

Policies and Procedures:

Resident Supervision and Progressive Responsibility

Purpose:

To specify the manner and mechanism to be in place so that all pathology residents are supported and supervised in their clinical activities. Residents must have appropriate attending pathologist involvement in their patient care activities through each level of training and irrespective of the rotation site of such training.

Scope:

This policy defines supervision standards, roles, responsibilities and patient care activities of all residents in professional education programs in the Department of Pathology. It intends to provide general standards for the progressive responsibility of residents under appropriate supervision of a Licensed Independent Practitioner (LIP) – in this instance a pathologist with medical privileges at the hospital or entity at which patient care training is provided.

Definitions:

- 1. Rotation Director**
The Rotation Director is defined as the faculty member or pathologist who oversees a specific rotation that is defined as such through the rotation schedule. In some instances a COE Director might work in collaboration with the specific rotation director.
- 2. Attending Pathologist**
The Attending Pathologist is defined as the pathologist whose name is identified as the sign-out pathologist on the patient report. It is generally the individual under whose name billing activity occurs.
- 3. Resident**
The resident is the specific person enrolled in a ACGME program and designated by their PGY level.
- 4. PGY-1, Intermediate Resident, Senior Resident**
 - a. PGY-1 is a resident who is in their first year of resident training.

- b. Intermediate Resident is a resident in their second year of training – thus an AP CP Track Resident in their PGY-2 year is designated as an Intermediate Resident
 - c. Senior Resident is a resident in their last two years of training – thus a single track resident in a three year program is a Senior Resident when they are a PGY-2.
- 5. Levels of Supervision**
- a. Direct Supervision**
 - i. The supervising individual is physically present with the resident – in the same room
 - b. Indirect Supervision – Direct Supervision immediately available**
 - i. The supervising individual is physically within the hospital/building or other site of patient care and is immediately available to provide Direct Supervision
 - c. Indirect Supervision – Direct Supervision available**
 - i. The supervising individual is not physically present in the hospital/building or other site of patient care but is immediately available by means of telephone and/or electronic modalities and is available to provide Direct Supervision.
 - d. Oversight**
 - i. The supervising individual is available to provide review of procedures/encounters with feedback provided after care is delivered
- 6. Individuals Qualified to Provide Supervision for a PGY-1 Resident**
- a. Attending
 - b. Fellow
 - c. Senior Resident – see definition above
 - d. Pathologist Assistant

Procedure:

This policy formally states the Department of Pathology Policy on Resident Supervision and Progressive Responsibility for PGY-1 through PGY-4 residents. It is intended to be consistent with policies of the University of Pittsburgh Medical Education Program (UPMCMEP), policies of UPMC and all regulations and standards of accreditation and licensing organizations. This policy also applies to a) any UPMC pathology resident who receives patient care related training at an non-UPMC entity as addressed in the Memorandum of Understanding between UPMC and the non-UPMC entity, and any non-UPMC pathology resident who rotates at UPMC.

The attending pathologists on the medical staff of UPMC Hospitals have overall responsibility for the quality of professional services provided to patients including patients in which residents participate in their care. It is thus the responsibility of these medical staff to assure that each resident is supervised in their patient care activities by a LIP – in this case a pathologist. An LIP is defined as an individual who is independently currently licensed to practice medicine in the Commonwealth of Pennsylvania, and is

appropriately and individually appointed, credentialed and privileged by a UPMC affiliated hospital or health care facility or hospital organization in question to practice in the area of medicine being considered. A resident is not and cannot be an LIP as long as the resident holds a training license and/or is registered with the UPMCMEP office as a professional Graduate Trainee (GT), and/or is engaged in a course of training in an ACGME accredited program.

Nothing in this policy is intended to supersede any requirements for teaching physician documentation required for billing purposes under the CMS teaching physician policies or UPP policies for attending physicians.

Appropriate supervision and observation provides the ability of the teaching/attending pathologist to ascertain the competency of a resident and to determine the appropriate level of responsibility progressively throughout the resident training and in particular during a particular rotation. Throughout a Progressive Responsibility strategy patient safety and quality of care are fundamental and take priority over individual resident educational goals and objectives or LIP service support needs.

The responsibility for compliance with this supervision and progressive responsibility policy rests with the Department of Pathology Chair through the Residency Program Director.

Supervision of PGY-1 Residents Effective July 1, 2011

ACGME defined Requisite Three Procedures That Require Direct Supervision of PGY-1

Each PGY-1 resident must be **Directly Supervised** during performance of at least his or her three initial procedures in the following areas:

- Autopsy (Complete or limited)
- Gross dissection of surgical pathology specimens by organ system
- Frozen sections
- Apheresis
- Fine needle aspiration and the interpretation of the aspirate

After the above Direct Supervision criteria are met Indirect Supervision must be available for consultation as assistance but need not be immediately available or in the hospital/building

Direct Supervision of First Three Autopsies

- The Director of the Autopsy Service or a selected alternate faculty member committed to autopsy supervision plus a Chief Resident/Senior Resident will be assigned to provide Direct Supervision for the PGY-1 resident on their first week of autopsy service.
- If they do not do three autopsies in their first week the Chief Resident/Senior Resident if needed will provide Direct Supervision until the resident has done three cases

- A Chief Resident/Senior Resident will be scheduled to be on autopsy service as an overlap week with the PGY-1 during their first week of autopsy service
- The resident will be responsible for documenting who provided Direct Supervision for their first three autopsies

Direct Supervision of First Three Gross Dissections of Surgical Pathology Specimens by Organ System

- An organ system is defined by our COE Model
- The Rotation Director of each of the COE's below will define a menu from which three cases will qualify for meeting the grossing dissection Direct Supervision requirement:
 - BST
 - ENT
 - GI Bigs
 - GU
 - Magee Breast
 - Magee Gyn
 - Thoracic
- Each COE Rotation Director is required to assign a qualified individual to provide Direct Supervision to the PGY-1 for each of their first three gross dissection cases
- The resident will be responsible for documenting the case category and who provided Direct Supervision for their first three grossing dissections for the COE's listed above
- If the resident does a rotation listed above after their PGY-1 year then the Direct Supervision requirement does not apply – but they should still seek the necessary supervision as needed

Direct Supervision of First Three Apheresis

- The Rotation Director of the Transfusion Medicine Rotation will determine who provides Direct Supervision for the first 3 patients and then who provides Indirect Supervision for the duration of the PGY-1 year.

Direct Supervision of First Three FNA's and Interpretation of Aspirate

- The Rotation Director of the Cytology Rotation will determine who provides Direct Supervision for the first 3 FNS's and their interpretation.

Tracking Direct Supervision of First Three Cases

- An on-line software tool will be maintained by the resident to track that they have performed the first three cases as indicated above and will identify the person who provided the Direct Supervision.

Attending Pathologist Supervision and Roles and Responsibilities of Residents

Expectations of Rotation Director

1. The rotation director – or their faculty designee - is expected to meet with the resident before they assume any patient care responsibility:
 - a. To inform them of the rotation schedule and patient care responsibilities of the resident on the rotation.
 - b. To provide the resident with the rotation goals and objectives and reading assignments.
 - c. To provide the resident with applicable patient care information on handling of patient specimens, gross examination and specimen dissection.
 - d. To inform them of the supervision requirements of the rotation if beyond the general requirements of this policy.

Expectations for Attending Pathologist

1. At all times there will be an attending pathologist identified as responsible for a particular patient. This will be in effect before a resident performs any patient care activities on any patient or patient specimen.
2. The attending pathologist has ultimate responsibility for all patient care activities and specimen handling by the resident even in the event that a senior resident, fellow or technical assistant provides guidance to the resident.
3. Any patient care report generated must be signed by the attending pathologist and all material relevant to the report must be reviewed by the attending pathologist.
4. The attending pathologist is required to provide oversight and supervision of all patient care activities of the resident and is to be available for consultation by the resident. The resident is not to proceed with patient care if they need input from the attending regarding further patient care activity. Direct supervision of the resident may be delegated to a more senior and experienced resident – at least one PGY level greater – or to a designated fellow assigned to the same or equivalent rotation. A Pathologist Assistant or qualified technician may provide guidance for the technical aspects of the activity, but such is still under the responsibility of the attending pathologist.
5. The attending pathologist is expected to behave in a professional manner at all times in regard to resident supervision and is expected to encourage each resident to seek guidance and consultation from the attending at any time the resident considers it necessary. Further the attending should welcome such request for guidance and consultation. The attending pathologist in fact must make clear to each resident that it is only failure to seek such guidance or consultation that will be considered problematic.

Responsibilities of Attending Pathologist:

1. **General**
 - a. The attending pathologist is responsible for assuring that the resident is capable of handling each particular patient care situation. This includes assuring that they are capable of gross examination and dissection and handling of all patient specimens to which the resident is assigned.
 - b. The attending pathologist is responsible for assuring that - based on the PGY level of training and individual resident competence level – the

delegated daily work load of the resident is not such as to endanger patient care due to resident fatigue, the need to inappropriately 'rush' due to insufficient time to complete the assigned work load or risk of not meeting the ACGME duty hour requirements for residents.

- c. It is the responsibility of each attending pathologist to be familiar with the ACGME duty hour requirements and to work daily with each resident - to whom their patient care responsibilities are delegated - to support them in meeting such requirements.
- d. The attending pathologist may assign particular responsibility to senior residents or fellows that provide the resident with more independent decision making but the final decision must be reviewed by, approved by and signed out by the pathologist.

2. Clinical Pathology:

- a. Each clinical pathology rotation will – should the general guidelines above and guidelines below be insufficient - develop its own supervision guidelines and communicate the same to the resident prior to the resident assuming any patient care activity.
- b. The attending pathologist is to be aware of the specialty guidelines, policies and procedures that apply to their specialty with regard to the patient care activities of residents.
- c. All clinical pathology interpretations rendered by residents must be reviewed and counter signed by the attending pathologist.
- d. The attending pathologist must assure that the resident uses the systems in place to identify unusual cases since these are an important component of the training experience.
- e. When a resident is on the Junior Laboratory Director rotation the attending is to be readily available for consultation.

3. Anatomical pathology:

- a. Each anatomical pathology rotation will – should the general guidelines above and the and guidelines below be insufficient – develop its own supervision guidelines and communicate the same to the resident prior to the resident assuming any patient care activity
- b. The attending pathologist must provide the resident – based on PGY level and competency – sufficient time to not only pre-review but also render a diagnosis and/or differential diagnosis on all microscopic slides that the resident is assigned to review and to sign out all cases with the resident over at least a double-headed microscope.
- c. For senior residents – as part of progressive responsibility - the attending pathologist and resident may mutually agree on certain cases that the pathologist will sign out alone (after the resident has pre-reviewed and rendered a written diagnosis) with the understanding that the attending pathologist will give feedback plus personal sign out review on cases in which the resident and pathologist diagnosis are discordant.
- d. On 'biggs' rotations the attending pathologist must assure that the resident signs out all cases they grossed – and such cases should take priority. It is not necessary that all cases that the resident did not gross be assigned to

the resident for sign out. In particular fellows should not assume responsibility independent of the resident for cases that the resident grossed

- e. All operating room consultations:
 - i. Must be reviewed and approved by the attending pathologist prior to any diagnosis being rendered verbally or electronically to the attending clinician.
 - ii. It is the attending pathologist's responsibility to be sure that the resident has competence in preparing frozen sections prior to assigning this responsibility to them.
 - f. The attending pathologist is to comply with all work-load guidelines approved by the Residency Committee – particularly any defined for PGY-1 residents as they start a new and unfamiliar and often heavy rotation.
4. The attending pathologist should communicate with a Chief Resident or Program Director should any special circumstances arise that are of concern regarding the patient care competence of a particular resident or their professionalism. Such should occur only after the attending pathologist has made a good faith effort to assist the resident. Faculty and rotation directors are not to discipline residents since this is the role of the program director.

Responsibilities of Resident:

1. General

- a. The resident is at all times to behave in a professional manner in their interactions with the attending pathologist and all technical and clerical support staff.
- b. The resident should communicate with a Chief Resident or the Program Director should any attending pathologist or support staff person treat them in an unprofessional manner.
- c. The resident is expected to be 'on time' for all scheduled assignments and to be available via pager during regular work hours and when on call. If a particular assignment cannot be met, if the resident will be late or if the resident needs to leave early prior to work being completed or pending then the resident must inform the attending pathologist of the same.
- d. When there is a need to 'hand-over' patient care responsibility to another resident or an attending then the resident who is 'handing over' the patient care responsibility is responsible for assuring that this is done properly and that indeed another resident or attending knows that they have assumed responsibility for the patient.
- e. When on call residents must be available via pager and be able to be on-site in a timely manner as needed.
- f. The resident is expected to perform at their best in handling the assigned work load in cooperation with the attending pathologist as per the attending pathologist expectations described above. If a work load assignment is overwhelming or cannot be completed in the expected time and within ACGME duty hour requirements then the resident must

communicate with the attending pathologist to resolve the situation. If this is not successful then the resident should communicate with a Chief Resident or the program Director.

- g. The resident must understand that the primary responsibility for each patient care activity rests with the attending pathologist.
- h. The resident is not to provide patient care for any patient nor handle any patient specimen for which they have not been appropriately educated and trained or for which they consider that they lack the appropriate competency to manage. The resident is to hold patient safety at all times as the priority and not their individual desire to function independently or to satisfy the attending pathologist, fellows or support staff.
- i. The resident must inform a Chief Resident or the Program Director if at any time they consider that they do not have sufficient supervision from or access to the attending pathologist.
- j. While the support and guidance provided by technical staff, technical supervisors, more senior residents and fellows is invaluable and greatly appreciated the primary supervision and teaching of the resident is the responsibility of the attending pathologist.
- k. The resident must know the duty hour requirements of the ACGME and comply at all times with the same. They have been established to ensure that residents are not at risk for fatigue that might impact patient safety and quality of care.
- l. Residents must be aware of the policies and procedures for supervision on a particular rotation if they are beyond this policy.

2. In clinical pathology:

- a. The resident is to be aware of their responsibilities on each rotation
- b. The resident must use the systems in place to identify unusual cases.
- c. No interpretative information on a clinical pathology test or panel must be communicated to the clinician without the prior review by the attending pathologist.
- d. When on the Junior Laboratory Director rotation for senior residents the resident must communicate all interpretations to the attending pathologist for review.
- e. Any notations made on a patient chart are to be counter-signed by the attending within 24 hours or on the next work day if a weekend or holiday.

3. In anatomical pathology:

- a. The resident is to be aware of their responsibilities for each rotation
- b. The resident is to pre-review all microscopic slides and render a diagnosis or differential diagnosis on all cases assigned to them prior to sign out of the case with the attending pathologist. This will include the case being written up as if it were a working draft for sign-out.
- c. The resident is to communicate with the Rotation Director, a Chief Resident or the Program Director if the pre-review practice is consistently violated by an attending pathologist or a rotation.

- d. The resident is to pre-review and follow through on all cases all cases that they grossed but – in collaboration with the attending pathologist – might not need to sign out all cases they did not gross.
- e. Operating room consultation and frozen section diagnoses are not to be communicated to the attending clinician prior to appropriate review and approval by the attending pathologist.
 - i. The resident may prepare – provided they are competent - pre-review material and come to an independent diagnosis but all findings must be confirmed by the attending pathologist. Critical gross examination must be reviewed by the pathologist prior to any dissection or sectioning that will hinder accurate gross assessment or sampling by the attending pathologist.

Progressive Responsibility

Progressive responsibility is a necessary and required program objective. It is defined as providing individual residents with the opportunity to render an independent diagnosis or opinion based - on their individual level of established competence, PGY status and the particular clinical circumstance – prior to the final diagnosis being made by the attending pathologist.

Examples of progressive responsibility include:

- a. **Each rotation will provide goals and objectives according to PGY year that indicate progressive responsibility.**
- b. Senior elective rotations designed to provide an enhanced experience different from the routine rotation.
- c. Review of cases with diagnosis being rendered and cases being forwarded to attending pathologist with feedback and combined review of discordant findings.
- d. Senior residents serving as a ‘first-line’ resource for junior residents such as guidance in grossing specimens and on-call consultation.
- e. The Junior Laboratory Director rotation in the senior year gives the resident an experience of first-line exposure to the wide-range of daily events involved in running a clinical laboratory.

On Call

Responsibility of Division Chief and Attending Pathologist

1. It is the responsibility of the Division Chief to assure that there is an attending pathologist on call at all times.
2. It is the responsibility of the rotation director to address faculty concerns about the on-call performance of residents.
3. It is the responsibility of the attending pathologist on call to:
 - a. Be always accessible and to respond to any calls in a timely manner.
 - b. To be available to be on site as necessary.
 - c. To review the on call decisions as part of the next working day schedule
 - d. To arrange for and communicate to the on call resident any change in on call coverage

Responsibility of Chief Residents and Resident

1. It is the responsibility of the Chief Residents to assure that there is a resident on call at all times for all on-call designated services
2. It is the responsibility of the on call resident to:
 - a. Be available at all times and to respond to any call in a timely manner
 - b. To consult with the attending pathologist on all cases
 - c. Not make any interpretative decisions for which they are not competent
 - d. Report all on call events to the attending on the next work day.
 - e. Inform the chief of service and the chief resident if the on-call pathologist is not accessible or does not respond in a timely manner such that patient care decisions by the clinician are delayed.