

Resident Supervision Policy

Purpose: This policy delineates the extent of staff supervision for pathology residents.

1. Three levels of staff supervision are used to allow residents to assume increasing levels of clinical responsibility.
 - a. Direct Supervision (DS): This level of supervision means that the supervising provider is present with the resident during the procedure. For cognitive tasks such as case sign-out this means that the staff and resident are sitting together at the microscope. For technical procedures such as grossing, autopsy dissection and fine needle aspirations, the supervising provider is present in the room with the resident and can provide verbal guidance or assume direct physical control of the procedure.
 - b. Indirect Supervision With Direct Supervision Immediately Available (ISDI): This level of supervision means that the supervising provider is able to supervise physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision. This may require the staff to go to the site of the procedure (e.g., autopsy or apheresis), or the resident may need to meet in the staff's office (e.g., to review a case).
 - c. Indirect Supervision with Direct Supervision Available (ISDA): This level of supervision means that the supervising provider 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.
2. SAUSHEC Pathology resident job description: SAUSHEC Pathology residents are physicians in training in a four year Anatomic and Clinical Pathology residency. The residents are involved in anatomic and clinical pathology-related patient care that is similar among the year levels but differs in the level of expectation and supervision requirements. Residents are not privileged by the hospital to sign-out anatomic pathology cases. Final sign-out responsibility rests with the staff pathologist. Diagnoses based on intraoperative consultation or based on the gross findings of fresh specimens are also the responsibility of the staff pathologist. Instances in anatomic pathology where all residents must immediately communicate with staff include intraoperative consultations, a clinician request for fine needle aspiration or specimen adequacy, a gross evaluation of a fresh renal biopsy, or an urgent autopsy request. Instances in clinical pathology where all residents must communicate immediately with staff include a request for apheresis, the possibility of a hemolytic transfusion reaction, or increased blasts on a smear or on a flow cytometry analysis that could indicate acute leukemia. As with anatomic pathology, residents are not permitted to make a final sign-out of cases in clinical pathology. When a resident on an anatomic or clinical pathology rotation, or on call, transitions care to another pathology resident or pathology staff, there needs to be clear understanding of the transfer of responsibility for the patient care activity accomplished by a face to face or

telephonic discussion of the situation, background, assessment, and recommendation for the case.

3. In order to progress in authority and responsibility, PGY-1 residents undergo DS during the first three procedures they satisfactorily perform in their various rotations including apheresis, autopsies, gross dissection of surgical pathology specimens (by organ system), and frozen sections. PGY-1 residents are expected to progress to indirect supervision with direct supervision immediately available (ISDI). As a resident transitions to the intermediate level and the final years of education, the need for progressive authority dictates that the resident be allowed to assume a greater role in the immediate decision making surrounding the handling of cases in anatomic and clinical pathology and therefore transition through ISDI to ISDA. This authority allows residents to write up clinical and anatomic pathology cases and present them in a form that they determine is ready for staff review and sign-out. Residents are encouraged to seek staff or senior resident or pathology assistant input if they have questions about the handling of cases. Residents are critiqued quarterly by the SAUSHEC Pathology Residency Competency Committee and residents are granted the right to be indirectly supervised by demonstrating steady acceptable progress in their rotations. The Competency Committee will flag an underachieving resident and their revised supervision status will be communicated to staff.
4. The SAUSHEC Pathology Residency Competency Committee, after review of resident performance, verifies competence to proceed to the next level of training. There are three expectation levels with regards to supervision: PGY-3 or greater residents are generally expected to perform as “residents in their final years of education”, PGY-2 residents are expected to perform as “intermediate level” residents, and PGY-1 residents are “beginners or novices”. Progression to the next level of supervision is based on the demonstration of competent performance and not solely based on year level.
5. PGY-1 residents are not allowed to take Home call and always have at least ISDI. PGY-1 residents must be directly supervised during the performance of, at least, his or her three initial procedures and verified to have been done competently in the following areas: autopsies (complete or limited), gross dissection of surgical pathology specimens by organ system, frozen sections, apheresis. PGY-1 residents must maintain a logbook of these initial procedures and the documentation of each of these activities must be signed off by the Program Director or Associate Program Director. PGY-1 residents assume gradual responsibility for call issues as they learn from their colleagues handling of issues as presented at weekly call rounds, and by several weeks of call where they handle evening call issues and supervised by staff or senior level residents during their duties.
6. A PGY-3, PGY-4, pathology assistant, cytology fellow, or staff pathologist may directly supervise PGY-1 or PGY-2 residents in the performance of gross dissections of surgical specimens or autopsies after a review of performance by the program’s Competency Committee certifies they are competent and ready for both conditional independence and competent to supervise. PGY-3 and PGY-4 residents also have a critical role in supervising PGY-1 and PGY-2 residents in the preparation of clinical pathology cases such as hemoglobin electrophoresis, transfusion reactions, and bone marrow reports.

7. A PGY-3, PGY-4, cytology fellow, or staff pathologist may directly supervise PGY-1 residents in the performance of apheresis procedures.
8. A cytology fellow or staff pathologist must directly supervise residents in all year groups for fine needle aspiration procedures.
9. “PGY” refers to year in pathology training as opposed to actual post graduate educational year. For example, if a new pathology resident is board certified in another specialty, such as Internal Medicine, they are still considered PGY-1 for pathology supervision and call purposes.
10. The table below summarizes the level of resident supervision for the cognitive tasks and technical procedures that have a direct or indirect impact on patient care. The overlap in supervision-type boxes is a reflection of individual residents’ progression in ability and is meant as a general guide.

Task	PY1	PY2	PY3	PY4	Comments
Surgical Pathology Grossing	DS				Residents are expected to be able transition to ISDI at the end of 2 nd , or start of 3 rd , month of SP Senior residents can provide DS for PGY-1 residents
Surgical Pathology and Autopsy Sign-out	DS				DS for sign-out means sitting with staff.
				ISDI	
Intra-operative Consultation	DS				Transition to ISDI is expected to occur early in PGY-3.
				ISDI	
Autopsy Dissection	DS				Residents should be able to dissect with ISDI after completing their PGY-1 2 month autopsy rotation.
				ISDI	
Fine Needle Aspiration	DS				
Apheresis	DS				
				ISDI	
Clinical Pathology Consultation	DS				Examples include transfusion reaction work-ups, SPEP, variant hemoglobin interpretation.
				ISDI	
				ISDA	

DS – Direct Supervision

ISDI – Indirect Supervision with Direct Supervision *Immediately* Available

ISDA – Indirect Supervision with Direct Supervision Available