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

RESIDENT LEVELS OF CARE  
DEPARTMENT of PATHOLOGY

Resident Level: PGY III-Advanced Level

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Indirect Supervision:</th>
<th>Oversight:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Knowledge</td>
<td>- With direct supervision immediately available—the supervision physician is physically present within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.</td>
<td>- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
</tr>
<tr>
<td>2. Patient Care Skills</td>
<td>- 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.</td>
<td></td>
</tr>
<tr>
<td>3. Practice-based learning</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>4. Interpersonal and communication skills</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>5. Systems-based practice</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>6. Professionalism</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

**Direct Supervision:**  
- The supervising physician is physically present with the resident and patient.

**Indirect Supervision:**

**Clinical Invasive (Operative Management)**

Residents in the final two years of the program (PGY-3 and PGY-4) are considered to be in the final years of education and should:

- Examine surgical specimens microscopically. (3)

- Dictate surgical pathology diagnosis. (1,2,3,4)

- Serve as contact person for referring clinicians, residents, and fellows to answer questions, explain diagnosis rendered, and obtain clinical information necessary to clarify diagnostic possibilities. (1,2,3,4,5,6)

- Perform autopsies, formulating final clinical and anatomic diagnoses.* (1,2,3)

- Demonstrate proficiency with performing fine needle aspiration and cytological diagnosis. (1,2,3)

- Participate in apheresis procedures at an advanced level and assist junior residents as necessary. Also,

**Clinical Non-Invasive (Clinical Diagnosis and Management)**

Residents in the final two years of the program (PGY-3 and PGY-4) are considered to be in the final years of education and should:

- Describe and dictate gross pathology of surgical specimens. (1,2,3,4)

- Independently examine surgical specimens grossly and microscopically, and consult faculty for diagnostic accuracy, prior to faculty releasing case. (1,2,3,4)

- Demonstrate advanced assimilation of knowledge by formulating surgical pathology diagnoses, including staging and grading tumors. (1,2,3,4,6)

- Prepare a final written pathology report with accurate diagnosis and verbal release of attending-approved results to clinicians as necessary. (1,2,4,5)

- Perform autopsies, formulating final clinical and anatomic diagnoses for release of case by faculty with
be proficient at clinical indications for blood transfusion and apheresis procedures. *(3,4,5,6)*

- Perform bone marrow biopsies and aspirations. *(3,4,5,6)*

- Guide other pathology residents on identifying the appropriate type of diagnostic test for making a specific diagnosis. *(1,2,3,4,5)*

- Guide other pathology residents in how to present findings of test(s) based on scientific principles of clinical problems. *(1,2,3,4,5)*

- Become familiar with supervisory skills required to manage a laboratory. *(5,6)*

- Publish a research article based on appropriate data collection, analysis and interpretation of anatomic and/or clinical pathology problems. *(1,2,3,4,5,6)*

<table>
<thead>
<tr>
<th>minimal input.* (1,2,3,4,5,6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dictate gross and microscopic autopsy findings to be placed in the permanent medical record for faculty review and sign out. <em>(1,2,3,4)</em></td>
</tr>
<tr>
<td>• Independently collect, analyze, and interpret data, and formulate a solution for routine clinical pathology problems, including diagnosis and course of action. <em>(1,2,3,4,6)</em></td>
</tr>
<tr>
<td>• Present findings of test(s) based on scientific principles of clinical problems. <em>(1,3,4)</em></td>
</tr>
<tr>
<td>• Act as a consultant to clinical residents and staff concerning all aspects of the laboratory, including laboratory operations, quality control, and laboratory management. <em>(1,2,3,4,5)</em></td>
</tr>
<tr>
<td>• Teach other residents how to present findings of test(s) based on scientific principles of clinical problems. <em>(1,3,4,5)</em></td>
</tr>
<tr>
<td>• Observe and explain at an advanced level the principles behind performance of immunopathology, electron microscopy, cytotecnical, molecular pathology, microbiology, transfusion medicine, chemical pathology, hematology and toxicology procedures. <em>(2,3,5,6)</em></td>
</tr>
<tr>
<td>• Prepare and present pathology-related lectures to medical students, allied health professionals, technicians, and other non-M.D. individuals. <em>(1, 3, 4, 5)</em></td>
</tr>
<tr>
<td>• Prepare case presentations for Interdisciplinary Conferences, including Tumor Board, Radiology/Pathology, Neurosurgery/Neuropathology/Neuroradiology Conferences. <em>(1, 3, 4, 5)</em></td>
</tr>
<tr>
<td>• Interpret and formulate a solution for clinical pathology problems, including diagnosis and course of action. <em>(1,3,5)</em></td>
</tr>
<tr>
<td>• Participate in apheresis procedures as follows: connect and disconnect lines; Monitor patient for adverse reactions; coordinate procedures with the clinicians; act as a consultant to clinicians and advise on frequency of procedure, and recommend appropriate replacement fluid and labs to order. <em>(1,2,4,5,6)</em></td>
</tr>
</tbody>
</table>

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 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
- Teach other residents how to determine the correct process in identifying the appropriate type of diagnostic test to identify a specific diagnosis. (1,2,3,4,5)

- Respond to after hours call for autopsy, fna, frozen sections, and apheresis and be able to supervise PGY 1&2. (1,2,3,4,5,6)

self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- 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 daily practice (including updates on annual portfolio and semi-annual self evaluation Forms); [3]
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; [3,5]
- use information technology to optimize learning; and,[3,5]
- participate in the education of patients, families, students, residents and other health professionals. [3,4]

**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, & health professionals. [4]

Residents are expected to:

- communicate effectively with
patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; [4]

✓ communicate effectively with physicians, other health professionals, and health related agencies; [4]

✓ work effectively as a member or leader of a health care team or other professional group; [4]

✓ act in a consultative role to other physicians and health professionals;[4] and,

✓ maintain comprehensive, timely, and legible medical records, if applicable.[4]

• **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. 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.