PROGRAM ADMINISTRATION

House Staff training is supervised by the Residency Program Director, with the advice of the Program Evaluation Committee and the Clinical Competency Committee. The Program Evaluation Committee and the Clinical Competency Committee are advisory to and appointed by the Program Director. The Program Director, with the assistance of the Associate Directors, Chief Residents, and Program Manager, is responsible for the day-to-day implementation of policies, procedures, and the administrative functions of the Program.

The Program Evaluation Committee is chaired by the Director of the Program Director, and includes the Department Chair, the Associate Program Directors, Chief Residents, and senior and junior faculty members representing all areas and training sites of the Department.

The Clinical Competency Committee is charged with conducting twice-yearly assessments of Resident performance using the Pathology Milestones, a national standard published by the Accreditation Council for Graduate Medical Education and the American Board of Pathology. The Clinical Competency Committee is composed of core educators with demonstrated ability to discern Resident strengths and weaknesses.

CORE CURRICULUM

The VUMC Pathology Residency Program has adopted a Core Curriculum for the four-year Programs in Anatomic and Clinical Pathology (APCP) or Anatomic Pathology and Neuropathology (APNP) and the three-year Programs in Anatomic Pathology (AP) or Clinical Pathology (CP), as follows:

Vanderbilt Pathology Residency Core Curriculum	**APCP**	**APNP**	**AP**	**CP**
Required Rotations:	weeks	weeks	weeks	weeks
Required Autopsy Sequence:				
Autopsy	16	12	16	
Forensics	4	4	4	
Autopsy Charge	4	4	4	
Required Surgical Pathology Sequence:				
Introduction to Surgical Pathology at Vanderbilt	4	4	4	
Surgical Pathology Vanderbilt University Hospital	34	24	34	
Pediatric Pathology	4	4	4	
Surgical Pathology Veterans Administration	8	8	8	
Required Hematopathology Sequence:				
Bone Marrow 1	8	4	8	8
Bone Marrow 2	8	4	8	12
Heme Tissues	4	4	4	4
Required Rotations-Not in Sequence				
Blood Banking	8			8
Clinical Chemistry	8			8
Coagulation	8			8
Cytogenetics	4			8
Cytopathology VUMC	8	4	8	
Cytopathology Veterans Administration	8	4	8	
Dermatopathology Veterans Administration	8	4	8	
Microbiology	8			12
Molecular Diagnostics	4			8
Neuropathology	4	104	4	
Renal/Electron Microscopy	4	4	4	
Common Elective Rotations:				
Dermatopathology at 100 Oaks				
Molecular Infectious Diseases				
Next Generation Sequencing				
Total Required Weeks	166	192	126	76
Total Elective Weeks	42	16	30	80
Total Weeks	208	208	156	156

Each academic year is divided into thirteen blocks of four weeks, each week and block usually beginning on a Monday. In the APCP4 Program, the first year of Residency training is centered in AP and two of its three major services, Surgical and Autopsy Pathology. House Staff may anticipate the performance of approximately 30 – 35 autopsies during the first year. Each autopsy case is reviewed by a member of the faculty and the case is completed by the Resident with faculty supervision. Currently, first year House Staff spend approximately five blocks on the Autopsy service and three blocks in Surgical Pathology at Vanderbilt rotating on multiple specialty services. In the second half of their first year, Residents will also typically spend one month rotating in Dermatopathology at the VA. The remaining blocks serve as an introduction to CP, with rotations in some of the core clinical laboratory modules (Chemistry, Molecular Diagnostics, Bone Marrow 1, Coagulation, Transfusion Medicine and Microbiology. Another major facet of the first year training is the role of the Residents as laboratory and autopsy instructors for second year Vanderbilt medical students during the fall semester.

The second and third years of training extend the Resident's diagnostic capabilities in both AP and CP, with additional training and increasing responsibility in Laboratory Medicine and Surgical Pathology. The rotations, especially those in Clinical Pathology, have adopted a Diagnostic Management Team model that involves Residents as consultants for complex testing that may cross traditional laboratory boundaries. Residents rotate in Surgical Pathology at the VA, to experience general signout practice. Rotations in Cytopathology (VUMC and VA), EM/Renal Pathology, Molecular Pathology, Bone Marrow 2 and Heme Tissues complete the experience. Each third year Resident typically functions in a supervisory capacity on the Autopsy service for one block, providing experience as a Service Director, as well as exposure to a wide range of pathologic material.

By the fourth year of training, most Residents have established well-developed career goals. At this point in Residency training, the Program provides flexibility to allow elective concentration in one or several areas of special interest. Additional required rotations include Neuropathology, diagnostic Electron Microscopy/Renal Pathology, and Forensic Pathology. For Residents with demonstrated interest in research and/or academic careers, the department may offer a research year under the supervision of faculty with active investigative programs.

RESEARCH OPPORTUNITIES

VUMC is among the leading research institutions in the United States. The Department of Pathology, Microbiology and Immunology has a strong research faculty that is rapidly growing, with research and clinical faculty who are enthusiastically committed to mentoring interested Residents. In addition to developing clinical expertise, Residents are strongly encouraged to pursue methods development research projects or clinical, translational or basic science research projects during their Residency training. Special funds are set aside to support Resident research and attendance at national meetings.

PUBLICATIONS

Residents are strongly encouraged to pursue pathology practice and training intellectually, with curiosity and imagination, and, as appropriate, to submit manuscripts for publication during Residency training. Publishing is considered a valuable learning experience and an important part of the Residency Program, regardless of the eventual practice setting for the individual Resident. Publications may be related to methods development, clinical or basic research, or reviews. Residents should identify an appropriate faculty research preceptor by the middle of the second year of training or request a meeting with the Program Director or the Chair for guidance.

TEACHING OPPORTUNITIES

Residents participate in many and varied teaching conferences conducted by the department, as one of the main goals of the Program is to provide Residents with skills in communication, public speaking, and teaching. Residents are required to participate and present in many intradepartmental and interdepartmental conferences with faculty support and guidance. Senior Residents are also expected to serve as important teaching resources for junior Residents in most of the Program's longitudinal rotations. Residents who have a particular interest in medical school teaching can participate at Vanderbilt University School of Medicine by arrangement with Dr. Jonathan Douds, the Vice Chair for Undergraduate Medical Education. Additionally, participation in teaching the *Vanderbilt Medical Technology Course* is encouraged.

CONTINUUM OF TRAINING

Residents are expected to acquire progressively increasing levels of responsibility during their training. In pathology Residency training, with its many rotations in subdisciplines of anatomic and clinical pathology, graduated responsibility can be assigned to Residents in some groups of rotations that provide training in a particular core discipline. In the VUMC Pathology Residency Training Program in particular, some core areas where graduated responsibility can be assigned include surgical pathology, dermatopathology, hematopathology, and autopsy pathology. Some rotations and subdisciplines, because they are visited only once during training, and do not belong to larger group of related rotations, do not lend themselves to graduated responsibility.

As a matter of tradition in the VUMC Pathology Residency Training Program, some groups of related rotations are taken in a particular order, in order to provide Residents with progressively increasing levels of responsibility commensurate with their training. This section is to make explicit the continuum of training that occurs across multiple different formal rotations, and the levels of graduated responsibility that are expected of Residents who follow this pathway.

Surgical Pathology:
The discipline of Surgical Pathology in the VUMC Pathology Residency Training Program comprises the following rotations:

Introduction to Surgical Pathology at VUMC
Surgical Pathology at VUMC
Pediatric Pathology
Surgical Pathology at VA

During the required Surgical Pathology at VUMC rotations, Residents receive their basic instruction in gross dissection of surgical specimens, with direct supervision of the initial three specimens, by organ system. Residents learn technical preparation of frozen section specimens, again with direct supervision of the initial three specimens. While still working in a fully supported environment, Residents become independent in the dissection and sampling of most common specimens to comply with applicable grading and staging criteria. Residents gain familiarity with diagnosis of common biopsy and resection specimens, by independent viewing at the microscope, reading of textbooks and other literature and by discussion with attending pathologists at the microscope. Residents learn reporting of common specimens by following diagnostic criteria and grading and staging templates, as well as by discussion with other Residents, Fellows and attending pathologists. Residents participate in case-based learning activities, including a one-hour interesting case conference held four mornings each week, derived from specimens seen by others in order to broaden diagnostic skills.

During the required Pediatric Pathology rotation at Monroe Carrell Jr. Vanderbilt Children's Hospital, Residents receive their basic instruction in gross dissection of surgical specimens that are uniquely pediatric in nature, including placentas, fetal examinations and childhood tumor specimens. While still working in a fully supported environment, Residents become independent in the dissection and sampling the most common specimens in pediatric pathology to comply with applicable grading and staging criteria. Residents gain familiarity the with diagnosis of common pediatric biopsy and resection specimens, by independent viewing at the microscope, by reading of textbooks and other literature, and by discussion with attending pathologists at the microscope. Residents learn reporting of common specimens by

following diagnostic criteria and grading and staging templates as well as by discussion with the Fellow and attending pathologists. The Pediatric Pathology rotation can occur any time after the introductory Surgical Pathology at VUMC rotations.

During the required Surgical Pathology at VA rotation, Residents practice with the greatest degree of independence. In addition to further developing skills gained on previous rotations at other institutions, Residents become adept at managing the workflow in a solo environment, with minimal technical support, including gross dissection of a wide range of surgical specimens and frozen sections. Residents take on important time management responsibility in a service that requires the Resident to serve as front-line consultant with surgeons, technical staff and clerical staff, with indirect supervision from pathology attendings. The trainee takes responsibility for judicious use of resources for diagnostic case management including proper utilization of tissue and ordering of ancillary testing. Residents continue to sign out all of their reports with attending pathologists. The Surgical Pathology at VA rotation follows the Surgical Pathology at VUMC rotation.

Dermatopathology:
The discipline of Dermatopathology in the VUMC Pathology Residency Training Program comprises the following rotations:
Surgical Pathology at VUMC
Dermatopathology at VA
Elective experiences in Dermatopathology at 100 Oaks

During the Bone, Soft Tissue and Skin experience during the rotation in Surgical Pathology at VUMC, Residents get their first practical exposure to diagnostic dermatopathology. The exposure continues during the rotation in Dermatopathology at the VA, where Residents take on additional responsibility for management of cases from beginning to end.

During the elective Dermatopathology at 100 Oaks rotation, Residents are given an opportunity to participate in dermatopathology practice as a part of a busy clinical dermatology service. In addition to participating in microscopic signout sessions, Residents also have the opportunity to participate in afternoon clinics, where they have an opportunity to observe incoming cases before biopsy and develop a preliminary gross differential diagnosis.

Autopsy Pathology:
The discipline of Autopsy Pathology in the VUMC Pathology Residency Training Program comprises the following rotations:

Autopsy Pathology
Charge Resident
Forensic Pathology

On the required Autopsy Pathology rotation, Residents obtain their basic training in adult and pediatric medical autopsy, covering deaths that Vanderbilt University Hospital, Monroe Carrell Jr. Vanderbilt Children's Hospital, and the Nashville Veterans Administration Hospital. Trainee's first three adult and pediatric autopsies are performed under direct supervision by a senior Resident or faculty member. Residents learn to extract essential clinical information from the patient's medical record and from interview of caregivers, to screen for cases of potential medicolegal importance, to plan an appropriate examination, in conjunction with a senior Resident and faculty supervisor, to perform a complete autopsy

examination using standard techniques, to record macroscopic data and sample tissues appropriately for histology, to prepare a preliminary report, to perform microscopic examination and review with an attending pathologist, and to prepare a final report including, when possible, a concise statement of cause of death. Residents are expected to become progressively independent at these basic skills after they have completed their directly supervised cases. Trainees typically complete five months on the autopsy service during the first two years of Residency training. By the fourth and fifth months of training, Residents should be able to teach all of the skills they have acquired to a novice Resident.

On the required Charge Resident rotation, Residents provide direct supervision and instruction in all basic autopsy skills for novice Residents as they perform their first few adult and pediatric autopsies.

On the required Forensic Pathology rotation, Resident enhance their basic training in medical autopsy pathology by spending one month at the Office of the Medical Examiner of Davidson County and the State of Tennessee. Residents refine their understanding of which cases require reporting to the medical examiner, and gain new experience about techniques used for documentation of unnatural deaths, maintenance of chain of custody, proper use of forensic toxicology, performing death scene investigation and providing medicolegal testimony. Trainees complete the Forensic Pathology rotation in the second year of training, usually after completing at least four months of Autopsy Pathology rotation.

Hematopathology:
The discipline of Hematopathology in the VUMC Pathology Residency Training Program comprises following rotations:

Bone Marrow 1
Bone Marrow 2
Hematopathology Tissues

The Hematopathology Rotation is divided into three parts – two bone marrow rotations (BM1 & BM2) and one tissue rotation. The primary responsibility of the residents on these rotations is the work-up and report generation of four types of cases: (1) VUMC bone marrows (up to a maximum number per day), (2) VUMC lymph nodes and other tissues seen by the hematopathology service, (3) outside referral cases involving bone marrows, lymph nodes, or other tissues from patients that are to be seen at VUMC, and (4) outside consult bone marrow and tissue cases.

As this is the BM1 resident's first exposure to hematopathology, he/she will start the rotation focusing on bone marrows, learning the morphologic characteristics of normal and abnormal bone marrow and peripheral blood cells, the basic differential diagnoses of marrow-based diseases, and the appropriate ancillary tests to order for diagnosis, as well as gaining skill in performing bone marrow differential counts. The BM1 resident will also be responsible for preparing the daily bone marrow biopsy list in the DMT , which includes patient histories and preliminary ancillary testing expected. Initially (in the first week of the rotation), the BM1 resident will be limited to a maximum of 5 in-house marrow cases and no referral cases. As the BM1 resident becomes more experienced during the rotation, he/she will take on primary responsibility for additional in-house marrows, the flow cytometric analysis for these cases, and referral bone marrow cases.

The BM2 will share similar responsibilities to the BM1 resident with the addition of outside consult bone marrow cases and the subtraction of preparing the daily bone marrow list. He/she will divide the bone marrows with the BM1 resident and will participate in training the BM1 resident as needed, assisted by

fellows and faculty. The BM2 resident will be responsible for dividing the case responsibilities on a daily basis according to the capacity of the BM1 resident, as determined by the attending pathologists on service and the rotation director. After the resident has reviewed the case and patient history he/she will go over the case at the microscope with the hematopathology attending; at that time, additional testing will be discussed and the draft report generated by the resident will be reviewed. For half (2 weeks) of the rotation, the BM2 resident will rotate on the VA hematopathology service, which involves a mixture of bone marrow and tissue samples. During this time, there will be a hematopathology fellow or another senior resident to work with the BM1 resident at VML.

All residents rotating in this service will have had at least one month of hematopathology experience. The responsibilities will be related to the evaluation of tissues, peripheral bloods, and body fluids. The in-house tissues (H cases and S/C/N cases) referred from other divisions (i.e. surgical pathology, neuropathology, and cytopathology) will be handled entirely by the trainee on this rotation. It is expected that the trainees will gather the pertinent clinicopathologic information and generate a differential diagnosis for each case. The trainees are also expected to compose an adequate preliminary report. In addition, the trainees will review and complete the flow cytometry report associated with each case (if available). The tissues sent for referral (orange folders) and consultation (blue folders) will also be handled by the trainees in the same way. Fluids and peripheral blood smears flagged in the hematology laboratory for pathology review will be part of the trainee education during this rotation. The trainees are initially expected to gather the slides for review during sign-out with the attending on service. The trainees are initially NOT required to preview the hematology slides or gather clinical histories. As the trainees gain experience and become more comfortable with the service, the attending on-service may decide to gradually give the trainees more autonomy in completing these cases. Peripheral blood flow cytometry review is also part of this service. Initially, this part of the service will be entirely managed by the attending on service. Again, as the trainees gain more experience, they may be expected to handle some of the cases independently, especially cases of-interest such as new leukemias/lymphomas.

The residents will also participate in the medical student education activities of the division, the hematopathology intra-divisional consensus conference, and the pediatric benign hematology conference. In addition, the residents are expected to go through study sets on peripheral blood smears, bone marrow, and lymph nodes and review these with the hematopathology attendings.

RESIDENT MENTORING

Mentoring is an important part of any professional career. Residents receive periodic structured mentoring in scheduled visits with the Program Director and the Assistant Program Director. Residents are strongly encouraged to seek less formal longitudinal interactions with faculty of their choice, who may provide a role model for the Resident on the basis of specialty, personal attributes or other factors. The Resident should arrange to meet periodically with the mentor to develop a longitudinal dialogue to address both short-term and long-term planning.

As a part of the scheduled visits with the Program Director and Assistant Program Director, Residents will be prompted to describe their recent mentoring interactions, and to request assistance and advice about ongoing mentoring relationships. Residents should feel free at all times to seek advice from any member of the faculty.

The purpose of the Mentor Program is to assure that every trainee have several sources of advice in addition to the Program Director. The existence of the Mentor Program is not intended to limit the access of any Resident to any faculty member for advice about career planning.

CHANGING SERVICES AND ROTATION HAND-OFFS

Residents are expected to follow through all autopsies for which they are the primary prosector to final sign out.

For other rotations, when changing services, it is critically important for Residents to pass along accurate information to the incoming Residents in writing with an opportunity for the incoming Resident to have questions answered, preferably face to face with written documents in hand. Each rotation or service has policies and forms to facilitate the transfers. Handoff information includes at a minimum the date and time of the handoff, the name of the attending, the names of personnel passing the case and the names of personnel accepting the case, patient name, medical record number and any accession numbers of open specimens, the relevant history, and a summary of work completed before the handoff, along with an accounting of studies already initiated, and instructions for studies yet to be ordered.

Incoming Residents must ensure they become acquainted with the status of ongoing in-lab cases, as expeditious, accurate sign-out is most beneficial to our patients.

When beginning a new rotation, incoming Residents contact the Rotation Director on the first weekday of the new rotation. If there are "spill-over" commitments from the previous rotation, Residents should discuss these responsibilities with the Director of the incipient rotation. Under no circumstances should an entire day be dedicated to the previous rotation. Credit for a completed rotation is contingent upon satisfactory performance; completion of pending cases and other service requirements, goals and objectives; and completion of the Clinical and Educational Hours Report and House Staff Evaluations of Rotations via New Innovations.

JOURNAL CLUB

Journal Club will be held once a month during the Anatomic Pathology Didactic Conference. Journal club will include the discussion of two original or review papers, with or without accompanying editorials. The papers to be discussed will be selected by faculty teaching the unit or other content experts for the unit and provided to the two Residents leading the discussion at least two weeks before journal club. The Resident in charge of the conference will designate the two Residents responsible on the master schedule. The faculty member will also provide a list of key points for each article that must be addressed by the Resident leaders during the discussion. Either the faculty member or a designated Fellow will attend the session. The Resident leaders will each read the article in careful detail. In analyzing the article, consider the following points (keep in mind that depending on the study, some aspects are more interesting and/or critical than others and the discussion can be focused accordingly):

1. State explicitly the question being addressed (typically in the intro to the paper).
    a. Why is the study important (i.e. why was this paper chosen)?
    b. What specific medical need/issue/question triggered the study?
    c. What was the authors' hypothesis (if stated)?
2. Define the method(s) used, according to the attached "Study Design" criteria (from Oxford Centre for EBM); describe the advantages and limitations of that particular method.
3. Other study design:
    a. Where was the work performed (specific institution; inpatient, outpatient, etc) ?
    b. What was the population under study?
    c. Any exclusionary criteria?
    d. What exactly was done to generate the data?
    e. What is the nature of the data, and how was it analyzed?
    f. Is enough information given so that you could replicate the work if you wished?

4. Results
    a. What were the primary results?
    b. What were the secondary results if any?
    c. Tables mathematically correct? All patients accounted for?
    d. Are the tables/pictures consistent with the written "Results" section?
5. What are the authors' conclusions? Do the data justify them?
6. Do you believe the findings/conclusions are clinically significant?

All other Residents should also have read the article and come prepared to discuss the above questions, as well as the following:

1. What new medical knowledge did you learn?
2. Will you utilize the results in your own practice?
3. What questions remain to be answered regarding the issue(s) addressed in the paper?

STUDY DESIGN CRITERIA

Levels of Evidence for Primary Research Question

	Types of Studies			
	Therapeutic Studies—Investigating the Results of Treatment	Prognostic Studies—Investigating the Outcome of Disease	Diagnostic Studies—Investigating a Diagnostic Test	Economic and Decision Analyses—Developing an Economic or Decision Model
Level I	1. Randomized controlled trial a. Significant difference b. No significant difference but narrow confidence intervals 2. Systematic review[2] of Level-I randomized controlled trials (studies were homogeneous)	1. Prospective study[1] 2. Systematic review[2] of Level-I studies	1. Testing of previously developed diagnostic criteria in series of consecutive patients (with universally applied reference "gold" standard) 2. Systematic review[2] of Level-I studies	1. Clinically sensible costs and alternatives; values obtained from many studies; multiway sensitivity analyses 2. Systematic review[2] of Level-I studies
Level II	1. Prospective cohort study[3] 2. Poor-quality randomized controlled trial (e.g., <80% follow-up) 3. Systematic review[2] a. Level-II studies b. nonhomogeneous Level-I studies	1. Retrospective study[4] 2. Study of untreated controls from a previous randomized controlled trial 3. Systematic review[2] of Level-II studies	1. Development of diagnostic criteria on basis of consecutive patients (with universally applied reference "gold" standard) 2. Systematic review[2] of Level-II studies	1. Clinically sensible costs and alternatives; values obtained from limited studies; multiway sensitivity analyses 2. Systematic review[2] of Level-II studies
Level III	1. Case-control study[5] 2. Retrospective cohort study[4] 3. Systematic review[2] of Level-III studies		1. Study of nonconsecutive patients (no consistently applied reference "gold" standard) 2. Systematic review[2] of Level-III studies	1. Limited alternatives and costs; poor estimates 2. Systematic review[2] of Level-III studies
Level IV	Case series (no, or historical, control group)	Case series	1. Case-control study 2. Poor reference standard	No sensitivity analyses
Level V	Expert opinion	Expert opinion	Expert opinion	Expert opinion

1. All patients were enrolled at the same point in their disease course (inception cohort) with ≥80% follow-up of enrolled patients.
2. A study of results from two or more previous studies.
3. Patients were compared with a control group of patients treated at the same time and institution.
4. The study was initiated after treatment was performed.
5. Patients with a particular outcome ("cases" with, for example, a failed total arthroplasty) were compared with those who did not have the outcome ("controls" with, for example, a total hip arthroplasty that did not fail).

THINGS EVERY RESIDENT NEEDS TO KNOW ABOUT USING IT AT THE VA

Because the Residency Program has required rotations at the VA, both for Anatomic Pathology and for Clinical Pathology, all incoming Residents are provided with a US Government Personal Identity Verification (PIV) smart card and passwords to log in to the VA computer systems that they will use. The security of patient information is taken extremely seriously in the Veterans Affairs Department. If you have never worked in the VA System, this guide is intended to keep you from inconvenience and/or embarrassment.

PIV card and PIN:
You must use your PIV card and the associated PIN to get general access to VA computers by inserting the card in the reader slot on the keyboard, and entering the PIN on the keyboard. It is very important for you to use your PIV card and PIN as soon as you receive it, and about every two months thereafter to keep your account active. A simple login/logout will suffice. If you ever fail to use your PIV card and PIN for about a year, the system will assume that you have left your position and remove you from the system completely. You will then have to go back to square one, complete employment paperwork, get fingerprinted, raise your right hand and repeat after me, etc. before you will get a new PIV card and PIN to be able to log into VA systems. Count on this process taking weeks to complete. Past Residents who have gotten removed from the VA system have caused major schedule disruptions for themselves and others when they were unable to begin scheduled rotations at the VA.

PHI Login and Password:
You will also have a login and password for VA systems containing Protected Health Information, including Veterans Health Information Systems and Technology Architecture (VISTA), used mostly for generating reports, and the Computerized Patient Record System (CPRS), the VA electronic medical record system for looking up patient information.

Password Expiration:
In addition to requiring a "strong" password including Capitals, Numerals and Special Characters, your password will require updating every ninety days. When you log in with your PIV and PIN, you will be prompted to reset your password as that date approaches, and can make the change online by following the system prompts.

If you go beyond the ninety-day limit, your password will be locked out, and you will have to call the VA Help Desk (615 225-6500) from a VA phone in order to get your account unlocked to reset your password. Although calling the Help Desk is not nearly as inconvenient as getting removed from the VA system entirely, the Help Desk may require that you practice your Interpersonal and Communication Skills as well as your Professionalism.

Regarding the above, you should never, ever, do any of the following under any circumstances

1. Lend your PIV card, PIN, login or password to anyone.
2. Leave a system unattended when you have logged in.
3. Use a system where another person is logged in.
4. Ask another person to access PHI on your behalf.
5. Offer to access PHI on behalf of another person.

Hardware Security:

The Veterans Affairs systems are designed to thwart cyberattacks launched from portable media such as CD or DVD discs, thumb drives or portable hard drives. Using any such media will promptly shut down the port you are using and bring IT Security personnel to your door. Secure emails are usually used to transfer deidentified presentation files for use.

PHI Security:
You should never transfer identifiable PHI outside of the VA building itself, in print or electronically. Likewise, you should never include identifiable PHI in an email message. The VA system still uses Social Security Numbers as identifiers, which should only be viewed in secure systems if the patient name is accessible because of the danger of identity theft. The VA Information Resource Management (IRM) scans all outgoing attachments and emails for 9 digit numbers that may be Social Security Numbers. If detected, IRM and will block those emails as well as notify your supervisor and the Institutional Security Officer of a privacy violation. A deidentified report may have the accession number, but not the patient name or Social Security Number. It is worth knowing that the CPRS system can search the entire record set on the basis of a last initial plus last 4 digits of Social Security Number (e.g. A1234), but such designations are not always unique.

Helpful Hints for Maintaining Access:
- You must login to the computer and CRRS at least every thirty days to maintain access.
- Two TMS (Talent Management System) trainings must be completed yearly:
    - You should receive e-mail reminders to complete these trainings.
    - If you are delinquent in completing trainings or you need to update your e-mail address to receive reminder e-mails, contact Shannon Skillern (Shannon.skillern@va.gov or 615-873-7589)
        - VHA Mandatory Training for Trainees – Refresher 3192008
        - Privacy and HIPAA Focused Training 10203
- If your account has been inactivated:
    - Call or e-mail Sherrie Ward (615-873-7464, sherrie.ward@va.gov) – Nashville
    - Call or e-mail Jen Sherrod (615-225-4697, Jennifer.sherrod@va.gov) – Murfreesboro
    - IT TAKES AT LEAST 24 HOURS TO REACTIVATE YOUR ACCOUNT
    - You MAY be able to get your account reactivated sooner by calling the national Enterprise Service Desk (855-673-4357), but be prepared to be on hold for a long time.

HOW TO APPLY FOR THE BOARDS

The American Board of Pathology permits most Residents to sit for Primary Board Certification during their final year of training. The advantage to taking the exam before the end of Residency is that you will not mar your Fellowship experience worrying about the Boards, assuming that you pass on first attempt.

Primary Board Certification is offered only in straight Anatomic Pathology (AP), straight Clinical Pathology (CP), combined Anatomic Pathology and Clinical Pathology (APCP) or combined Anatomic Pathology and Neuropathology (APNP). The year in which one completes training runs from July 1 of one year to June 30 of the next. A Resident not expecting to complete training before the usual date of June 30 should not plan to sit for the Board exam before June 30.

As you begin your final year of training, you should make yourself familiar with information provided on the American Board of Pathology website. The official communications by the Board should always be consulted for the most up-to-date information.

See links:
http://www.abpath.org/index.php/taking-an-examination/primary-certificate-requirements
http://www.abpath.org/index.php/to-become-certified/requirements-for-certification
http://www.abpath.org/images/booklets/ABP_BOI_01_05_2017.pdf

The following is only a rough guide to the process as it applies to first-time takers.

The Board has several strict requirements:

Posted deadlines are iron-clad. Being late is very expensive. Plan ahead.

You must have documented proof of graduation from an acceptable medical school. This is usually a copy of your diploma, with a translation if it is not in English. If you do not have a diploma, your Dean may write a letter on your behalf.

To apply for the exam and to be admitted to take the exam, you must at least be able to prove by official correspondence from any jurisdiction in the United States or Canada that you have applied for a medical license. Plan ahead. Medical Board bureaucracy can be very slow, taking weeks for such return correspondence in some cases. A FedEx tracking slip or USPS return receipt will not be sufficient. They do not prove that you submitted an application, only that you sent a package. If you already have the license, you are all set.

To receive your scores once you have sat for the exam, you must prove that you have a full and unrestricted license to practice medicine in a state or jurisdiction of the United States or Canada that is valid on the date that the scores are released. It need not be the same license or application that you used to apply for the Boards. You may have to prove that you have renewed your license if your current license has expired between your application and the date the scores are released. The Board is emphatic that all Board-certified pathologists shall hold a valid full and unrestricted license to practice medicine. You must report any lapse in your medical licensure to the Board promptly at all times.

You must complete all required training before the stated deadline. Your required training will vary depending on the primary certificate for which you are applying, but to sit for the exam in May/June, you should anticipate completing the requirements before July 1. To take the exam in October/November, you must complete your requirements before November 1. The required training includes all of the rotations required by ABP, as well as documented completion of required autopsies, if any, specific to the Program where you will be sitting for Board certification.

Your application must be approved by your Program Director, and an evaluation must be completed by every Program Director where you trained. Your application may be sent back to you for correction if you have made an error. Do not delay making corrections if this happens.

Some typical dates are listed below; please check the ABP site for the exact dates for the specific exam you wish to take:

http://www.abpath.org/index.php/taking-an-examination/examination-dates-deadlines-fees

Desired Exam Date:	Spring (May/June)	Fall (October/November)
Application/Registration opens:	mid-September	mid-February
TN License application done:	mid-November	mid-April
Application/Registration closes:	January 15 (11:59PM ET)	May 15 (11:59PM ET)
Late Application/Registration opens (50% penalty fee!):	January 16	May 16
Late Application/Registration closes:	February 15 (11:59PM ET)	June 15 (11:59PM ET)
All approvals and evaluations from Program Director due:	March 1	July 1
Exam Dates posted:	March	September
Cancel Assigned Exam Date deadline ($500 fee!):	2 weeks after posting	2 weeks after posting
Exams given	mid-May through June	mid-October through November
Results posted	4 to 6 weeks after last exam	4 to 6 weeks after last exam

Please be aware:
If you complete an AP/CP Program, you do not necessarily have the required training to sit for the straight AP exam or the straight CP exam. Please consult your Program Director for individual clarification.

If you pass only one part (AP or CP) of your APCP Board exam, you will not automatically receive your certificate or be Board-certified for the part that you passed until you have passed the remaining part.

If you decide to forego one component of your APCP certificate (AP or CP) in order to receive the other certificate, you lose forever the opportunity to claim any training that you applied toward the certificate you decided to receive if you decide later to go back for both. You will likely require more training. Not a good plan.