**LSUHealth-Shreveport and LSUHSC-Monroe**  
*Major Participating Institutions-INSERT INSTITUTIONS HERE*

**RESIDENT LEVELS OF CARE**  
**DEPARTMENT of PATHOLOGY**

**Resident Level: PGY II-Intermediate Level**

### Core Competencies
1. Medical Knowledge  
2. Patient Care Skills  
3. Practice-based learning  
4. Interpersonal and communication skills  
5. Systems-based practice  
6. Professionalism

### Direct Supervision:
- The supervising physician is physically present with the resident and patient.
- With direct supervision immediately available—the supervision physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available—the supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

### Indirect Supervision:
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### Oversight:
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### Clinical Invasive (Operative Management)
PGY-2 residents are considered to be at an intermediate level and should:

- Prepare a final written pathology report with accurate gross and/or microscopic diagnosis and verbal release of results to clinicians as approved by attending and as necessary. (1,2,3,4,5,6)
- Be familiar with diagnostic criteria required for sign-out of more difficult pathologic entities, clinical significance, and management of diagnoses. (1,2,3)
- Continue to increase medical knowledge by formulating surgical pathology diagnoses, including staging and grading tumors. (1,2,3,4,6)
- Observe and describe steps of fine needle aspiration for cytological diagnosis. Perform fine needle aspiration. (1,2,3,4,5)
- Become proficient at bone marrow biopsy and aspiration

### Clinical Non-Invasive (Clinical Diagnosis and Management)
PGY-2 residents are considered to be at an intermediate level and should:

- Describe and dictate gross and microscopic pathology of surgical specimens. (1,2,3,4)
- Analyze and formulate a diagnosis on non-complicated surgical specimens. (1,2,3)
- Independently examine surgical specimens microscopically and consult faculty for diagnostic accuracy, prior to faculty releasing case. (1,2,3,4)
- Become familiar with diagnostic criteria required for sign-out of routinely encountered pathology and interpretation of clinical significance and management of diagnoses. (1,2,3,4)
- Perform autopsies, formulating final clinical and anatomic diagnoses level for release of case by faculty.* (1,2,3,4,5,6)

PGY-2 residents are considered to be at an intermediate level and should:

- Dictate surgical pathology diagnosis of basic cases. (1,2,3,4)
- Prepare case presentations for Department Conferences, including Autopsy, Practice – Based Learning, and Journal Club Conferences. (1, 3, 4, 6)
- Document cases accurately in ACGME Case Logs after each procedure. (1,5,6)
- Present research project at annual spring forum. (1,2,3,4,5,6)

Should be Knowledgeable of the ACGME Six Competencies and the Evaluation Process Used to Monitor Their Progress Toward Achieving Success in the Following Domains:

- **Patient Care** - Residents must be
- Prepare, describe, and analyze complicated intraoperative specimens. (1, 2, 4)
- Become familiar with quality control and the management of laboratory operations. (2, 3, 5, 6)
- Collect, analyze, and interpret data, and formulate a solution for complicated clinical pathology problems, including diagnosis and course of action. (1, 2, 3, 4, 6)
- Become competent at interpreting and explaining the results of routine clinical test(s) based on scientific principles. (1, 3, 4)
- Become familiar with and begin performing duties as a consultant to clinical residents and staff concerning laboratory operations. (1, 2, 3, 4, 5)
- Prepare and present pathology-related lectures to medical students, allied health professionals, technicians, and other non-M.D. individuals. (1, 3, 4, 5)
- Begin focused analytical research for the purpose of publishing scientific article(s) based on appropriate data collection, analysis and interpretation of anatomic and/or clinical pathology problems. (1, 2, 3, 4, 6)
- Begin taking afterhours call for autopsy, FNA, frozen sections, and apheresis with first call for each service supervised. (1, 2, 3, 4, 5, 6)
- Dictate gross and microscopic autopsy findings to be placed in the permanent medical record, using faculty to consult only. (1, 2, 3, 4)
- Prepare, describe, and perform basic frozen section specimens. (1, 2, 3, 4, 5, 6)
- Independently collect, analyze, and interpret data, and formulate a solution for routine clinical pathology problems, including diagnosis and course of action. (1, 2, 3, 4, 6)
- Present findings of test(s) based on scientific principles of clinical problems. (1, 3, 4)
- Observe and explain the clinical significance of immunopathology, electron microscopy, cytogenetic, molecular pathology, microbiology, transfusion medicine, chemical pathology, hematology and toxicology procedures. (2, 3, 6)
- Prepare and present cases at Intradepartmental Conferences, including Autopsy, Practice-Based Learning, and Journal Club Conferences. (1, 3, 4, 5)
- Write abstract for annual research project with mentor involvement. (1, 2, 3, 4, 6)
- Observe 3rd, 4th, and faculty supervision of first and second year residents and assimilate knowledge for supervision in 3-4 years. (3, 5, 6)
- Begin taking afterhours call for autopsy, FNA, frozen sections, and pheresis after deemed proficient. (1, 2, 3, 4, 5, 6)
- Participate in apheresis procedures as follows: connect and disconnect lines; Monitor patient for adverse reactions; coordinate procedure with the clinicians after demonstrating proficiency in PGY Year. (1, 2, 3, 4, 5, 6)

able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]

- **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. Perform at, or above the national average of peers on the Resident In-Service Exam (RISE). [2]

- **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. Residents are expected to develop skills and habits to be able to meet the following goals: [3]
  - identify strengths, deficiencies, and limits in one's knowledge and expertise; [3]
  - set learning and improvement goals; [3]
  - identify and perform appropriate learning activities; [3]
  - systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; [3]
  - incorporate formative evaluation feedback into
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. Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in inter-professional teams to enhance patient safety and improve patient care quality; [5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

- **Professionalism** - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

  - compassion, integrity, and respect for others; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession; [6] and,
  - sensitivity and responsiveness to a diverse patient population, including
| but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.[6] |

* A PGY-3 or PGY-4 resident, pathology assistant or attending pathologist may directly supervise the gross dissection of surgical pathology specimens and/or autopsies. Blood banking/transfusion medicine fellows, PGY-3 or PGY-4 residents, or attending pathologists may directly supervise apheresis. Bone marrow biopsies are supervised by a Hematology/Oncology senior fellows or an attending.