Title: Resident Levels of Care

**Department of Pathology**

**Resident Level:** PGY IV-Advanced 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

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

- Should have achieved proficiency in the tasks and activities experienced in PGY 1-3 Levels.

In addition, resident at PGY 4 level:

- Should teach others how to examine gross and microscopic surgical specimens. (3,4)
- Teach others how to dictate surgical pathology diagnosis. (1,2,3,4)
- Teach other residents how to perform fine needle aspiration and make cytological diagnosis. (1,2,3,4,5)
- Teach other residents the basics of describing and diagnosing dermatological biopsies. (1,2,3,4)
- Teach other PGY 1&2 residents how

**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:

- Should have achieved proficiency in the tasks and activities experienced in PGY 1-3 Levels and refining all skills with indirect supervision and ability to provide adequate supervision to PGY 1-2 levels.
- Dictate in detail and with precision non-complicated and complicated surgical pathology cases. (1,2,3,4)
- Teach others how to formulate surgical pathology diagnoses, including staging and grading of tumors. (1,2,3,4)
- Dictate autopsy findings in detail and with precision to be placed in the permanent medical record. (1,2,3,4)
- Function as a problem solver for others on how to interpret and formulate a solution for clinical

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:

- Should have achieved proficiency in the tasks and activities experienced in PGY 1-3 Levels and refining all skills with indirect supervision and ability to provide adequate supervision to PGY 1-2 levels.
- Perform and present research based on collecting, analyzing, and interpreting clinical pathology problems. (1,2,3,4,5,6)
- Author a research article based on appropriate data collection, analysis and interpretation of anatomic and/or clinical pathology problems. (1,2,3,4,6)
- Prepare pathology-related lectures to medical students, allied health professionals, technicians, and other non-M.D. individuals. (1,2,3,4,5,6)
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<tr>
<th>to properly assist with apheresis procedures. (2,3,4,5,6)</th>
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<td>- Perform and present research based on collecting, analyzing, and interpreting clinical pathology problems. (1,2,3,4,5,6)</td>
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<td>- Publish a research article based on appropriate data collection, analysis and interpretation of clinical pathology problems. (1,2,3,4,6)</td>
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<td>- Function as an <strong>advanced level</strong> consultant to clinical residents and staff concerning all aspects of the laboratory, including laboratory operations, quality control, and laboratory management and supervision. (1,2,3,4,5)</td>
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<td>- Teach other residents the principles behind performance of immunopathology, electron microscopy, cytogenetic, molecular pathology, microbiology, transfusion medicine, chemical pathology, hematology and toxicology procedures. (2,3,4,6)</td>
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<td>- Present pathology-related lectures to medical students, allied health professionals, technicians, and other non-physician staff. (1,2,3,4,5,6)</td>
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<td>- 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)</td>
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<td>- Respond to after hours call for autopsy, fna, frozen sections, and apheresis and be able to supervise PGY 1&amp;2. (1,2,3,4,5,6)</td>
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<td>- Serve as mentor for junior residents, medical students, technicians, etc. (1,2,3,4,5,6)</td>
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<td>- Prepare case presentations for Intradepartmental Conferences, (including Autopsy, Practice – Based Learning, and Journal Club Conferences) and Interdisciplinary Conferences (including Tumor Board, Radiology/Pathology, Neurosurgery/Neuropathology/Neuroradiology Conferences). (1,2,3,4,5,6)</td>
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<tr>
<td>- Be proficient at interpretation and diagnostic criteria required for sign-out of most surgical pathology specimens and understand their clinical significance. (1,5,6)</td>
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The residents at this level should:

* 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 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 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]

Summative evaluations at the completion of final year of training should verify that resident has demonstrated sufficient competence to enter pathology practice without direct supervision.

* 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.