-week benefit and not in addition to paid six-week parental leave.

The paid parental leave benefit will renew for a second period of eligibility if a resident continues to another Program; but parental leave does not accumulate (for example, for a total of 12 weeks of paid parental leave) if unused by a resident during a Program. In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same Program, only the remaining annual and sick leave are available to the resident as paid time off. All FMLA and other protected unpaid time may still be available to the resident for leave.

Parental leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advance by the Designated Institutional Official. In the event both parents are 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.

- B. Resident Medical** Resident medical leave is available to a resident for a serious health condition that makes the resident unable to perform his or her job. This additional six (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different

training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Resident Medical leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. 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.

- C. **Caregiver 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 (6) week (42 calendar days) leave is available one time during the ACGME training Program. Paid medical or caregiver leave is part of the same six-week benefit as the six-week paid parental leave above. This leave will renew for a second period if a resident continues to a different training Program but the paid time off for medical or caregiver leave does not accumulate if unused. Caregiver leave may be used in increments of two-week blocks. Requests for utilization of leave that are less than a two-week block period must be approved in advanced by the Designated Institutional Official. 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.

### **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.

## **III. 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 fulfil rotation or conference responsibilities. Residents who are placed on Performance Improvement Plans may lose the ability to moonlight as well.

UT/GME Policy #320 – Residents must not participate in Moonlighting if it violates the GME Work Hour scheduling and reporting requirements described below. PGY-1 residents are not allowed to Moonlight and Programs are prohibited from requiring residents to Moonlight.

Residents on J-1 or J-2 visas are not permitted to Moonlight activities. Residents on H-1B visas cannot moonlight under their University of Tennessee sponsorship. Any resident requesting to Moonlight must be in good academic standing. Residents on active Performance Improvement Plans are not eligible for moonlighting experiences. 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.

#### IV. **Discrimination, Intimidation, Fear of Retaliation, Professionalism, Due Process**

Anonymous Feedback Survey for Pathology Residents:

<https://anonymouspath.questionpro.com/>.

- All submissions via this link are sent to the Program Director's email **only**

GME Anonymous Resident/Fellow Comment Form:

[https://uthsc.co1.qualtrics.com/jfe/form/SV\\_3NK42JioqthfQF](https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthfQF)

- All submissions via this link are sent to the Designated Institutional Official – Dr. Natascha Thompson, Associate Dean **only**

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.

#### V. **Discrimination, Harassment, and Abuse Policy**



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.

## **VI. Resident Eligibility and Selection Policy**

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, current residents, 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**

Candidates 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. No H-1B visas are possible.

## VII. Resident Supervision Policy

Please reference the complete UTHSC COM GME Supervision Policy (GME Policy #410 - Supervision of Residents Fellows (uthsc.edu)) for additional definitions and background information.

### I. PURPOSE

The Pathology Supervision Policy serves to ensure that residents in the division of Pathology are provided with adequate and proper levels of faculty supervision during their training and, at the same time, are able to deliver high-quality patient care with increasing levels of autonomy. The effective supervision of the residents requires progressive delegation of responsibility and conditional independence in the provision of all clinical settings with concurrent oversight by the faculty members with the goal of developing skills, knowledge, and attitudes in each resident to allow successful entry into the unsupervised practice of medicine at the completion of residency training.

### II. BACKGROUND

All residents will provide patient care under the supervision of an appropriately credentialed pathologist, who is ultimately responsible and accountable for that patient's care. All faculty members supervising the Pathology residents must have a University of Tennessee Health Science Center (UTHSC) faculty appointment. Residents and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. The residents should give the patient the attending's name whenever requested, including the name of the covering attending if necessary.

### III. LEVELS OF SUPERVISION

We use the following ACGME suggested classification of supervision to promote oversight of supervision while providing for graded authority and responsibility. Levels of supervision may be enhanced based on patient safety, complexity, urgency, and risk of serious adverse events.

1. **DIRECT SUPERVISION:** The supervising physician is physically present with the resident and patient during key portions of the patient interaction.

a. (example): A PGY 1 resident performing a frozen section evaluation with the attending physically present in frozen section room.

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 direct supervision if needed.

a. With Direct Supervision Immediately Available – (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 – (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 a review of procedures/encounters with feedback provided after care is delivered.

a. (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.

	Direct Supervision	Indirect supervision with immediately available direct supervision	Indirect supervision with available direct supervision	Oversight
<b>Designated Levels</b>	1	2a	2b	3

**Levels of Supervision Required for Different Clinical Settings:**

Supervision Settings	Supervision Level
Overnight call coverage (at-home call), PGY-1	2b
Overnight call coverage (at-home call), PGY-2, 3, 4	3
Frozen section room (whether daytime or overnight), PGY-1	2a
Frozen section room (whether daytime or overnight), PGY-2, 3, 4	2b

*All supervision levels depend on the resident meeting the required number for each procedure list under the Procedure Competency Requirement section. Once the resident meets these minimum requirements, they may advance to indirect supervision depending on procedure and training year.*

Procedure Competency Requirements	Required Numbers of Procedures
Autopsy, adult	5
Autopsy, pediatric	5
Grossing, per case-type (simple cases – few blocks, limited orientation)	3
Grossing, per case-type (complex cases – more blocks, challenging orientation or sampling)	5

**A more detailed PGY-specific chart can be found in Section 7, Part IV. The more detailed chart includes more details about graduated responsibility.**

**IV. SUPERVISION POLICIES**

- The division of Pathology maintains a monthly service and on-call schedule that shows faculty coverage for the various services for every single day of the month. The schedule is distributed by email monthly before the start of the new month.
- Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.
- If the resident is not able to reach her/his/their supervising attending physician, (s)he/they should call these back-up physicians: first – chief resident, then Lauren King, MD or Twisha Oza, MD.
- In certain situations, the residents are expected to consult with the attending physician irrespective of the time of the day or level of their training:
  - o Request or call for a frozen section or intraoperative consultation must always be communicated to the supervising attending, regardless of the time of day. A resident cannot refuse a frozen section without first discussing the case with the attending.
  - o Request or call for an autopsy must always be communicated to the supervising attending. This notification can occur in the morning of the next day, in the case of an overnight request. A resident cannot refuse an autopsy without first discussing the case with the attending.
  - o If a referring physician requests immediate involvement of the attending physician
  - o Whenever uncertainties exist regarding the patient’s evaluation or management
- The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care is delegated to each resident by the program director and faculty members.
- Faculty members functioning as supervising physicians must delegate portions of care to resident based on needs of the patient and the skills of each resident.

#### Rotation-Specific Supervision

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

#### Supervision of Hand-Offs

- The program communicates schedules of residents by distribution of rotation schedule to all site directors at the beginning of the academic year. At each clinical site, attending physician and resident coverage schedule (if applicable) are maintained at the department level. These schedules are published within the department and also within the individual hospital’s on-call system (operators, AmION, etc.). Each clinical laboratory individually holds a copy of the monthly call schedule that includes contract numbers for “first call” (may be resident or attending) and if needed “second call”. If the designated individual cannot be reached, the Laboratory Medical Director is called (per site).

· In the event a resident is unable to perform patient care responsibilities due to excessive fatigue, illness, or family emergency, continuity of patient care is ensured via the following mechanisms: 1) the resident notifies their supervising attending, any resident on the rotation with them (if applicable), the chief resident, the program director, and program manager via email (or phone) that they will be absent; 2) in almost every situation, the other resident and/or attendings are able to cover for the absent resident, without need of additional support; 3) if there will be need for another resident to assist in the workflow (grossing, call coverage, completion of an autopsy), then the chief resident and program director will work to identify a resident to provide such one-time coverage.

Gaps in Supervision

· If for any reason, a resident is unable to contact his or her supervising physician, they are to notify the program director or associate program director immediately.

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

**VIII. Transitions of Care Policy**

Monitoring for effective, structured hand-over processes to facilitate both continuity of care and patient safety is accomplished via evaluation of survey responses regarding effective feedback (semi-annual resident and faculty surveys) at the Program level. The Sponsoring Institution provides oversight for transitions of care at the Program level via GME/GMEC review of Annual Program Evaluations, Internal Reviews on a pre-determined cycle and periodic, direct observation of the hand-over process.

The Pathology Residency Program utilizes the following mechanisms in the hand-over process:

Setting	Frequency of Hand-Over	Mechanism	Supervision and Frequency of Supervision of Hand-Over Process
Verbal hand-off of anatomic pathology and clinical pathology cases (following call, or with short-term changes of service coverage, such as a daytime coverage resident handing off to the	Potentially daily (it should be noted that in real practice, this occurs infrequently)	CATCH tool* <ul style="list-style-type: none"> <li>- Clinical summary</li> <li>- Active issues</li> <li>- Tests</li> <li>- Contingency plans</li> <li>- “Hear it back”</li> </ul>	Residents supervised by senior resident and/or faculty until deemed competent (documented in New Innovations)  *Simulation will be used to supervise this process, as this type of handover is such a rare occurrence that a resident might actually never experience it in real practice

resident coming "on" to cover night call)			
Hand-off of surgical pathology cases when rotation coverage changes	Monthly with change of teams	Secure email or paper document at rotation site with list of pending cases to include: Case number, responsible attending, pending needs (stains, ancillary studies), location of slides	Faculty are CC'd in electronic communication; if paper is used, then faculty should review and initial

\* Rogers TS, Wilcox R, Harm SK. Design and Implementation of a Pathology-Specific Handoff Tool for Residents. Acad Pathol. 2019 Apr 7;6:2374289519839186. doi: 10.1177/2374289519839186. PMID: 31058216; PMCID: PMC6452587.

The Pathology Residency Program ensures that residents are competent in communicating with team members in the hand-over process by 1) observing a simulated "CATCH" hand-off and documenting competence in New Innovations 2) including an element evaluating the resident's ability to successfully carry out transitions of care in New Innovations evaluations.

The program communicates schedules of residents by distribution of rotation schedule to all site directors at the beginning of the academic year. At each clinical site, attending physician and resident coverage schedules (if applicable) are maintained at the department level. These schedules are published within the department and also within the individual hospital's on-call system (operators, AmIOn, etc.). Each clinical laboratory individually holds a copy of the monthly call schedule that includes contact numbers for "first call" (may be resident or attending) and if needed "second call." If the designated individual cannot be reached, the Laboratory Medical Director is called (per site).

In the event a resident is unable to perform his/her patient care responsibilities due to excessive fatigue, illness, or family emergency, continuity of patient care is ensured via the following mechanisms: 1) the resident notifies their supervising attending, any resident on the rotation with them (if applicable), the chief resident, the program director, and program manager via email (or phone) that they will be absent; 2) in almost every situation, the other resident and/or attendings are able to cover for the absent resident, without need of additional support; 3) if there will be need for another resident to assist in the workflow (grossing, call coverage, completion of an autopsy), then the chief resident and program director will work to identify a resident to provide such one-time coverage.

## IX. Process by which faculty receive resident feedback

The program follows the UTHSC institutional policy on Program and Faculty Evaluation. For more information on the policy, see Section 5 in this manual.

### Resident Feedback of Faculty is Anonymous

All evaluation of faculty (by residents) will be anonymous. Residents are given the opportunity to evaluate each faculty member they worked with on a rotation at the end of each month.

Residents may reach out to the program manager if an evaluation needs to be generated (is missing) for a particular faculty member. At least annually, residents will have the opportunity to complete a general educational evaluation for any/each faculty member. This allows residents to evaluate a faculty member that they may have seen in didactic sessions, but not on a formal rotation. If needed, evaluations will be gathered over extended periods of time 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 available for review 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.

#### **X. Method by which faculty performance is evaluated by Department Chair**

Each December, all evaluations completed about a faculty member in the past 12 months are compiled (November – November). The evaluations are reviewed by the program manager and program director to be sure that anonymity is preserved. Any faculty member with zero to three evaluation periods will have their evaluations held until the next year. If necessary, the program director may provide a narrative summary of the feedback to highlight strengths and opportunities.

The evaluations and summary (if performed) are provided to the faculty member and the department chair. This information is included in the annual performance and planning review (APPR). Faculty members may wish to upload the reviews in Digital Measures to be included in the annual review portfolio. Review of the evaluations can serve as evidence that the faculty member is exceeding, meeting, or not meeting expectations in the area of teaching.

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

Improper behavior by faculty members, co-residents, other trainees, hospital staff members, or administrative staff should be reported.

Anonymous Feedback Survey for Pathology Residents:

<https://anonymouspath.questionpro.com/>.

- All submissions are sent to the Program Director's email **only**

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

## XII. Assessment Instruments and Methods

### Types of Evaluations

#### FORMATIVE:

1. Residents will request formative feedback in the form of EPA (entrustable professional activity) evaluations for the following procedures:
  - i. Frozen sections (VA and ROH)
  - ii. Autopsy – PAD and FAD
  - iii. Transfusion reactions (LeBonheur BB only)
  - Forms are available to print from New Innovations and on-site.
    - It is the resident’s responsibility to request that the attending supervising the event completes the form. (for EVERY event, until instructed otherwise)
    - Form should be filed back in the confidential box in the room, or scanned electronically and sent to PD or program manager.
2. Residents will receive formative feedback on call log sheets. These are detailed in the call portion of the manual.

**SUMMATIVE:** Residents and faculty will complete summative written evaluations at the end of each monthly, semi-annually, or annually in New Innovations.

Evaluation Name	Dates	To Be Completed By	Anonymous?
Faculty Evaluation of Residents on _____ Rotation	Monthly	Faculty	May be “anonymous” but will not be de-identified or aggregated
<ul style="list-style-type: none"> <li>• CP Rotations / Hemepath</li> <li>• Cytology Rotations</li> <li>• Forensic Rotation</li> <li>• SJ Intro Rotation</li> <li>• Surgical Pathology Rotations</li> </ul>			
Faculty Evaluation of Program	December, June	Faculty	Totally anonymous
360 Evaluation: Peer	November	Resident	Totally anonymous
360 Evaluation: Self	November, May	Resident	---
Resident Evaluation of Program	December, June	Resident	Totally anonymous
Resident Evaluation of Faculty – General (meant to capture faculty involved in didactics but who might not be supervising residents on a monthly basis)	December	Resident	Totally anonymous



Resident Evaluation of Faculty - Rotations	Monthly	Resident	Totally anonymous – aggregated to protect identity
Resident Evaluation of Rotations	Monthly	Resident	Totally anonymous – aggregated to protect identity

### **Resident Evaluations**

Residents are evaluated at the end of each rotation by faculty in New Innovations. These evaluations include milestone-based criteria and 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 towards meeting milestones. The CCC utilizes resident rotation evaluations, 360 evaluations, peer evaluations, data from in-service and other examinations, narrative comments, rotation and conference/tumor board attendance, and participation in conferences, tumor boards, 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.

## The CCC and PEC

<b>Clinical Competency Committee (CCC)</b>	
<p>Responsibilities: Appointed by the Program Director to review all resident evaluations; determine each resident's program on achievement; of [Insert specialty name] Milestones; meet prior to resident's semi-annual evaluation meetings; and advise Program Director regarding resident's progress.</p> <p><b>NOTE:</b> Files reviewed by the CCC are protected from discovery, subpoena, or admission in a judicial or administrative proceeding.</p>	
Vickie Baselski, PhD	CCC Chair and Associate Program Director
Lauren King, MD	Program Director
Twisha Oza, MD	Associate Program Director
Misty Nichols	Program Manager
VA Faculty Member (at least one)	Faculty
Other Faculty Member (ROH, LB, or other)	Faculty

<b>Program Evaluation Committee (PEC)</b>	
<p>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.</p>	
Lauren King, MD	Program Director
Vickie Baselski, PhD	Associate Program Director
Twisha Oza, MD	Associate Program Director
Misty Nichols	Program Manager
Chief Resident	
Junior Resident (PGY 2 or 3)	
ROH Faculty Member (rotates)	
VA Faculty Member (rotates)	
St. Jude, Baptist, or Le Bonheur Faculty Member (rotates)	

### XIII. 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 in New Innovations. 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 8:00 am conferences, an autopsy is NOT an excused absence; for noon or 1:00 pm 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 8:00 am 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 frozen 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.

#### **XIV. Communication**

##### **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 manager if you have difficulty receiving/completing calls on your personal phone.

#### **XV. 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:

- 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.

- 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.
- 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.

## **XVI. 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:

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

## **XVII. Logs, Portfolios, Administrative Tasks, and Journal Assignments**

### **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.

### **Work Hours**

Work 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.

### **Other administrative tasks**

There are mandatory training conferences and activities throughout the year. Careful attention to UTHSC email for information about events such as SVMIC (malpractice), UT GME global conference, N95 fitting, flu shots, HIPAA training, and ACLS is REQUIRED. Failure to complete trainings by deadlines may result in being placed on leave without pay or possibly facing professionalism remediation.

## **XVIII. Safety and Workplace Injuries**

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.

### **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 Manager 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.



## **XIX. Rotation Planning, Educational Curriculum, and Required Rotations**

- 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 is required prior to any away rotation. If approved, funding for such a rotation is not available through the pathology department or GME office; the resident is also responsible for securing any appropriate malpractice and insurance coverage while away.

## Section 6. Resident Benefits

### I. Salary

Residents/Fellows 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.

#### 2024-2025 RESIDENT AND FELLOW COMPENSATION RATES for ACGME-ACCREDITED PROGRAMS

PGY Level	Base Annual	with Disability & Life Benefits *
PGY 1	60,492	61,152
PGY 2	62,880	63,540
PGY 3	64,896	65,556
PGY 4	67,596	68,256
PGY 5	70,476	71,136
PGY 6	73,068	73,728
PGY 7	75,876	76,536

- \* In addition to the base salary, those residents participating in the disability and group life insurance programs provided through GME currently receive an additional \$660 per year for disability and life insurance benefits as shown above in Column 3. Residents not participating do not receive this stipend.

For information on the UT Salary and Insurance please visit the GME website:

<https://www.uthsc.edu/graduate-medical-education/policies-and-procedures>

### II. 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>

### III. 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>

### IV. 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.

## V. Travel Policies

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:

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

To better prepare for emergencies and provide assistance to the members of the UTHSC community traveling abroad, UTHSC requires all UTHSC travelers on official UTHSC business to complete a Travel Information Registration form prior to departure. This registration will enable UTHSC to communicate with faculty, staff, students, postdocs, residents, and fellows in the event of an emergency. Registration will also allow travelers to receive medical and emergency assistance from International SOS, a medical and travel security service company.

#### **Who is Required to Register?**

- Faculty/Staff: All faculty and staff traveling abroad using UTHSC funds or on UTHSC business without University funds (example: a faculty member is invited to give a key-note address at a conference and his/her costs are fully paid by the conference).
- Students/Postdocs/Residents/Fellows: All students, postdocs, medical residents, and clinical fellows traveling abroad to participate in official UTHSC-sponsored programs (including research, for-credit electives, travel to conferences and non-credit educational activities sponsored by UTHSC).
- All travelers to U.S. territories are also required to register. These territories include Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands. Travel to countries bordering the U.S., Canada, and Mexico, is international travel and requires compliance with this registration program.
- 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.

#### **How to Register**

- 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.

## **Section 7: Curriculum**

### **I. 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.
- **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.
- **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.
- **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.
- **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.

## II. 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/globalassets/pdfs/milestones/pathologymilestones.pdf>

## III. Rotation Goals and Objectives

Rotation specific goals and objectives can be found by visiting New Innovations <https://www.new-innov.com/login/login.aspx?Data=ILAI7Qy3xO1upb7GnRKadLsok7eMoG9oWn5kS3BKgljwpYiwvqQ1sAESreplacedESESreplacedES>.

#### IV. Supervision and Graduated Responsibility

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 *must 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. Residents will enter cases, but cannot release reports.
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 conference, pre-conference discussions.

Level 1: Direct	Level 2a: Indirect, Immediately Available	Level 2b: Indirect, Available	Level 3: Oversight
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## Section 8: Resources

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_3NK42JioqthlfQF">https://uthsc.co1.qualtrics.com/jfe/form/SV_3NK42JioqthlfQF</a>
ACGME Program Specific Requirements	<a href="https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/300_Pathology_2020.pdf?ver=2020-06-18-155736-410&amp;ver=2020-06-18-155736-410">https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/300_Pathology_2020.pdf?ver=2020-06-18-155736-410&amp;ver=2020-06-18-155736-410</a>
American Board of Pathology	<a href="https://www.abpath.org/">https://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 of Graduate Medical Education  
ACGME Designated Institutional Official

Phone: 901.448.5364  
Fax: 901.448.6182

### Resident Orientation Schedule

New Resident Orientation for 2024 will be held on the following dates:

<b>Date</b>	<b>Time</b>
June 21, 2024	8:00 am - 12:00 pm
June 21, 2024	1:00 pm - 5:00 pm
June 24 and 25, 2024	8:00 am - 5:00 pm
June 26, 2024	8:00 am - 12:00 pm

All sessions are in the SAC except Baptist, which is on that campus (Garrett Auditorium 6025 Walnut Grove Road).

# 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. No more than 5 working days may be taken from a one-month rotation.

Completed forms go to Program Manager.

**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 2024-2025 Handbook for the UTHSC Pathology Residency Program.
- II. I have been informed of the following requirements for house staff:
  - a. Requirements for each rotation and conference attendance
  - b. Formal teaching responsibilities
  - c. Reporting of duty hours and case logging
  - d. Safety policies and procedures
  - e. On call procedures
  - f. 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 Manager no later than June 15, 2024.**