

PATHOLOGY RESIDENCY PROGRAM POLICIES

ELIGIBILITY FOR PROGRAM

Elements for application

The Pathology Residency Program at Vanderbilt University Medical Center considers for training graduate physicians from US or Canadian medical schools accredited by the Liaison Committee on Medical Education (LCME), graduate physicians from US osteopathic schools accredited by the American Osteopathic Association (AOA) and other non-US/Canadian medical graduates who are currently certified by the Educational Commission for Foreign Medical Graduates (ECFMG), or who have completed a Fifth Pathway Program through an LCME-accredited medical school, or who otherwise hold and maintain a full and unrestricted license to practice medicine in the State of Tennessee. Applicants anticipating graduation (generally before July 1 of the year in which training is to commence) from LCME-accredited US or Canadian medical schools or AOA-accredited US osteopathic schools will be considered eligible applicants. No other anticipated credentials will be accepted. When an applicant is considered eligible on the basis of anticipated graduation as specified above, proof of graduation must be provided before training may begin. Failure to provide proof of graduation may result in withdrawal of offer of contract.

A Complete Application to the Pathology Residency Program for PGY1 positions must be received through the Electronic Residency Application Service (ERAS), sponsored by the Association of American Medical Colleges (AAMC), and must include proof of current eligibility as an applicant, a personal statement, USMLE Step 1 score or COMLEX Step 1 score, no fewer than two letters of recommendation and a separate Dean's letter (Medical Student Performance Evaluation MSPE). All applicants are required to register and seek positions through the National Residency Matching Program (NRMP), and to abide by the rules of that Program. Applications for positions beyond the PGY1 year will be considered only from eligible applicants who demonstrate previous training in a Pathology Residency Program accredited at the time of the previous training by the Accreditation Council for Graduate Medical Education (ACGME). Applications for positions beyond the PGY1 year must provide from previous Program Director(s) competency-based assessment of the applicant's graduate medical educational experiences, and full disclosure of performance in previous pathology rotations. It is the responsibility of the applicant to release the previous Program Director(s) from all liability for disclosure of this information.

Final offer of a contract by Vanderbilt University Medical Center is also dependent upon the performance of a criminal background check, for which permission must be given by the trainee.

Residents are selected from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, integrity and motivation for a career in pathology.

The Program does not discriminate in its selection with regard to sex, race, age, religion, color, national origin, disability, veteran status or sexual orientation.

J1 Visa applicants must include a copy of DS-2019 and Visa status.

Job/Appointment Type

The Pathology trainees will be appointed as Clinical Residents.

Visa Requirements

The Pathology Residency Program does not offer H1-B visa sponsorship, subject to applicable laws, restrictions, and conditions relating to this visa type. Other conditions and restrictions applicable to visas are referenced in the VUMC House Staff Manual, found here: <https://www.vumc.org/gme/house-staff-manual>.

ADDITIONAL BENEFITS

Educational Stipend – The Department of Pathology, Microbiology and Immunology provides to Residents the use of a pager system, use of a microscope, \$800.00 annual professional fund, and support to attend one national meeting per year for presentation of research.

At the start of the academic year, each Resident will be allotted professional funds to be used toward the purchase of textbooks, journals, other reference materials in printed or electronic formats and pathology professional membership dues. Computer hardware, online subscriptions, licensing fees, Board fees and travel are not reimbursable from this fund. Residents will be allotted \$800 annually. These funds must be spent during the academic year in which they are allotted, as institutional budgetary policies regarding the operating budget do not allow for funds to be carried over from one year to the next. Funds do not carry over beyond the completion of Residency training.

All requests for use of professional funds must go through the Program Manager; orders placed via other means may not be eligible for reimbursement. All requests are contingent upon the availability of adequate funds; all orders are final, and the total cost will be deducted from the Resident's professional fund.

House Staff must also comply with other applicable VUMC policies, as applicable, including without limitation, the VUMC Finance Policies relating to Travel and Employee Reimbursement, Travel and Entertainment Card, and Travel/Workshop Funds.

ADVANCEMENT

Advancement to the next level or completion of the Program is predicated upon competent performance during each phase of the Program as assessed by the Clinical Competencies Committee. Evaluations and other written documentation in a Resident's portfolio will be used to determine whether a House Staff remains in good status and advances, or if a performance improvement plan or corrective action is recommended or under consideration. The House Staff must meet the goals and objectives for each rotation they have completed. Failure to meet the stated goals and objectives of any rotation may result in a performance improvement plan, protective action, and the need to repeat or remediate the rotation, or other action, consistent with House Staff Manual policies.

The Clinical Competency Committee is composed of a range of educators chosen for their demonstrated ability to provide constructive feedback about Resident progress in the full range of training disciplines. The CCC will evaluate Resident progress twice yearly on a scale of Core Competency-based Milestones adopted for all Pathology Programs by the ACGME Review Committee for Pathology. Residents perform an independent self-assessment using the same Milestones simultaneous with the Clinical Competency Committee assessment. The Clinical Competency Committee may recommend to the Program

Evaluation Committee remediation, change of Program track or other measures on the basis of its assessment.

More information regarding House Staff advancement, promotion, and contract renewal may be found in the VUMC House Staff Manual.

GOALS AND OBJECTIVES

Goals and objectives for this Program can be found at the following weblink:
<https://www.vumc.org/pmi-residents/residency-program>

RESEARCH

Pathology Residents are encouraged to participate in research during Residency.

EVALUATIONS

Evaluations will be conducted according to and subject to the policies set forth in the VUMC House Staff Manual, found at the VUMC GME site: <https://www.vumc.org/gme/house-staff-manual>. In accordance with the guidelines described in the Graduate Medical Education House Staff Manual, the Residency Training Program has developed procedures for evaluation of the performance of Residents and procedures to deal with unsatisfactory academic performance and/or other conduct. Please refer to the House Staff Manual for a complete description of VUMC policies and procedures with regard to evaluation and disciplinary action.

Evaluation of Residents by Rotation Director

Residents are evaluated for each rotation by the respective Rotation Director, using the web-based Residency management Program, New Innovations. The evaluation addresses whether or not the Resident has achieved the goals of the rotation in terms of knowledge, skills and professionalism. As a matter of routine, the Rotation Directors discuss evaluations with Residents, but this is not mandatory protocol; however, the Program Director discusses problems or especially outstanding evaluations with the Resident. All evaluations are reviewed by the Program Director prior to their official filing in the Resident portfolio. Residents may request to review their portfolio at any time by contacting the Program Manager.

Evaluation of Rotations by Residents

Residents must complete the Pathology House Staff Rotation Evaluation Form for each rotation, also using New Innovations. These evaluations are totally anonymous and are annually provided to the Program Evaluation Committee for review. Training credit for rotations is contingent upon completion of these evaluations. Residents are also asked to complete an evaluation of the Residency Program, as a whole, on an annual basis.

Evaluation of Teaching Faculty by Residents

Residents are also asked to annually complete the Anonymous House Staff Evaluation of Faculty using New Innovations for each faculty member with whom they have worked during the academic year. These evaluations are also totally anonymous and are reviewed by the Program Director and Chair.

Annual 360° Evaluation of Residents

In order to monitor professional conduct in their interactions with other Residents and members of the support staff, an evaluation form is circulated annually mid-year so that the professional conduct of each Resident can be assessed by fellow Residents as well as by a number of support personnel in laboratory sections where there is close interaction with Residents. The anonymized results are tabulated for discussion with the midyear performance review with the Program Director.

Bi-Annual “Six Month” Evaluations Incorporating Milestones of Residents

In addition to the rotation evaluations, Residents are evaluated bi-annually (generally, every six months), by performing a self-assessment using the Pathology Milestones, as adopted by the Review Committee for Pathology at ACGME. Blind to and independent from the self-assessment, the Clinical Competency Committee reviews all available materials for each Resident, and performs a similar review of the Pathology Milestones for each Resident. When all self-assessments and Clinical Competency Committee assessments are collated, a private meeting is conducted for each Resident with the Program Director and the Associate Program Director, during which his/her academic progress and performance, future career plans and personal well-being are discussed. In areas where proficiency has not been adequate, Residents will be given specific advice as to how these areas may be strengthened, including possible periodic monitoring of such improvement by a faculty member. Areas of deficiency and strength will be made known to the Resident during these evaluation sessions. Residents are encouraged to seek additional meetings as needed or requested.

Annual Evaluation of Program by Faculty

Each year, faculty are asked anonymously to assess the strengths, weaknesses, opportunities and threats to the Program, to assess the way that time is allocated to different rotations, and to address the preparedness of incoming and graduating trainees.

Annual Evaluation of Program by Residents

Residents annually complete an Anonymous Resident Evaluation of the Pathology Residency Training Program, in the New Innovations system, as well as the anonymous ACGME Resident Survey. The results of the Surveys are reviewed and are the basis of focus group investigations to more specifically understand any matters that arise that can help to improve the Program.

OVERALL SUPERVISION

The Program commits to providing supervision and oversight that is structured to provide House Staff with progressively increasing responsibility and autonomy commensurate with their level of education, ability and experience, together with an assessment of patient complexity. Supervision may be provided by an Attending physician or by a senior House Staff or Fellow who has been determined able to carry out the task, procedure, or encounter under indirect supervision. At all times, there must be a Supervising Attending with at least oversight supervision. This Attending is responsible for the levels of supervision assigned to each member of the team.

The Program Director in conjunction with the program's faculty members shall make determinations on advancement of House Staff to positions of higher responsibility and readiness for a supervisory role in patient care through assessments of competencies.

Levels of supervision are defined using the following classification of supervision:

1. Direct Supervision: The supervising physician is physically present with the house staff during the key portions of the patient interaction. PGY-1 residents must initially be supervised directly; direct supervision is then lifted once the supervising physician completes the initial training session as well as three successful fine needle aspirations. The trainee cannot render a preliminary diagnosis without direct supervision.
2. Indirect Supervision: the supervising physician is not providing physical supervision but is immediately available to the house staff for guidance and is available to provide appropriate direct supervision Refer to the section "Procedural/Surgical Supervision" for supervision policy related to procedures or operations. Indirect supervision includes the performance of fine needle aspirations after the trainee has been successfully trained.
3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. Oversight may occur when feedback is required regarding performance of fine needle aspirations.

Interpretation of any of the above terms 1-3 must be referred to the ACGME DIO if there are questions.

Identification of Supervising Physician:

House Staff must be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation and must be able to access their contact information via the Synergy online application. For the performance of fine needle aspirations, attendings on the cytopathology services as well as the fellow are available as supervising physicians. Both House Staff and attending physicians will inform each of their patients of their respective role in the patient's care.

Supervision by Faculty:

Faculty members functioning as supervising physicians must delegate portions of care to House Staff based on the needs of the patient and skills of the House Staff. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each House Staff and to delegate to the House Staff the appropriate level of patient care authority and responsibility.

Supervision of Admissions:

All patients will be admitted by a member of the Medical Staff or Professional Staff with admitted privileges. The acceptance of a patient for treatment, including all related decisions, is the responsibility of the attending physician.

Required Attending Contact:

Situations for which an Attending must be contacted directly for each rotation include:

Autopsy

- When any autopsy is to be performed, after contacting clinical team.
- When a death is discovered to be reportable to the Medical Examiner.
- When there is a finding that cannot be adequately represented photographically or histologically.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative, or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When findings are discovered that require significant deviation from standard dissection protocols.
- When limitations on the autopsy accidentally have been exceeded.
- When electron microscopy, molecular genetics, immunohistochemistry or special stains are ordered.
- When a possible specimen loss or misidentification has occurred.

Autopsy Charge

- When any autopsy is to be performed, after contacting clinical team.
- When a death is discovered to be reportable to the Medical Examiner.
- When there is a finding that cannot be adequately represented photographically or histologically.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When findings are discovered that require significant deviation from standard dissection protocols.
- When limitations on the autopsy accidentally have been exceeded.
- When electron microscopy, molecular genetics, immunohistochemistry or special stains are ordered.
- When a possible specimen loss or misidentification has occurred.

Blood Banking

- When an emergent red blood cell exchange is requested by a clinical team.
- When contacted by an upset clinician.
- When a patient undergoing a TM procedure requires an escalation in care.
- For WBIT (wrong blood in tube).
- For mistransfusion (wrong blood to wrong patient).
- For prolonged (>12h) inventory shortages.
- For any patient death possibly related to transfusion.
- For MTP >10 coolers.
- For suspected TRALI (transfusion related acute lung injury).

For any situation where the resident is uncomfortable making decisions alone.

Bone Marrow/Hematopathology Tissues

- When the resident/fellow is called to look at a peripheral blood smear for blasts (>5%) on a new patient and he/she is unsure if they are blasts or if there is a possibility that the patient has acute promyelocytic leukemia.
- Before the clinical team starts preparations for therapy for a new diagnosis of leukemia, lymphoma, or metastatic tumor in a bone marrow.
- When there is contact by an attorney, a relative, or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When a possible specimen loss or misidentification has occurred.

Clinical Chemistry

- When there is an urgent need to sign out or modify a report.
- To discuss off-hours test requests (HbS, Amino Acid, Immunosuppressive) after collecting all necessary supporting information.
- When a critical value for a clinic patient is received by a Resident on-call after the clinic had already closed and unable to reach the licensed ordering provider.

Coagulation

- When any test is requested outside of the standard testing schedule (e.g. urgent factor activities overnight, antiphospholipid antibody testing)
- When a clinician requests help with complex interpretation of testing urgently
- When there is contact by an attorney, a relative, or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When a possible specimen loss or misidentification has occurred.

Cytopathology (VA)

- For all fine needle aspirations and other preliminary diagnoses.
- For decisions regarding flow cytometry on lymphoid specimens
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative, or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When a possible specimen loss or misidentification has occurred.
- When a patient or family member contacts the lab/Resident directly.
- When cytologic evaluation reveals a finding with urgent clinical implications, or which differs substantially from the original clinical indication for the operation.
- Any time the Resident is unsure how to proceed, and no one in the vicinity has the skills or expertise to assist.

Cytopathology (VUMC)

- After an FNA has been performed by the Resident (may also notify Fellow as the Residents cannot sign out preliminary diagnoses).
- When the Resident has decided that an FNA is not indicated. (may also notify Fellow).
- Immediately when there has been any complication during a fine needle aspiration procedure.
- Before ordering immunostains, special stains, molecular genetic testing or the specimen needs to be triaged for flow cytometry.

- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When a possible specimen loss or misidentification has occurred.

Dermatopathology (VA)

- For all preliminary diagnoses.
- When findings are discovered that have urgent clinical implications, or which differ substantially from the original clinical indication for the procedure.
- When findings are discovered that require significant deviation from standard protocols.
- When there is a gross finding that cannot be adequately represented photographically or histologically.
- When a possible specimen loss or misidentification has occurred.
- When there is contact by an upset clinician or an urgent clinical question that the Resident feels uncomfortable addressing.
- Before electron microscopy is ordered.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a patient or relative, or any party not secured by HIPAA requesting information.
- Any time the Resident is unsure how to proceed, and no one in the vicinity has the skills or expertise to assist.

Germline Next Generation Sequencing

- When there is contact by an attorney, a relative, or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When a possible specimen loss or misidentification has occurred.
- When a preliminary or final diagnosis is requested.
- When unusual results are observed, and the Resident is unsure how to troubleshoot the situation to avoid delays in repeat testing.
- When there may be a conflict involving the Resident and another laboratory professional.
- When the Resident is unsure how to process a unique laboratory specimen.
- When important data processing systems unexpectedly fail.

Molecular Diagnostics

- When there is contact by an attorney, a relative, or any party not secured by HIPAA who is requesting information.
- When there is contact by an upset clinician or pathologist.
- When a possible specimen misidentification or swap is suspected.
- When a preliminary or final diagnosis is requested.
- When unusual results are observed and the resident is unsure how to troubleshoot the situation to avoid delay in repeat testing.
- When there is a conflict involving the resident and another laboratory professional.
- When the resident is unsure how to process or store a unique laboratory specimen.
- When there is a laboratory error or instrument failure involving unique patient specimens.

Myeloid Next Generation Sequencing

- When there is contact by an attorney, a relative, or any party not secured by HIPAA who is requesting information.
- When there is contact by an upset clinician or pathologist.
- When a possible specimen misidentification or swap is suspected.
- When a preliminary or final diagnosis is requested.
- When unusual results are observed and the resident is unsure how to troubleshoot the situation to avoid delay in repeat testing.
- When there is a conflict involving the resident and another laboratory professional.
- When the resident is unsure how to process or store a unique laboratory specimen.
- When there is a laboratory error or instrument failure involving unique patient specimens.

Neuropathology

- When notified of any intraoperative consultations.
- Before undertaking any autopsy or brain biopsy in which prion disease is in the differential diagnosis.
- Prior to grossing muscle biopsy specimens, hippocampectomies, globes, and any unusual or uncommon specimen.
- When electron microscopy, molecular genetics, immunohistochemistry or special stains are ordered.
- When there is contact by an upset clinician.
- When there is contact by an attorney, a relative or any party not secured by HIPAA requesting information.
- When a possible specimen loss or misidentification has occurred.

Pediatric Pathology

- When a pediatric frozen is anticipated and/or has arrived to the gross room.
- When a new pediatric tumor (solid or hematolymphoid) has arrived to the gross room.
- When a fetus (or fetal tissue) has arrived to the gross room without proper requisition forms.
- When notified about a pediatric autopsy from decedent affairs and/or autopsy team.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative, or any party not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When a possible specimen loss or misidentification has occurred.

Renal Pathology

- When notified of any incoming frozen section assessment request.
- When a clinician requests stat after hours processing.
- When a preliminary or final diagnosis is requested by any clinician.

Surgical Pathology (VA)

- For all frozen sections and other preliminary diagnoses.
- When findings are discovered that have urgent clinical implications, or which differ substantially from the original clinical indication for the procedure.

- When findings are discovered that require significant deviation from standard protocols.
- When there is a gross finding that cannot be adequately represented photographically or histologically.
- When a possible specimen loss or misidentification has occurred.
- When there is contact by an upset clinician or an urgent clinical question that the Resident feels uncomfortable addressing.
- Before electron microscopy is ordered.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a patient or relative, or any party not secured by HIPAA requesting information.
- Any time the Resident is unsure how to proceed, and no one in the vicinity has the skills or expertise to assist.

Introduction to Surgical Pathology (VUMC)

- When there is a finding that cannot be adequately represented photographically or histologically.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative or any party who is not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When findings are discovered that require significant deviation from standard dissection protocols.
- Before EM is ordered.
- When a possible specimen loss or misidentification has occurred.
- When a patient or family member contacts the lab/Resident directly.
- When dissection specimen reveals a finding with urgent clinical implications or which differs substantially from the original clinical indication for the operation.
- Any time the Resident is unsure how to proceed, and no one in the vicinity has the skills or expertise to assist.

Surgical Pathology (VUMC)

- When there is a finding that cannot be adequately represented photographically or histologically.
- When an unexpected health or safety hazard is identified.
- When there is contact by an attorney, a relative, or any party who is not secured by HIPAA requesting information.
- When there is contact by an upset clinician.
- When findings are discovered that require significant deviation from standard dissection protocols.
- Before EM is ordered.
- When a possible specimen loss or misidentification has occurred.
- When a patient or family member contacts the lab/Resident directly.
- When dissection specimen reveals a finding with urgent clinical implications or which differs substantially from the original clinical indication for the operation.
- Any time the Resident is unsure how to proceed, and no one in the vicinity has the skills or expertise to assist.

PROCEDURAL SUPERVISION

House Staff will require supervision as detailed below and certification by the Program Director prior to performing any of the following procedures under indirect supervision: For the performance of fine needle aspirations, a training session as well as three successful supervised fine needle aspirations are required to be allowed to perform this procedure under indirect supervision.

- Fine Needle Aspiration procedures

Certification will be registered with the institution, and a list of House Staff who can perform the above procedures under indirect supervision will be accessible by any VUMC employee at Clinical Work Stations.

Bedside/Surgical Procedure Name (one procedure per row)	Total Repetitions (may include practice ready)	Practice-ready Ratings Prior to Certification	Supervision Level (prior to certification)	Supervision Level (once certified)
Fine Needle Aspiration	<u>3</u>	<u>3</u>	direct	indirect

CLINICAL AND EDUCATIONAL WORK HOURS

This Institutional policy regarding clinical and education work hours will be followed and can be found by accessing the VUMC House Staff Manual on the VUMC GME website:

<https://www.vumc.org/gme/house-staff-manual>.

House Staff are responsible for logging hours and location into New Innovations. The PD/APD will monitor hours regularly and address any areas where hours are problematic, and implement actions that include, but are not limited to, the adjustment of rotation assignments or relief of duty. House Staff may not schedule themselves in such a way that violates clinical and education work hour policies. House Staff who have concerns about hours should contact their PD/APD and/or the GME Office.

Residents are responsible for recording clinical and educational work hours on an at least a weekly basis and entering these records into New Innovations. Submission of clinical and educational work hours is required in order to receive credit for the respective rotation.

Residents may, when necessary, exceed these limits for the following reasons:

- Required continuity for a severely ill or unstable patient
- Academic importance of the events transpiring
- Humanistic attention to the needs of a patient or family

When you have exceeded the permitted Clinical and Educational Work Hours, you will be requested to document for the Program Director the dates and times of the exceeded Clinical and Educational Work Hours, the specific rule(s) above exceeded, and the specific reason(s) from the list above that resulted in

exceeding the Clinical and Educational Work Hours limits; please complete the **Documentation for Trainees Voluntarily Remaining on Duty Beyond Scheduled Hours** and submit to the Program Director.

House Staff are responsible for reporting their clinical and educational Work hours per program requirements.

PERSONAL DAYS

For purposes of personal needs (not covered by one of the other leave categories noted in the House Staff Manual), all House Staff may schedule two (2) days of paid personal days during each academic year. These must be in addition to the required four (4) days off per twenty-eight (28) day period required by ACGME and the House Staff manual, and they must be scheduled according to Program policies. Unused personal days will not carry over to the next appointment year.

Advanced notice will be given whenever possible to facilitate scheduling of coverage using the Resident Leave Request Form at <https://redcap.link/pathresleaverequest>. In cases when this is not possible, Residents must contact the Chief Resident immediately, who will notify the Rotation Director(s), Program Director and Program Manager, as well as coordinate and communicate needed service coverage. In cases such as this, Residents must submit the Resident Leave Request Form at their earliest opportunity.

Other types of leave may be available, as outlined in the House Staff Manual. House Staff may also contact VUMC Employee and Labor Relations for other types of leave, such as medical-related leave, leave under the Family and Medical Leave Act, Tennessee Maternity Leave Act, personal leave not covered by the FMLA, leave under the Americans with Disabilities Act, military leave, jury duty, or bereavement leave. For more information, please consult with the VUMC House Staff Manual, which can be found on the VUMC Graduate Medical Education Website: <https://www.vumc.org/gme/house-staff-manual>.

LEAVE COVERAGE PROCESS

When House Staff must take leave under short notice (less than forty-eight (48) hours) for illness, healthcare, or bereavement, for example, the following process must be employed:

Contact the Chief Resident immediately via email or phone, who will notify the Rotation Director(s), Program Director and Program Manager, as well as coordinate and communicate needed service coverage.

For leaves of longer duration (e.g. longer than 5 days) or leave for which the House Staff has advance notice, House Staff must contact their Program Director. House Staff must also contact VUMC Employee and Labor Relations for other types of leave, such as medical-related leave, leave under the Family and Medical Leave Act, Tennessee Maternity Leave Act, personal leave not covered by the FMLA, leave under the Americans with Disabilities Act, military leave, jury duty, or bereavement leave. For more information, please consult with the VUMC House Staff Manual, which can be found on the VUMC Graduate Medical Education Website: <https://www.vumc.org/gme/house-staff-manual>.

While a House Staff member is on approved leave, they will not have any duties assigned and must not work (unless there has been an exception approved and documented by the DIO). Duties from which House Staff must be free include, but are not limited to, all activities related to patient care (including virtual visits or message basket maintenance) and all educational responsibilities (including virtual conferences and remote activity). Any actions, verbal or otherwise, that are meant to pressure the House Staff Member to work during approved leave will be reviewed and evaluated for consistency with this policy. The Program will implement coverage during the House Staff member's absence to ensure continuity of patient care. On return from approved leave, the House Staff member must consult with the Program Director regarding the Required Length of Training and Board requirements, where applicable, to determine whether the House Staff will need to extend training.

For information on how to manage House Staff leave during an emergency response, please also consult the House Staff Manual.

MOONLIGHTING

House Staff in the Pathology Residency Program may moonlight INTERNALLY and must adhere to the institutional moonlighting requirements as referenced in the VUMC House Staff Manual, found here: <https://www.vumc.org/gme/house-staff-manual>.

IN-SERVICE EXAM POLICY

The Pathology Resident In-Service Examination (RISE) is an annual examination sponsored by the American Society for Clinical Pathology (ASCP) and utilized by every pathology Program in the United States, as well as several non-domestic Programs. The RISE examination is now administered in mid-March to give graduating Residents valuable feedback before sitting for Board examinations as early as June. Participation is required for all Residents, as the RISE serves as a valuable mechanism for evaluation and self-assessment of Resident medical knowledge, as well as serving as an assessment of the effectiveness of Resident rotations and the Program overall.

RISE consists of three sections, Anatomic Pathology, Clinical Pathology and Special Topics. Residents in the APCP Program take all three sections. Residents in AP or APNP Programs take the Anatomic Pathology section and the Special Topics section. Residents in the CP Program take the Clinical Pathology section and the Special Topics section. Each year, the Residents are divided into two groups who take RISE on different days with coverage of key services provided by the opposite group. Residents are encouraged to do their best on all parts of the examination and to use the available time to take the examination without pressure or interruption from other duties.

Residents anticipating absence on the scheduled days of the exam must make alternative arrangements with the Program Managers as soon as a possible conflict is identified.

REQUIRED LENGTH OF TRAINING

The amount of time a House Staff can be away from Residency or Fellowship duties and still meet board requirements varies among the specialties. Specialty board requirements can be found her: https://www.abpath.org/wp-content/uploads/2023/03/ABP_BOI.pdf.

Refer to the House Staff Manual under the Section “Vacation and Leave Policy and Pay During Leave” and consult with the Program Director in order to be aware of specialty requirements and request extensions when appropriate.

House Staff are encouraged to seek education and research opportunities at a national level that will contribute to their success after leaving the Program. The Program will credit approved activities as allowable days for these purposes subject to the Required Length of Training and Board requirements, where applicable, and only upon preapproval by the Program Director for the education or research project outside the Program. To obtain credit, House Staff must initiate a written request to and obtain written approval from the Program Director before the educational or research activity commences, and the specific number of days credited must be identified in writing. In this Program, House Staff are allowed 20 days for either educational/conference or professional interview purposes. If House Staff exceed these number of days, training must be extended by the excess number of days to ensure completion of the entire educational Program. House Staff are encouraged to refer to any appropriate accreditation requirements and to consult with the Program Director if there are any questions.

All required rotations must be completed in order to complete the Program without the need for an extension of training.

TRAVEL POLICY

House Staff may travel for work-related events such as conferences, presentations, or educational events.

Travel funds are available for Residents to present their research at one annual national meeting per year, where the primary purpose of the meeting is presentation of new research. Social or political meetings and review courses are not supported. Residents appointed by the Program Director to serve as delegates to the Resident Forum of the College of American Pathologists or the Resident Council of the American Society for Clinical Pathology may attend one meeting per year for the purpose of representing the Program.

Residents requesting travel funds must be the first author and/or presenter of a paper selected for inclusion at the meeting. Residents are required to submit with the travel request the notification of acceptance of the paper or abstract, a copy of the paper or abstract including the names of all authors, and the scheduled date for the presentation of the work.

Typically, the Department will sponsor the expenses for travel of no more than two nights and three days in length (i.e. arrive the day before the presentation, depart the day following the presentation). Requests for reimbursement of travel exceeding three days must be presented to the Program Director and will be considered on an individual basis; expenses not approved by the Program Director prior to travel will be the responsibility of the traveler. Residents planning to travel to a meeting are encouraged to share hotel and transportation accommodations to the extent possible to help conserve resources. Transportation directly to and from the meeting venue, but not any side excursions will be considered for reimbursement. Attendance at professional meetings under other circumstances requires the use of vacation time and personal funds.

Poster printing services are available through the Biomedical Research, Education and Training (BRET) Office: <https://medschool.vanderbilt.edu/basic-sciences/poster-printing/poster-printing-service-instructions-for-using-our-service/>. Residents may alternatively use FedEx Kinko's and request reimbursement via Workday.

It is the responsibility of the Resident to notify all appropriate persons of travel plans and to arrange for adequate coverage for service rotations or call prior to making final travel commitments. Requests for travel to attend meetings or conferences must be approved by the Program Director and Chair no less than two months prior to the anticipated travel date.

Personal plans for travel concurrent or in addition to the sponsored travel do not exempt the traveler from observing these stated rules and procedures. Only travel to and from the work-related destination, and meals and lodging for the approved work-related stay are covered, other expenses will be considered as unreimbursed personal expenses of the traveler. No group meals will be reimbursed without prior approval.

To request use of travel funds:

1. Complete the Resident Leave Request Form at <https://redcap.link/pathresleaverequest>. Upload a copy of your written approval from the Rotation Director for your anticipated travel dates. This step helps to assure that coverage is maintained where it is needed. This leave will be "educational leave," and will not be deducted from your vacation or sick leave balances. Once these forms have been reviewed and approved by the Program Director, tentative approval will be granted or denied.
2. Complete the Resident Pre-Travel Request Authorization at <https://redcap.link/pathrestravelrequest>. Upload a copy of your accepted abstract and the conference schedule; the form will be routed to the Program Director for approval.
3. Once tentative approval is granted, you may now complete the departmental PMI Pre-Travel Request Authorization. Please complete all fields in the form and contact your Program Manager if you have any questions. You will select "Staff/Residents" as your "Category," and "Education" for the "Home Division." Residents should enter center number *CC02979* as the proposed center number to charge, and you must also upload a copy of your approved Resident Travel Request and Resident Leave Request Forms (from steps 1 and 2) as supporting documentation under "Please Upload Any Supporting Documentation." Any additional information about the travel request may be included under "Business Purpose/Justification." Once submitted, this form will be automatically routed to the Program Director and Department Chair for final approval, and you will be notified by email once a determination has been made.

Once approval is granted, you may begin making travel arrangements. To be eligible for reimbursement, travel arrangements must be made using the online booking tool, Concur, at <https://us2.concursolutions.com/home.asp> (effective July 30, 2013). Reimbursement of expenses will be managed via Workday.

Travelers must first set up a profile in the Concur travel system, with basic personal information, as well as personal credit card information.

Air reservations are to be made through Concur and will be charged to the credit card on file in the profile. Hotel reservations should be made through Concur unless lower rates for accommodations are available by other means (e.g., conference room block rates), these may be booked directly by the traveler. Registration fees must be paid directly by the traveler using a personal credit card.

To be reimbursed for the following reasonable expenses incurred while traveling on approved trips, travelers must provide receipts and/or appropriate documentation:

- Airfare - Reservations must be made through Concur, otherwise the expense will not be reimbursed
- Lodging
- Registration Fees
- Abstract Submission Fees
- Poster Printing Fees
- Meals: Travelers will be reimbursed for expenses for food on the basis of actual reasonable expenses incurred, such that no single meal will exceed \$25.00 and no single daily total will exceed \$75.00. Original, itemized receipts are required (not just the slip with the total and tip); alcoholic beverages will not be reimbursed.
- Mileage: Mileage will be reimbursed at the current VUMC allowable amount. When traveling by automobile, the mileage allowance per car is permitted so long as the total expense does not exceed reasonable airfare.
- Ground Transportation: Receipts are required for all requests for reimbursement. Travel to and from the Nashville Airport is not eligible for reimbursement. No rental car expenses will be reimbursed.

Approval for work-related travel expenses must be obtained from the Program Director, in writing, in advance of incurring the expenses.

House Staff must also comply with other applicable VUMC policies, including without limitation, VUMC Finance Policies relating to Travel and Employee Reimbursement, Travel and Entertainment Card, and Travel/Workshop Funds.

To request reimbursement for travel expenses, Residents will submit an expense report in Workday.

All requests for reimbursement for travel must include an uploaded copy of the approved [PMI Travel Request Form](#).

DEPARTMENTAL LEAVE REQUESTS AND JEOPARDY

At the end of every month, the Program Manager will email all Residents to report leave taken during that month to be submit via Workday on behalf of the Residents.

Advanced notice will be given whenever possible to facilitate scheduling of coverage using the [Resident Leave Request Form](#) at <https://redcap.link/pathresleaverequest>. In cases when this is not possible, Residents must contact the Chief Resident immediately, who will notify the Rotation Director(s), Program Director and Program Manager, as well as coordinate and communicate needed service coverage. In cases such as this, Residents must submit the [Resident Leave Request Form](#) at their earliest opportunity.

Residents must request leave as described below by submitting a Resident Leave Request Form at <https://redcap.link/pathresleaverequest>. All requests will be routed to the Chief Resident and Program Director for approval. Obtain written documentation of approval from the Rotation Director and upload a copy as part of the form submission.

- Educational Leave: Educational leave may be granted at the discretion of the Program Director. Educational leave may be requested for Residents to attend approved travel, Fellowship interviews and exams. The Resident Leave Request Form should be used to request educational leave.
- Bereavement Leave: Residents will be granted leave for bereavement as required by applicable law and consistent with the VUMC Administrative Policy leave policy. The Resident Leave Request Form should be used to request bereavement leave. The Chief Resident will coordinate and communicate needed service coverage.
- Vacation: Prior to the creation of a new academic year's schedule, Residents have the option to submit specific dates for leave request to the Chief Resident. After creation of the schedule, Residents will select at least two full weeks and up to three weeks of vacation. These weeks shall consist of 5 consecutive days. The selected leave is communicated to the Chief Resident before July 1. These weeks may be scheduled on the following rotations: Autopsy (if 2 Residents on service), Blood Bank (if 2 Residents or 1 Resident/1 Fellow on service), Chemistry (no coverage required), Coagulation (if 2 Residents or 1 Resident/1 Fellow on service), Cytogenetics (no coverage required), VUMC Cytology (if 2 Residents on service), Dermatopathology at 100 Oaks, Forensics, Immunopathology, Microbiology/MIDL (no coverage required), Molecular Diagnostics (if Fellow on service), Neuropathology (no coverage required), Pediatric Pathology (no coverage required), Renal/EM (no coverage required), Research (no coverage required), Surgical Pathology at VUH (if 4 Residents on service; 3 required for Saturday grossing).

Two Residents rotating on a service which requires coverage must not schedule vacation on the same week. Similarly, a Resident and a Fellow covering a service which requires coverage must not schedule vacation on the same week. To avoid this, communicate early with those on your rotation to coordinate vacation. Once requests have been approved by the Chief Resident, the Resident remains responsible for notifying the Rotation Director and Attending on service about the scheduled vacation. This must be done with at least 28 days' notice, but does not require use of the Resident Leave Request Form.

The remaining vacation days will be scheduled flexibly with at least 28 days' notice using the Resident Leave Request Form. These requests can be used in any increment of 1-5 days. The above listed rotations are available for leave, in addition to the following rotations: Blood Bank (1 Resident on service), Charge, , Coagulation (1 Resident on service), VUMC Cytology (1 Resident on service). The following days of leave may be requested: Blood bank (2), Charge (2), Coagulation (2), VUMC Cytology (5).

JEOPARDY COVERAGE SYSTEM

Jeopardy Residents will cover Sick, Bereavement, and educational leave for rotations that require coverage: Autopsy (requires 1 Resident), Blood Bank (requires 1 Resident or Fellow), Coagulation (requires 1 Resident), Cytology (backup FNA coverage, requires 1 Resident),

Bone Marrow 1, Bone Marrow 2, Heme Tissues, Surgical Pathology at VUH (grossing coverage, requires 3Residents), VA Surgical Pathology, VA Dermatopathology, VA Cytology.

For each 4-week block, two Jeopardy groups will be created, which designates the residents eligible to provide coverage.

Group 1 will consist of: Residents on elective rotations, research rotations, and residents on required rotations that do not necessitate coverage that are completed more than once except Autopsy (currently Microbiology, Chemistry, Blood Bank, and Coagulation).

Group 2 will consist of: Residents on required rotations completed a single time that do not necessitate coverage (Molecular, Cytogenetics, Peds, Neuro, Renal, and Forensics), autopsy and charge residents. Additionally, interns will not be added to the call pool until the second half of the year (Starting in Block 8) and all graduating residents on Group 1 rotations the final six blocks of the year will be placed into Group 2.

Residents are only eligible to cover a service if they have previously completed a rotation with that service. When selecting coverage, the Chief resident will first use Group 1 residents able to cover the service. If there are no Group 1 residents eligible for coverage, or all residents in Group 1 have already provided coverage that block, then the Chief resident will move to selecting coverage from Group 2. Selection from within each pool will be at the discretion of the Chief resident, and considerations will include prior coverage provided in the academic year, the educational opportunity cost of providing coverage, the resident's seniority, and the location of the resident's rotation and the coverage rotation. This same process will be used to provide backup FNA coverage, but residents must be on main campus to be eligible and being asked to backup FNA coverage will not take residents out of the Jeopardy pool for that block.

In an instance without other known coverage requirements, coverage for a single Resident extending beyond 3 days in a single week will be split between multiple residents, with each resident covering only 3 days of the service at maximum.

In addition to the Jeopardy system utilized for coverage of daily services, there will also be a backup resident at all times for CP call. Backup CP call eligibility requirements will be the same as taking CP call (AP/CP or CP only resident that is PGY2 or above and has successfully completed both the Transfusion Medicine and Bone Marrow 1 rotations). Backup CP call will be distributed evenly throughout all the eligible residents each year and will preferentially be scheduled during call eligible rotations with minimal regular clinical responsibilities between 5PM and 7AM. Residents on backup CP call must be able to take over CP call within a reasonable time (ie, the next few hours) if the need arises during the week. If residents do have to take over call, this coverage time will be formally counted towards their overall call requirements.

The specific rotation coverage requirements and rotations eligible for vacation are a balance of rotation requirements and Resident input. These may change from year to year based on a process of feedback to the Chief Resident and Program leadership.

FATIGUE AND SLEEP DEPRIVATION

Annual training on the topics of fatigue and sleep deprivation is provided to all Residents, including a presentation by the Program Director and distribution of related handouts. Residents are educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects. Clinical and Educational Work Hours are monitored by the Program via New Innovations to ensure compliance with ACGME regulations.

If a Resident self-identifies or faculty member identifies a Resident who requires relief due to fatigue, then the Chief Resident must be contacted to arrange coverage if needed, and to help discuss options for safe transportation or sleep areas to mitigate risk of injury to the Resident.

For more information, please consult with the VUMC House Staff Manual, which can be found on the VUMC Graduate Medical Education Website: <https://www.vumc.org/gme/house-staff-manual>.

REIMBURSEMENT FOR MEALS ON CALL

The Pathology Residency Training Program does not participate in the GME Office Meal Money Policy, as Residents are not assigned to overnight in-house call. However, in the case that the Resident on call service needs to come into VUMC during off hours to address call concerns, the Resident may request reimbursement for meals up to \$15.00 in Workday. Please provide the itemized receipt to be reimbursed.

ROTATION AND CALL SCHEDULES

Rotation and Call Schedules are generated for each academic year by the Chief Resident and the Program Director, with consideration for the sizes and track compositions of incoming classes, the stated career interests of Residents, and the training requirements of each individual, as well as for the coverage needs of the various services. Prior to finalization, the schedules are reviewed by the Rotation Directors. Residents at the rising PGY2 level and above are asked to prioritize needed and desired rotations for the coming year. Senior Residents have priority as needed for completion of training. Once the schedules are finalized, requests for changes are discouraged. In the case that a request for changes must be submitted, Residents must do so as far in advance as possible, in writing to the Chief Resident, who will assess the request alongside the Program Director. After consultation with the Rotation Directors, a final decision will be rendered and Residents will be notified of any changes.

AP/CP Residents are assigned to both Autopsy and CP call. Autopsy call covers Sundays and holidays, since Saturday is considered to be a work day on Autopsy. CP call is taken during the week by the Resident on the individual CP Module. The weekend CP call is covered by the same Residents on autopsy call. AP only and CP only Resident will take call only in the respective disciplines. Call is distributed approximately as follows:

	Autopsy (weekends)	Clinical Pathology (weeks)
PGY1	none	none
PGY2	5	5

PGY3	3	3
PGY4	2	2

For any one month required rotation for which more than five days are missed, the Resident will need to complete an extra month of service in order to receive credit for the rotation.

REQUESTING AWAY ROTATIONS

The Residency Training Program offers opportunities for offsite Away Rotations in order to allow Residents to pursue in depth study of an area of special interest otherwise not offered at VUMC. Elective Away Rotations are typically one month long.

To request an Away Rotation, please schedule an appointment with the Program Director to discuss the relevance of the rotation to your career goals and to prepare a proposal for the Program Evaluation Committee. Preference will be given to proposals that advance your demonstrated career plans, for training that cannot be duplicated at Vanderbilt University Medical Center, and that specific a deliverable goal for the rotation (e.g. a research project or contribution to a publication).

After this initial discussion, please submit an email to the Program Director with a proposal including the following elements:

1. A proposed date and duration of the proposed rotation.
2. A statement of the purpose of the rotation including the activities that will be performed and any expected deliverables at the end of the rotation.
3. Goals and Objectives for the rotation, divided according to the ACGME Core Competencies: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice, and Practice-Based Learning. See existing rotations for examples of how to word these.

All requests must be received no later than March of the academic year prior to the requested rotation. The supervisor, goals and objectives of the rotation must be clearly outlined as part of the request. Additionally, note that the approval for Elective Away Rotations also requires the completion and submission of the [PMI Travel Request Form](#); all institutional travel regulations apply, in addition to departmental restrictions. All Away Rotations require approval from the Program Director and Chair.

Once the above steps have been completed approval from Graduate Medical Education must be obtained by following the policy outline in the House Staff Manual: <https://www.vumc.org/gme/house-staff-manual>. Make note of the policy's required time frames for approval and plan accordingly.

All items must be in place in advance of the away rotation. It is advised not to book airline flights or make other financial commitments related to away rotations until all parties have approved. Once the request has been approved and travel has been authorized, the Resident is responsible for making all travel and lodging arrangements as for other professional travel.

The Program will provide salary and liability insurance coverage for the duration of the rotation.

ADVANCED ELECTIVE/RESEARCH ROTATION PROPOSALS

House Staff, or groups of House Staff, may wish to use elective time to complete an advanced rotation at one of the Program's primary training sites to study a special topic in detail. In order to align expectations among the House Staff, the Supervising Attendings and the Program Administration have implemented the below requirements. It is anticipated that as such advanced rotations are proposed, documented, and implemented, future House Staff may be able to take advantage of previously proposed advanced rotations.

All proposals should contain six elements:

1. A proposed date and duration of the proposed rotation.
2. A statement of the purpose of the rotation including the activities that will be performed and any expected deliverables at the end of the rotation.
3. A brief description of any prerequisite rotations or experiences upon which the advanced rotation is being built.
4. Goals and Objectives for the rotation, divided according to the ACGME Core Competencies: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice, and Practice-Based Learning. See existing rotations for examples of how to word these.
5. A statement of the level(s) of supervision of the House Staff during the rotation (e.g. Direct Supervision, Indirect Supervision with Direct Supervision Immediately Available, Indirect Supervision with Direct Supervision Available, or Oversight) including a list of situations where the House Staff will be required to contact an Attending. For patient care, the minimum level of supervision must be Indirect Supervision with Direct Supervision Available.
6. The agreement of faculty supervisor(s) to provide the required supervision during the rotation, and a rotation evaluation to the program administration.

Provide the proposal to the Program Director at least three months before the planned start date.

CONFERENCES

Conferences represent a significant teaching venue for both faculty and Residents and are an important part of the curriculum. Considerable effort is expended by the faculty in preparation for these conferences and they are one of the best mechanisms to learn communication as well as the thought processes involved in making diagnoses. Residents also participate in the interdepartmental and intradepartmental conferences and the development of communication with clinical colleagues in both formal and informal settings becomes second nature.

Attendance by all Residents is required at all conferences, unless indicated as an excused absence below. Sign-in is required at indicated conferences*; while attendance is not managed at the other conferences, it is expected that Residents will attend these conferences as well. The required attendance rate for **each required** conference is 70%. Resident attendance rate will be reflected in the six-month evaluations and may impact applications to the American Board of Pathology.

Residents are required to participate in *Seminars in Pathology* as appropriate. Additionally, a series of lectures and seminars focused on *Medical Management/Informatics* is provided on a yearly basis during regularly scheduled conferences and at specially arranged times.

CONFERENCES

REQUIRED CONFERENCES

Surgical Pathology Unknown Conference	Weekly
Laboratory Medicine Rounds	Weekly
Anatomic Pathology Didactics (Including Resident Journal Club)	Weekly
Clinical Pathology Didactics	Weekly
Anatomic Pathology Ground Rounds	Alternate Weeks
Informatics/Laboratory Management Conference	Alternate Weeks

REQUIRED CONFERENCES ON SPECIFIC ROTATIONS

Neuropathology Gross Conference	Weekly
Renal Transplant Conference	Monthly
Renal Biopsy Conference	Monthly
Pediatric Mortality Conference	Monthly
VA Medical Mortality Conference	Weekly
VA Surgical Mortality Conference	Weekly
Laboratory Medicine Interesting Case Conference	Weekly
Hematopathology Interesting Case Conference	Weekly
Microbiology Teaching Conference	Weekly
Adult Hematology/Oncology Case Conference	Alternate weeks
Pediatric Hematology/Oncology Case Conference	Weekly
Pediatric Tumor Board	Weekly
Colposcopy Conference	Weekly

OPTIONAL CONFERENCES

Seminars in Pathology, Microbiology and Immunology	Weekly
Gynecologic Tumor Board	Weekly
Liver Transplant Conference	Variable
Solid Tumor Board	Weekly
Breast Tumor Board	Weekly
Thoracic Tumor Board	Weekly
Esophageal Tumor Board	Alternate weeks
Sarcoma Tumor Board	Weekly except first
Neuroendocrine Tumor Board	Alternate Weeks
Colorectal & IBD Conference	Weekly
Thyroid Conference	Monthly
Muscle & Nerve Pathology Conference	Weekly

GUIDELINES FOR ATTENDANCE AT REQUIRED CONFERENCES:

- Residents on the Autopsy rotation must find a judicious stopping place and the Resident must attend conference.
- Residents on the Cytology rotation must prioritize fine needle aspirations over conference attendance.

CONFERENCE PRESENTATIONS

Attendings on cases will be notified in all instances, in as timely a manner as possible, of upcoming conference presentations, and specific diagnostic findings will be agreed upon by the Resident and the attending. As in post-Residency practice, a case worked up and signed out by a Resident belongs to that Resident. If a case needs to be presented at a conference, the Resident is expected to do the presentation regardless of the current service. Every effort will be made to maximize lead time to allow for adequate preparation; the Resident is expected to be efficient in preparation and will be permitted 30 minutes – one hour to leave the current service to present the case. If on vacation, a Resident is required to arrange for a Resident colleague to present the case. In unusual circumstances, the faculty on the case may present the case.

RESIDENT PORTFOLIO

Portfolios are an important way for the Program to document active learning by Residents. Documentation of learning in a portfolio is far more valuable than documentation of opportunities to learn provided by the Program.

Required components of the portfolio:

- Current Curriculum Vitae, to be updated annually
- Items that are specified Milestone accomplishments (check these off):
 - Step 2CK and 2CS of USMLE passed
 - Participates in basic safety training
 - Step 3 of USMLE passed
 - CAP laboratory inspector training completed
 - Performs uncomplicated autopsy gross dissection within four hours
 - Full and unrestricted medical license application submitted
 - Quality improvement project completed
 - Full and unrestricted medical license obtained
 - Board-eligible/Board-certified
- Presentations
 - MS PowerPoint outline or handout/ overhead projection material
 - List of conferences, case(s) presented and date of presentation
- Teaching activities (Belmont University course, interdisciplinary conferences, medical students, etc.)
- Membership in Professional Societies
- National scientific meetings attended
- Laboratory inspections performed
- Abstracts, journal articles, and other publications
- Documentation of awards and honors
- Checklists from rotations used to certify technical proficiency on various rotations
- Membership on Hospital Committees
- Other items as appropriate

Additionally, PGY1 Residents are expected to complete all required tasks in ePortfolio at <https://edu.portfolium.com>, including uploading a current CV and main goals for the coming years.

RESIDENT PERSONAL INFORMATION

The Program must maintain a record of personal information for all Residents, including date of birth, social security number, home address, phone number, and emergency contact information. In case of emergency disrupting general communications, a cell phone and non-Vanderbilt email address must also be provided. Residents must complete the Resident Personal Information form. Please update promptly any information that may change during the course of training.

RESIDENT CASE LISTS

Residents are responsible for maintaining contemporaneous records of case experience in autopsy, fine needle aspiration and bone marrow biopsy during Residency training using the Resident Case Log System provided by the Accreditation Council for Graduate Medical Education. The recorded information in the ACGME Case Log is the only acceptable case listing when completing application for Board certification by the American Board of Pathology. The Resident Case Log system can be accessed through password protected security from the ACGME home www.acgme.org. Login names and passwords will be supplied in the first weeks of Residency.

The Review Committee for Pathology regularly monitors the cases logged by Residents to document the progress of Residents in the Program. The ACGME Case Log is reviewed with Residents at each six-monthly review meeting with the Program Director. Before exiting the Program, Residents must also sign off with the Program Director on all procedure reports in the ACGME Case Log System.

PROGRAM EXIT

Prior to exiting the program and/or leaving VUMC, House Staff are required to complete both the GME, VA and Departmental exit process, no later than close of business on June 30. Authorization of this clearing by either the Program Director or the Program Manager will be given only after the departing House Staff has:

- Returned all departmental keys, pagers and computer equipment as applicable
- Entered all Clinical and Educational Work Hours in New Innovations
- Completed all pending evaluations in New Innovations
- Completed ACGME Case Logs
- Completed a Forwarding Address Form
- Completed a Consent and Authorization for Release of Information and Waiver of Liability Form
- Completed an Exit Interview with the Program Director