

Department of Pathology

Resident Supervision Policy (*Protocol for Must-Call Faculty*)

The University of Mississippi Medical Center is dedicated to medical education. To fulfill this mission, trainees must participate in services rendered to patients. Trainees will be supervised when performing diagnostic and therapeutic procedures to gain the skills and experience required to become qualified practitioners in their chosen field. The purpose of this mandatory educational method is to ensure that all trainees demonstrate a progressive increase in proficiency to enable them to become a licensed independent practitioner. Under no circumstances will a trainee perform an invasive procedure for any purpose other than for the benefit of the patient or to achieve a diagnosis. This policy includes patients who are near death or have expired. Post mortem examination or the procurement of organs/tissue for transplantation/research purposes will require the completion of an additional consent form prior to those respective procedures. This document outlines the policy whereby the attending staff or other senior individuals will provide supervision of residents in the Department of Pathology.

The ACGME defines four levels of supervision for trainees:

1. **Direct supervision** – the supervising physician is physically present with the resident and the patient
2. **Indirect supervision with direct supervision immediately available** – the supervising physician is physically within the site of patient care, and is immediately available to provide direct supervision
3. **Indirect supervision with direct supervision available** – the supervising physician is not physically present within the site of patient care, but is immediately available by telephone to provide direct supervision as needed
4. **Oversight** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Each PGY-1 resident must be directly supervised during performance of his or her first three (3) procedures in the following areas: autopsies (three each for adult and pediatric), gross dissection of surgical pathology specimens by organ system, frozen sections, apheresis, and the performance and interpretation of fine needle aspirations.

All interpretations of pathologic tests and/or data must be reviewed by an attending pathologist before they are reported as final. Any preliminary reporting of data by a resident to a clinician or other healthcare provider without prior review by an attending pathologist must be clearly

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communicated as preliminary, with the resident clearly communicating that they are a resident and that the data they are providing is not actionable. Residents may address inquiries regarding appropriate utilization of tests and interpretation of routine laboratory tests, but should clearly identify themselves as residents and seek input from an upper-level resident, fellow, or attending pathologist as needed.

Autopsy

Residents may perform gross postmortem examinations and dissections after being directly supervised on three (3) adult cases and three (3) pediatric cases by a trained technician, senior resident with appropriate experience, or attending pathologist. If at any time during the gross postmortem examination, findings are discovered that lead the resident to suspect that the manner of death may have been non-natural, the resident should stop the prosection and immediately contact the attending pathologist for further instructions.

Surgical Pathology

Residents may gross surgical pathology specimens only after they have received instruction and demonstration on proper dissection techniques (from a pathologists' assistant, fellow, senior resident or attending pathologist), and after having been directly supervised in the dissection of three (3) specimens from that organ system.

Residents in their first six months of training should not order additional histochemical or immunohistochemical studies without first consulting a fellow, senior resident or their attending pathologist.

Cytopathology

Residents may perform fine needle aspirations (FNA) under direct supervision by an attending pathologist or cytology fellow (if approved by the attending pathologist). A cytopathology fellow is deemed competent in FNA technique according to the criteria set forth by their program director.

Bone Marrow Aspirations

Residents may perform bone marrow aspirations / biopsies only under the direct supervision of a senior hematology fellow or attending, after having observed at least two (2) prior procedures.

Apheresis



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Although not covered by the Pathology Department, residents may elect to observe apheresis procedures only under the direct supervision of a hematology fellow or attending.

On-Call Supervision

Only residents at or above the PGY-2 level have overnight and weekend call duties (see Duty Hours / On-Call Policy). Residents covering AP and CP call are supervised under indirect supervision with direct supervision available and/or oversight. Residents on call should follow the policies of the services they are covering with regard to when they should contact an attending pathologist. If a situation arises for which there is no such guideline, the attending pathologist on-call must be contacted. Any diagnosis made during after-hours call must be reviewed by an attending pathologist before a final diagnosis is reported.