



# **Residency Program Manual 2011 - 2012**

**The Department of Pathology and Cell Biology  
College of Medicine  
University of South Florida**

**Vesna Vrcel, MD  
Program Director**

**Nicole Esposito, MD  
Associate Program Director**

## **PURPOSE OF MANUAL**

This manual contains information which you will find useful as you become familiar with the Department, its multifaceted mission, and your role as a resident. It can serve as a valuable reference tool for questions on departmental residency policy. The Department of Pathology and Cell Biology at USF has several primary objectives. These include:

- 1) Teaching of:
  - a. Medical students
  - b. Graduate students
  
- 2) Training of:
  - a. Residents
  - b. Pathology fellows
  - c. Postdoctoral research fellows
  
- 3) Patient care
  - a. Medical Clinics
  - b. Morsani Center for Advanced Health Care
  - c. Affiliated hospitals
  
- 4) Research
  - a. Basic
  - b. Translational

## **I. WELCOME AND INTRODUCTION TO THE DEPARTMENT OF PATHOLOGY AND CELL BIOLOGY**

Welcome to the Department of Pathology and Cell Biology at the University of South Florida Health College of Medicine. The identification of Pathology as a discipline bridging the basic and clinical sciences is particularly true today after the recent merging of two departments (Pathology and Anatomy) within the newly created School of Basic Biomedical Sciences. In this web site you will find information on our educational, research, clinical and academic activities including short profiles of faculty and their areas of expertise as well as a list of graduate and postgraduate trainees.

Our mission is to strive for excellence in teaching, research, academic service and patient care. Through its academic components of Anatomy and Pathology the Department bridges basic and clinical knowledge and constantly pursues excellence in education, training, individual as well as collaborative research and in sophisticated diagnostic and consultative services.

Educational and training programs include teaching of medical students, Pathology Residency and Fellowship programs, training of clinical fellows, PhD and Postdoctoral Research programs in the Biomedical Sciences with concentration in cancer biology, and on site and online Master of Science programs in Anatomy. Extramurally funded basic and translational research is focused on ovarian cancer developmental and molecular biology with additional areas of interest in the neurosciences, Sertoli cell immunobiology and virtual anatomy.

Clinical operations and training are based within the Department and at affiliated institutions including the NCI-designated H. Lee Moffitt Comprehensive Cancer Center, Tampa General Hospital, the James A. Haley and Bay Pines Veterans Administration Hospitals, Florida Blood Services, All Children's Hospital and the Hillsborough Medical Examiner Office. Under new College leadership, a state-of-the-art Center for Advanced Health Care will provide new and exciting educational, clinical and translational research opportunity for the Department.

Our ACGME-accredited residency training program is based at the University Of South Florida College Of Medicine, a community-based medical school with a class size of 120. Like the medical school, it draws from the educational opportunities at three major Tampa hospitals: the James A. Haley Veteran’s Administration Hospital, Moffitt Cancer Center and Research Institute, and Tampa General Hospital as well as three additional affiliated institutions. These include the Hillsborough County Medical Examiner’s office, Florida Blood Services (the nation’s second largest regional blood bank), and Bay Pines VA Hospital. With four residents accepted annually through ERAS, and eight fellowship positions, there are abundant opportunities for exposure to a wide variety of case types, patients, and teaching opportunities, as well as regional employment in the greater Tampa Bay area. The faculty: trainee ratio and number of pathology assistants at all institutions ensure adequate “scope time”, very reasonable call policies, and, most importantly, ample study and research opportunities. Our aim is to fully prepare you for, and tailor your training to, either a career in academics or private practice based on your interests and aptitudes.

#### **A. Mission Statement**

The mission of the Residency Training Program is **to prepare physicians for a career in either academic or community pathology**. Successful completion of this mission is a complex task requiring an intensive 4-year effort on the part of both faculty and individual residents. The Department's approach to this mission involves a combination of several active and passive modalities including:

- 1) Participation in patient service with progressive supervised responsibility
- 2) Attendance at didactic conferences
- 3) Presentation and participation in interactive conferences
- 4) Independent study
- 5) Teaching medical students and residents
- 6) Participation in hospital committees and national pathology organizations
- 7) Completion and presentation of a supervised research project

Through these activities, which are described in detail throughout this manual, each resident who successfully completes the program will acquire the knowledge base, skills, and judgment to competently practice pathology. Every resident will complete an identical "core" curriculum providing a basic foundation for the practice of pathology. Through protected elective time and individual incentive it is hoped that each resident will tailor his or her training toward academic or community practice with a particular subspecialty or individual interest in mind.

## II. PROGRAM DESCRIPTION

The Department of Pathology and Cell Biology at the University of South Florida Health, College of Medicine is an ACGME -accredited integrated 4-year residency program in Anatomic and Clinical Pathology. The basic core curriculum is complemented by a broad choice of electives allowing comprehensive preparation for either community or academic practice. Our program emphasizes progressive responsibility in patient care and teaching in a variety of practice settings, as well as ample opportunity for supervised research. Active participation in patient care services is complemented by an extensive lecture and conference series in all aspects of anatomic and clinical pathology.

The **Anatomic Pathology** curriculum includes training in autopsy and surgical pathology, cytopathology, pediatric pathology, neuropathology, dermatopathology, forensic pathology, and immunopathology, histochemistry.

The **Clinical Pathology** curriculum includes training in microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), molecular biologic techniques, and laboratory administration.

### A. ACGME Core Competencies

Beginning in July 2002, all ACGME-accredited residency programs are required to define specific learning objectives for residents to demonstrate knowledge in six areas essential to becoming a competent physician. Programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate achievement of these “General Competencies”, which are defined below. Instruction in these competencies is being integrated into the residency program in areas of both clinical and didactic experiences. Rotation evaluations will include assessment of skills in these areas. In the future, we will be required to evaluate how residents learn and demonstrate knowledge of these competencies, and eventually use this data to improve our program. The six areas defined are:

- **Patient Care** - compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.

- **Medical knowledge** - established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to pathology.
- **Practice-based learning and improvement** - involves investigation and evaluation of their diagnostic and consultative practices, appraisal and assimilation of scientific evidence, and improvements in their patient care practices.
- **Interpersonal and communication skills** - results in effective information exchange and collaboration with patients, their families, and other health professionals.
- **Professionalism** - manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Systems-based practice** - manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide pathology services that are of optimal value.

## **B. Scope of Practice – Pathology Anatomic/Clinical**

The four-year AP/CP curriculum is achieved by a fixed curriculum composed of 42 months of required rotations (22 months anatomic pathology and 19 months clinical pathology) as well as 7 months of elective rotations. The specific goals and objectives of each rotation, as well as the manner in which progressive responsibility is achieved, are detailed in the rotation descriptions. The following is a concise summary of the general duties of each resident at each level of residency training.

### **1. Anatomic Pathology**

- PGY – 1
  - Learn technique of autopsy dissection with supervision
  - Dictate gross autopsy findings independently
  - Sign out gross and microscopic findings with attending supervision
  - Gross surgical specimens with supervision
  - Become familiar with performing frozen section technique
  - Assess surgical slides before sign-out and prepare differential diagnoses
  - Introduction to principles of histochemical and immunohistochemical staining
  - Introduction to exfoliative cytology

➤ PGY – 2

- Perform autopsy dissection without supervision, be proficient in autopsy presentation skills
- Dictate gross and microscopic autopsy findings before sign-out with attending
- Gross surgicals independently
- Working knowledge of specimen processing, cutting, and staining
- Familiarity with IHC stains and their use in differential diagnoses
- Interface with clinicians in workup of surgical specimens/diagnoses
- Assess surgical slides and begin to develop more sophisticated differential diagnoses
- Learn techniques and performance of FNA's, body fluid exam
- Attend CT-guided FNA's and assess adequacy of specimen
- Perform and stain touch preps and rapid IHC staining on cytology samples
- Assess cytology microscopic specimens before sign-out and be prepared with differential diagnosis.

➤ PGY – 3

- Complete entire autopsy with minimal supervision
- Perform and diagnose frozen section with attending backup
- Correctly complete gross and microscopic dictation on most surgicals before sign-out with attending
- Become more sophisticated with differential diagnosis of surgical specimens
- Be familiar with techniques and interpretation of immunofluorescence and electron microscopic specimens
- Independent consultation with clinicians in w/u of surgicals
- Present surgical cases in multidisciplinary conferences

➤ PGY – 4

- Complete entire autopsy with minimal supervision
- Perform, diagnose, and call frozen section result with attending backup
- Correctly complete gross and microscopic dictation, including ordering IHC and special stains, on majority of surgicals before sign-out with attending
- Have sophisticated knowledge of difficult cases, with frequent use of literature for backup
- Be proficient in use and interpretation of special diagnostic techniques, including molecular biologic techniques
- Regularly consult with clinicians in multidisciplinary conference and in workup of cases
- Supervise junior residents in gross and microscopic diagnoses

## 2. Clinical Pathology

### ➤ PGY – 1

- Perform bone marrow biopsy with supervision
- Learn how evaluate a basic bone marrow biopsy
- Understand processing techniques for bone marrow aspirate and biopsy
- Learn anemia workup
- Introduction to flow cytometry techniques
- Be responsible for nighttime and weekend coverage of clinical pathology lab, with attending backup
- Observe laboratory teaching sessions in MSII pathology course

### ➤ PGY – 2

- Evaluate patients for autologous donation
- Cover clinical laboratory call day and night, with attending backup
- Learn microbiologic culture and plating techniques
- Learn basic of microbiologic specimen identification and correctly workup three unknown bacterial specimens
- Learn basics of parasitology and fungal identification
- Attend MSII laboratory sessions and help attending present gross specimens

### ➤ PGY – 3

- Learn principles of blood banking, including evaluation of donor eligibility
- Perform hospital consults on pheresis patients
- Learn principles and techniques of crossmatch and compatibility, with bench experience
- Chemistry stuff
- Lab administration
- Teach MSII laboratory sessions with attending supervision

### ➤ PGY – 4

- Develop sophisticated knowledge in the diagnoses of neoplastic hematopathology, including uses of flow cytometry, cytogenetics, and molecular biologic techniques
- Dictate hematology consultation cases with attending backup
- Virology
- CP-2 descriptions
- Teach MSII laboratory sessions with attending backup
- Serve on a hospital administrative committee

### **III. EDUCATIONAL FACILITIES AND TRAINING SITES**

#### **A. USF Health Science Center**

The Department of Pathology and Cell Biology at the University of South Florida Health, College of Medicine is located within the Health Sciences Center on the main Tampa campus. The Health Sciences Center is home to the medical school, which began in 1971 and currently accepts 120 freshman medical students each year. The Health Sciences Center includes a large and active multidisciplinary outpatient clinic and the Shimberg Health Sciences Library.

With service as its hallmark, the Hinks and Elaine Shimberg Health Sciences Library <http://health.usf.edu/library/home.html> offers innovative technologies, educational programs, reference services, research assistance, and access to electronic and print resources in the biomedical sciences. Founded in 1971, the Library supports the instructional and research activities of the Colleges of Medicine, Nursing, Public Health, and the School of Physical Therapy. The library offers 3 newly remodeled conference rooms, a computer lab and a comfortable environment for study or research activities. The Shimberg Library subscribes to 2,718 online journals, 265 print journals, 65 research databases and a collection of 30,650 health science books including 938 e-books. An extensive catalog of information is available full text online, and an interlibrary loan service offers researchers borrowing privileges from Universities nationwide. Professional librarians offer group and individualized instruction in the use of print and electronic resources and information management skills. For library training class information or to make an appointment for individual instruction please contact John Orriola at 974-2990. [http://hsc.usf.edu/nocms/library/usf\\_ill.html](http://hsc.usf.edu/nocms/library/usf_ill.html)

#### **B. James A. Haley VA Medical Center**

The James A. Haley Veterans Hospital is a 327 bed tertiary care teaching hospital, with 300 authorized nursing home care beds (180 in Tampa, and 120 beds in Orlando) and is dedicated to providing the highest quality of patient care and services to veterans in Central Florida. The full range of inpatient and outpatient care services is provided including Medicine (111 beds), Surgical (61 beds), Psychiatry (50 beds), Neurology (7 beds), as well as a 60-bed Spinal Cord Injury Service, and a 42 bed Comprehensive Rehabilitation Center.

Tampa is also responsible for three major Satellite Outpatient Clinics located in Orlando, New Port Richey, and Viera, as well as two Readjustment Counseling Centers in Orlando and Tampa. Community Based Outpatient Clinics (CBOCs) are located throughout Central Florida such as: Lakeland (Polk), Brooksville (Hernando); Sanford (Seminole), Zephyrhills

(Pasco) and in Kissimmee (Osceola). The Tampa VAMC and its facilities serve veterans in eight counties of Central Florida: Brevard, Hernando, Hillsborough, Orange, Osceola, Polk, Pasco, and Seminole with a combined estimated veteran population of 435,442.

Tampa and its satellite clinics make up the busiest VA facilities in the nation. The hospital was activated in 1972 and is affiliated with the University Of South Florida College Of Medicine. Residency training programs are provided to 138 residents in most of the medical and surgical subspecialties, as well as Pathology, Psychiatry, and Radiology. Other training programs exist in Nursing, Audiology/Speech Pathology, Pharmacy, Social Work, Dietetics, Nuclear Medicine, Physical and Occupational Therapy, and Radiology.

The Pathology and Laboratory Medicine Service is staffed by full-time and part-time faculty members. In 2008, there were approximately 35,700 surgical specimens, 82,000 surgical slides, 277 bone marrow examinations, 19,000 immunohistochemistry slides, 21 autopsies, 10,326 regular cytology (GYN&NON-GYN) and 693 fine needle aspiration specimens, 1,593,932 outpatient visits, and approximately 7,326,824 clinical laboratory tests. There are facilities for immunohistochemistry, flow cytometry, and molecular pathology.

### **C. Moffitt Cancer Center**

H. Lee Moffitt Cancer Center and Research Institute is a 162 bed, specialized NCI-designated Comprehensive Cancer Center on the campus of the University of South Florida adjacent to the College of Medicine. Comprehensive in-patient and out-patient services are available through multidisciplinary groups in which pathology plays a vital role. Each year the laboratory accessions approximately 11,000 surgicals, 8,300 frozen sections, 8000 consultation/review cases, including approximately, 829 cytology reviews, 8,418 cytology specimens (including 3213 non-gyn), 2095 bone marrow biopsies, 2281 fine needle aspiration biopsies and 20 autopsies. The laboratory also offers a full range of clinical pathology services and has facilities for immunohistochemistry, flow cytometry, and fluorescent in-situ hybridization (FISH)

### **D. Tampa General Hospital**

Tampa General Hospital is a 958 bed county-funded institution located in downtown Tampa that serves as a primary teaching facility for the College of Medicine. A total of 230 autopsies, including approximately 150 embryo and early fetal autopsies, 21,770 surgical specimens, and 5,780 cytology samples are examined annually. The hospital has active kidney, liver, lung, pancreas and heart transplant programs, a Level 1 Trauma Center, a Regional Cardiovascular Center, and is the base for airborne adult and pediatric emergency teams. The clinical laboratory performs more than 3.5 million tests per year.

## E. Other Rotation Sites

Resident rotations are also done at the Bay Pines VA Medical Center, The Hillsborough County Medical Examiner's Office and the Florida Blood Services. Please see the curriculum section for more information about rotations at these sites.

## F. Tampa Community

The Tampa campus of the University of South Florida and the College of Medicine are located in the rapidly growing suburban area of northeast Tampa. Housing is affordable and readily available in several pleasant local neighborhoods with easy access to the University, the beaches, and cultural activities of the downtown area. Tampa is home to Busch Gardens, the Florida Symphony, the world champion Tampa Bay Buccaneers, the world champion Tampa Bay Lightning, The Tampa Bay Storm, the Tampa Bay Devil Rays and the American Board of Pathology. The Tampa Bay area, which includes Tampa, St. Petersburg, and Clearwater, is a thriving community of 2.39 million people located on the Gulf of Mexico. The climate and location allow year round outdoor recreational activity including game fishing, sailing, boating, tennis, and golfing.

# IV. CURRICULUM AND ROTATIONS

## A. Core Curriculum

The four years of combined anatomic & clinical pathology training are divided as follows:  
22 mos. AP (assigned as follows) Core Curriculum  
19 mos. CP (assigned as follows) Core Curriculum  
7 mos. electives (AP or CP freely chosen)  
48 mos. Total

### 1. Anatomic

Rotation	Abbreviation	Duration
Anatomic Pathology (surgical pathology & autopsy call)	AP	1 month
Surgical Pathology 1	SP-1	9 months
Cytology 1	CY-1	1 month
Forensic Pathology	FP	1 month
Cytology and FNA	CY-2	3 months
Advanced Surgical Pathology and Autopsy	SP-2	6 months
Pediatric Pathology	PP	1 month
		22 months total

The rotations encompass training in anatomic pathology, including autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as required by the Accreditation Council for Graduate Medical Education.

## 2. Clinical

Rotation	Abbreviation	Duration
Microbiology	MI	3 months
Chemistry	CHEM	3 months
Hematopathology 1	HP-1	3 months
Hematopathology 2	HP-2	3 months
Blood Bank	BB	1 month
Molecular Pathology	MP	1 month
Advanced Clinical Pathology	CP-2	4 months
		18 months total

The above CP rotations encompass training in microbiology (including bacteriology, mycology, parasitology, and virology), immunopathology, blood banking/transfusion medicine, chemical pathology, cytogenetics, hematology, coagulation, toxicology, medical microscopy (including urinalysis), and molecular biologic techniques as set forth by the ACGME.

## 3. Rotation Descriptions

At the beginning of each rotation, the director is responsible for providing the resident with a copy of the rotation description as well as the list of the required competencies for that rotation. These important documents contain required information such as the goals and objectives of the rotation, the duration of the rotation, the duties and responsibilities of residents at each year of training, the teaching staff responsible for the supervision and instruction of the residents during the rotation, and the manner in which residents are supervised and evaluated during the rotation.

Copies of these rotation descriptions are kept on file with the residency coordinator.

#### 4. Electives

Rotation	Abbreviation	Location	Duration
Senior Anatomic Pathology	AP-3	VA	3 months
Autopsy Pathology	AP	TGH	1 month
Neuropathology	NP	TGH	1 month
Pediatric Pathology	PP	TGH	1 - 3 months
Transplant Pathology	TP	TGH	1 - 3 months
Surgical Pathology, Autopsy, cytopathology	SP	BP	2 – 3 months
Cytopathology	CY	BP	1 – 2 months
Advanced Surgical Pathology	AP-3	MCC	1 – 3 months
Surgical Pathology Consultations	SPC	MCC	1 – 3 months
Advanced Cytology and FNA	CY-3	MCC	1 – 3 months
Flow Cytometry	FC	MCC	1 month
Dermatopathology	DP	MCC or USF or JAHVA	1 month
Hematology Elective	HP-E	MCC	3 months
Molecular Pathology	MP	MCC	1 month
Immunohistochemistry	IHC	MCC	1 month
Research	RS	Any	1 – 6 months

**Note: Detailed rotation descriptions (required and elective) are available through the residency coordinator.**

## **B. Research Requirement**

The Department considers research an integral part of preparation for the practice of pathology. Residents interested in academic practice will have the opportunity through elective time to pursue research projects in more depth than the required minimum. Residents who wish to enter community practice may spend elective time refining diagnostic skills or beginning to pursue a subspecialty. However, the Department believes that all residents, regardless of their career direction, should actively participate in at least one research project. Through this activity, residents will learn to ask appropriate and defined questions (hypothesis formulation), seek the best ways of answering questions (experimental design), judge the reliability of information (data acquisition and controls), assess the relevance of information (statistical analysis), and weigh the validity of conclusions (statistical inferences). Experience with this process is valuable in daily practice in both community and academic pathology.

The following pages contain a list of faculty research interests. Each resident should approach faculty members who have listed projects that may be of interest to the resident. After discussion of the project and mutual consent, the resident under supervision of the faculty member will be responsible for all phases of the project including hypothesis formulation, literature review, experimental design, data acquisition, statistical analysis, and conclusions. A resident may also pursue an original project of his or her own design by collaborating with a willing faculty member. The scope of projects that will be considered appropriate range from clinical/pathological correlation to basic bench research. The individual faculty member will be responsible for securing space and funding for the proposed research. Residents may also be able to obtain departmental funding (p. 17).

Each resident, during PGY-3 or PGY-4 year, will be required to present his/her research project at least once at the Pathology Residents Research Day and Graduation. This event will be held each year and attended by current residents, Pathology faculty, alumni of the USF Pathology Residency Training Program, and all other interested faculty and residents in the College of Medicine. Each presentation will be approximately thirty minutes in length. Projects may begin as soon as the PGY-1 year but should be well in progress by the beginning of the PGY3 year. Research activities may be pursued concurrently with required rotations and/or during elective time. All other responsibilities of a required or elective rotation must be satisfied before a resident may spend time doing research.

In addition, presentation at national meetings and publication in peer-reviewed journals is encouraged and will be supported by the Department upon individual approval (see Education Funds).

### **C. American Board of Pathology**

Residents are eligible to apply for certification by the American Board of Pathology in their fourth year of training. As the application is extensive, the following materials, taken directly from the American Board of Pathology Application, are provided. We recommend that residents begin keeping a log of these items from the beginning of residency. Autopsy, FNA and bone marrow biopsy numbers need to be exact, the others are usually estimated. Clinical pathology consultations include: SPEPs, UPEPs, flow cytometry, hemoglobin electrophoresis, review of send out labs, etc. It is very convenient to keep track of autopsies, FNAs, and bone marrow biopsies in your procedure/case account with the ACGME. You can enter the age, sex, and primary diagnosis in the comment field.

While the volume and variety of procedures performed by pathology residents is quite different from most other medical residents, it is necessary to keep track of procedures you perform. This information will be required for credentialing by the American Board of Pathology, is needed as part of the ACGME accreditation process, and is requested yearly by the USF Graduate Medical Education Committee. Currently, the ABP requires 50 autopsies to be performed per resident. The ACGME requires each resident examine at least 2000 surgical cases, 1500 cytology cases, and 200 frozen sections.

As of July 2004, all residents will be required to use the ACGME's Case Log system. This is available online at [www.acgme.org](http://www.acgme.org). Doing so requires a username and password which will be given to you during orientation.

**H. PROFESSIONAL RESPONSIBILITY DURING PATHOLOGY TRAINING PROGRAM**

	4 Year Total
<b>1. Total number of autopsies performed by you.</b> Residents should report only those autopsies in which they have an active role (as appropriate to the case) in each of the following: review of history and circumstances of death; external examination of the body; gross dissection; review of microscopic and lab findings; preparation of written description of gross and microscopic findings; development of opinion on cause of death; review of autopsy report with teaching staff.	█
<b>a. Number of shared autopsies.</b>	█
<b>b. Number of limited autopsies.</b>	█
<b>c. Number of forensic autopsies.</b>	█
<b>2. Number of surgical specimens</b> examined by you.	█
<b>3. Number of cytopathologic specimens</b> examined by you.	█
<b>4. Number of bone marrows</b> performed by you.	█
<b>5. Number of FNAs</b> performed by you.	█
<b>6. Clinical pathology consultations</b> participated in by you. A clinical consultation is defined by the ABP as any interaction (formal or informal) between you and another health care professional regarding handling of specimens and/or interpretation of data. These consultations may be oral or written and do not have to be billable. <b>Do not include written anatomic pathology reports.</b>	█
<b>7. List on separate page(s) all of the necropsies that you have performed, giving only age, sex, primary diagnosis, and date performed. Do not send complete autopsy reports.</b> The minimum number of autopsies expected is 50.	

\*\*American Board of Pathology [www.abpath.org](http://www.abpath.org)

## D. Didactic Lectures, Conferences, and Presentations

The Department of Pathology and Cell Biology conferences are attended by pathology residents and fellows, graduate and postdoctoral trainees, faculty as well as University and Community physicians. Speakers at conferences include department faculty and residents, other university faculty, and distinguished pathology faculty and scientists from other institutions.

Purpose:

1. To disseminate knowledge of all aspects of pathology to all attendees.
2. To supplement the training residents receive on formal rotations.
3. To provide an opportunity for residents to gain public speaking and presentation skills.
4. To expose the attendees to ongoing research and new developments in pathology and related basic science disciplines.

There are two categories of weekly conferences.

- **Departmental** conferences which are held at USF, VA and MCC; required for all residents. These departments include the Tuesday morning block of conferences run primarily by the residents, monthly Forensic Pathology conference, and Friday morning Topics in Pathology Practice/ Department of Pathology Grand Rounds.
- **Hospital-sponsored** conferences which take place at the individual hospitals and are attended by residents rotating at those hospitals; attendance requirements established by the hosting hospital. These include gross autopsy conference, unknown conference, etc.

**Residents are expected to arrange their daily schedules in order to attend required departmental conferences. The faculty at each of the affiliated institutions are aware of this requirement and will work with residents to allow for attendance.**

**The weekly USF conference schedule, including topics, times, and locations are published weekly in the "Updates in Pathology" flyer distributed to all residents and faculty by email.**

Schedule of required departmental conferences:

TUESDAY	8:00 a.m.-12:00 Noon	Weekly
---------	-------------------------	--------

## 1. Conference Series



### **DIDACTIC COURSE IN ANATOMIC AND CLINICAL PATHOLOGY**

#### **Objective:**

The didactic course is designed to present core material in anatomic and clinical pathology necessary for the practice of pathology and successful completion of the board examination. The course is taught in didactic fashion by core and clinical faculty of the Department of Pathology and Cell Biology. Material is taught in 2-4 week blocks based on organ system (anatomic pathology) or major disciplines (clinical pathology).

#### **Mechanism:**

The Didactic Course uses core texts in pathology (Robbins, Henry, McClatchey) for resident review before conference. The conferences are presented in PowerPoint format with handouts provided at the time of conference. The conference will be most successful if all attendees have read the material and are prepared to participate.

Residents and fellows are also expected to present at this conference on the topic of their choice. They usually will present 2-3 times during their training. Residents can sign up for available dates once the remainder of the conference schedule has been determined.



### **FELLOW CONFERENCE**

#### **Objectives:**

To fellow conference is set to involve fellows in the teaching of residents, and to expose the residents to material in unknown case-based fashion. The fellow conference will increase the residents' exposure to cases and enhance residents' diagnostic ability.

#### **Mechanism:**

Each conference is presented by one of the fellows within the department (cytopathology, surgical oncology, dermatopathology, pediatric pathology, forensic pathology). The fellow will select interesting and challenging slide-based cases, which will be distributed to the residents for viewing at least one week before the conference. The general topic will be assigned to the fellow ahead of time to ensure it is in line with the theme of the current block. At the conference, cases will be discussed and expounded upon using a PowerPoint presentation created by the fellow.



## PATHOLOGY CASE STUDIES

### Objective:

Case studies conference will increase residents' exposure to clinical pathology topics and topics in anatomic pathology that are not part of required rotations. These topics include, but are not limited to medical microbiology, blood banking, chemistry, lab management, coagulation, hematology, neuropathology, dermatopathology and renal pathology.

### Mechanism:

Attendings assigned to present at these conferences may select from a variety of methods including circulation of unknown cases among the residents prior to the conference, unknown cases presented for the first time at conference or lecture format.

## ➤ FORENSIC PATHOLOGY LECTURE SERIES

### Objectives:

The lectures will expose the residents to the work of medical examiners and increase their knowledge and understanding of forensic pathology.

### Mechanism:

Each lecture will be presented by one of the forensic pathologists employed at the Hillsborough County Medical Examiner Department, including Drs. Adams, Mainland, and Chrostowski. The material will be presented using projection of kodachrome slides and discussion during the lecture is encouraged. Residents should familiarize themselves with the topic to be discussed prior to the lecture using one of several forensic pathology textbooks.



## GRAND ROUNDS/TOPICS IN PATHOLOGY

### PRACTICE

### Objective:

To present current information in the fields of basic science research and practical diagnostic pathology to Pathology and cell Biology faculty, graduate students, postdoctoral fellows, pathology residents and fellows as well as to interested University faculty and medical community.

### Mechanism:

The Pathology and Cell Biology department will invite expert speakers from around the country and from within the department to speak on a variety of topics in anatomic and clinical pathology, cancer pathobiology, neurosciences and intercellular matrix.

When possible, speakers may also conduct a microscope session specifically for the residents later in the day where interesting cases will be discussed.

## **E. Resident In-Service Examination**

Residents are required to take the ASCP's Resident In-Service Examination (RISE) annually in the spring. The online exam is not used as a direct evaluation tool, but does gauge the resident's knowledge base and areas that strong and those that require improvement.

## **F. Other Educational Opportunities and Scholarly Activities**

### **1. Teaching Opportunities**

- **Medical Student Teaching:** The second year medical student curriculum is geared towards pathology. Residents are required to teach medical students during their pathology labs. Set up and schedule is maintained by the department's Medical Education Coordinator Michelle Lyons.
- **Resident Conferences:** Residents are also scheduled to give lectures during Tuesday conferences to fellow residents. Chief residents make the lecture schedule and final announcement is made by the residency coordinator.

### **2. Senior Resident Committee Appointments**

**Introduction and Objectives:** Resident participation as committee members or committee chairmen is an important aspect of Pathology training and practice. This involvement provides a leadership role by Pathologists in areas of University and Hospital functions.

A portion of the management experience for senior level residents is participation on committees at the University of South Florida and its affiliated hospitals. This experience will accomplish the following objectives.

1. Demonstrate the committee structure in the medical environment.
2. Show the interaction of pathology with other medical specialties

3. Provide a forum by which senior level residents will be exposed to the process of committee dynamics and function.

**Participating Residents:** PGY 3 and PGY 4 pathology residents will participate on committees. The appointments will be for a period of one year, July 1 - June 30. Appointments will be made with the recommendation of the Chief Residents, and the Directors of the Residency Training Program. Their recommendations will be forwarded to the appropriate person for committee appointment. Once an appointment has been made, attendance at all meetings is mandatory.

**Approved Committee Appointment**

H. Lee Moffitt Cancer Center Surgical Case & Blood Utilization Review Committee  
H. Lee Moffitt Cancer Center Quality Assurance Committee  
H. Lee Moffitt Cancer Center Infection Control Committee  
James A. Haley Veterans' Hospital Transfusion Committee  
James A. Haley Veterans' Hospital Tissue Committee  
James A. Haley Veterans' Infection Control Committee  
University of South Florida Year 2 Medical Student Integrated Pathology Committee

**SENIOR RESIDENT COMMITTEE APPOINTMENTS - 2011-2012**

H. Lee Moffitt Cancer Center Surgical Case & Blood Utilization Review Committee

H. Lee Moffitt Cancer Center Quality Assurance Committee

H. Lee Moffitt Cancer Center Infection Control Committee

James A. Haley Veterans' Hospital Transfusion Committee

James A. Haley Veteran's Hospital Tissue Committee

James A. Haley Veterans' Hospital Infection Control Committee

University of South Florida Year 2 Medical Student Integrated Pathology Committee

## V. ADMINISTRATION AND POLICIES

### A. Orientations

#### 1. General Orientation

General orientation is scheduled and conducted by GME. The orientation schedule for 2011-2012 can be found on at <http://health.usf.edu/NR/rdonlyres/E8BFBB96-B62C-4B72-8DC6-EB0B862BFBB0/0/2011OrientationPlanningCalendar2.pdf>.

#### 2. Department Orientation

Orientation for the department of Pathology and Cell Biology is scheduled for Wednesday, June 29, 2011 at 8:00 a.m. in room MDC 2510.

#### 3. Introductory Sessions

The purpose of the sessions is to provide a basic core of knowledge through a series of introductory discussions. These are presented by academic faculty, supervisors and senior residents. These sessions will allow the incoming resident to understand the introductory concept of Anatomic and Clinical Pathology, define responsibilities of Pathology Residents at USF, assure all paperwork is completed, and provide a foundation for handling of on-call problems.

The introductory sessions are designed as a series of core presentations for the incoming residents. They are mandatory for the PGY 1 residents but are available to any resident. A variety of topics are covered in lectures or demonstrations comprising a series of introductory sessions. These begin at 8 am and are completed by 9:30 each day, allowing the resident to resume their assigned duties by 10:00 am that day.

Autopsy Technique is a session at the Medical Examiner's Office. Two residents will be assigned at one time. The session will begin at 8:30 am. **The session is for an entire day and each resident will be assigned for a period of two days.**

The schedule is given on the next page.

<b>Session Title</b>	<b>Facilitator</b>	<b>Date</b>	<b>Room Location</b>	<b>Time</b>
Welcome and General Orientation	Drs. Vrcel and Esposito	Wednesday June 29	USF Room MDC 2510	8:00 a.m.
Safety	Maria Rubero-Lung	Wednesday June 29	JAHVA Conference Room	1:00 pm – 5:00 pm
Grossing Techniques	Lisa Patterson	Tuesday July 5	TGH Resident Room	8:00 am – 12:00 Noon
Cytology	Dr. Santo Nicosia	Thursday July 7	USF Room MDC 2151	9:00 am – 10:00 am
Billing Integrity Compliance Training	Dr. Jane Messina	Tuesday July 12	MCC Room 3039	8:00 am – 9:00 am
Histology I	Dr. Jennifer Reed	Wednesday July 13	JAHVA Room 1D-194	8:30 am – 9:30 am
Shimberg Health Sciences Library Orientation for the Pathology Residents	John Orriola, MA/ Kristen Morda	Thursday July 14	HSC Library Room 2202	8:00 am – 10:00 am
An Introduction to Departmental Educational Activities & Resources	Michelle Lyons	Thursday July 14	HSC Library Room 2202	8:00 am – 10:00 am
Gross Dissection and Frozen Section/Practical Skills	Dennis Hall	Monday July 18	MCC Room 3150	8:00 am – 9:00 am
A re-introduction to the Microscope	Dr. Ted Strickland	Monday July 20	JAHVA Room 1D-170	8:00 am – 10:00 am
Autopsy Techniques	Dr. Vernard Adams	Tuesday July 19	ME Office 11025 N. 46 <sup>th</sup> St	8:30 am – 4:00 pm
Introduction to Immunohistochemistry	Dr. Farah Khalil	Tuesday July 26	MCC Room 3039	8:30 am – 9:30 am
Autopsy Techniques	Dr. Vernard Adams	Wednesday July 27	ME Office 11025 N. 46 <sup>th</sup> St	8:30 am – 4:00 pm
Special Stains	Dr. Michael Morgan	TBD	TBD	TBD

## **B. Personnel**

### **1. Departmental**

**Santo Nicosia, MD** – Department Chair and Distinguished Professor

**Suzanne McMahon** – Administrative Assistant to Dr. Nicosia

**Linda Carr, MBA** – Department Administrator

**Chantel LeBlanc** – Fiscal and Business Specialist

**Karen Kirchner** – Pathology Office Secretary

**Colleen Stevens** – Residency and Fellowship Coordinator

### **2. Faculty /Attendings with Research Interests**

#### **Geza Acs, M.D., PhD.-MCC**

Pathologic diagnosis of benign and malignant lesions of the breast and female genital tract. In addition to clinicopathologic studies on malignant tumors of the breast and female genital tract, Dr Acs' main research interest focuses on the role of tumor hypoxia and erythropoietin receptor signaling in the development, progression and treatment resistance of carcinomas of the breast and female genital tract. Dr Acs' lab has previously shown that biologically active autocrine/paracrine erythropoietin signaling is present in these tumors and can be activated by low oxygen concentrations. Other areas of research interest in the lab include the role of altered tumor-stromal interactions and lymphangiogenesis in the metastasis and progression of breast cancer and the role of podoplanin in the progression and metastasis of cervical cancers.

#### **Vernard Adams, M.D.- Medical Examiner's**

Injuries and mechanisms of death in traffic fatalities with special interest in cervical spine injuries and air embolism. Autopsy techniques/methods.

#### **Steven J. Agosti, M.D.-JAHVAH**

Evaluation of patients with lymphocytosis and the diagnosis by flow cytometry of cases of unexpected lymphoproliferative disorders. Flow cytometric evaluation of leukocyte adhesion and activation antigens and the effect of hemodialysis on the surface expression of these molecules.

**Nazeel Ahmad, M.D.-VA**

Study of novel molecular targets for urinary bladder cancer therapy. Use of long-term chemopreventive therapy for men with high-grade Prostatic Intra-epithelial Neoplasia, PIN-III. Role of Isoflavones (administration prior to radical prostatectomy) in prostate cancer.

**Soner Altıok, M.D., Ph.D.**

My research interests include development of Fine Needle Aspiration-based molecular assays to individualize targeted anti-cancer therapy.

**Wenlong Bai, Ph.D.-USF**

Function of estrogen receptors, their co-activators and target genes in mediating the effect of estrogens and antiestrogens on the proliferation and tumorigenesis of ovarian surface epithelial cells.

**Kaaron Benson, M.D.-MCC**

Platelet alloimmunization; Transfusion support of BMT recipients; Transfusion transmitted infections; Indications for blood component transfusion; New methods for tissue typing; HLA/disease associations; Peripheral blood stem cell collection/transplantation.

**David Birk, Ph.D.-USF**

Biology of collagen and extracellular matrix.

**Andrew Borkowski, M.D.-VA**

My main research interest involves investigation of molecular changes underlying prostate and urinary bladder neoplastic and non-neoplastic diseases with special emphasis on tumor proliferation and apoptotic processes.

**Marilyn M. Bui, M.D., Ph.D.-MCC**

Use of surgical pathology, cytopathology, and molecular pathology based approach to investigate the factors that are important in the diagnosis, prognosis, and prediction of bone and soft tissue as well as breast cancers.

**Don F. Cameron, Ph.D.-USF**

Basic science interests revolve around the Sertoli cell (SC) in two general categories: their structure and function in the testis (Intra-testicular SCs) and their structure,

function and immunobiology outside of the testis (Extra-testicular SCs). **Intra-testicular SCs:** My primary expertise concerns the structure/function of SCs as they relate to spermatogenesis, especially spermatid differentiation (i.e. spermiogenesis). I am currently most interested in the junctional cell: cell dynamics between SCs and spermatids, the cellular and hormonal (FSH, testosterone) regulation of the coupling and uncoupling of spermatids at the Sertoli-spermatid adhesion junction (ectoplasmic specialization - ES), and the role of the SC ESs in dysfunctional spermatogenesis and oligospermia.

**Barbara Centeno, M.D.-MCC**

Translational research projects using new technologies, including microarray analysis, to fine needle aspirations and other cytology samples. Improvement of the cytological diagnosis of pancreatic neoplasms and cystic lesions using a combination of morphology and adjunctive studies.

**Domenico Coppola, M.D.-MCC**

Importance of the insulin-like growth factor 1 -receptor (IGFI-R) in cell transformation and tumor progression, with particular emphasis on colorectal, ovarian and prostatic adenocarcinoma. These studies involve the application of antisense strategies to in vitro and in vivo models of tumorigenicity and tumor metastasis. Dr. Coppola's second research interest is the study of CD 44 expression in tumor metastases

**Nicole Esposito, M.D. - VA**

Breast pathology: Phyllodes tumors of the breast, including predicting the behavior of phyllodes tumors using a immunohistochemical and molecular assays, such as c-kit mutational analysis and EGFR gene amplification; the risk of subsequent carcinoma after a diagnosis of benign papilloma; HER2/neu in breast cancer and the significance of polysomy 17. Gynecologic pathology: The pathogenesis of smooth muscle tumors of the uterus.

**Philip R. Foulis, M.D., M.P.H.-VA**

The application of computers to medicine. Modification and investigation of laboratory utilization by clinicians.

**Enid Gilbert-Barness, M.D.-TGH**

Study of the Nature and Causes of Human Malformations and Developmental Abnormalities. Embryo and Fetal Pathology

**Ardeshir Hakam, M.D., MBA-MCC**

Gynecologic and genitourinary tumors particularly ovarian, cervical and prostatic neoplasms as well as FNA Cytopathology of neoplastic lesions.

**Shohreh Iravani-Dickinson, M.D.-MCC**

Hematopathology; particularly lymphoblastic lymphoma presenting as lytic bone lesions and ocular adnexal lymphomas (extranodal marginal zone lymphomas).

**Jean Johnson, M.D.-VA**

Pathobiology of viral diseases with specific interest in viral integration sites; Dermatopathology with research in angiogenesis in thin melanomas, and studies of Basal cell carcinomas.

**Loveleen Kang, M.D.-VA**

My research interests include pathogenesis of hematological diseases especially myelodysplastic syndrome. Other interests are identification of diagnostic markers of prostate carcinoma.

**Farah K. Khalil, M.D.-MCC**

Pulmonary pathology with specific interest in translational research related to lung and colon carcinomas.

**Patricia A. Kruk, Ph.D.-USF**

Main area of interest centers on human ovarian epithelial carcinogenesis. Current research focuses on ovarian epithelial cellular responses to a variety of DNA damaging agents as well as the capacity for these cells to repair DNA damage. This includes studies of genomic instability measured by alterations in gene expression, cell-extracellular matrix interactions, and the signal transduction pathways that translate alterations at the genomic level to modulations in cellular behavior. While such studies should provide information about the origin and, perhaps, treatment of ovarian cancer, they are likely to have implications on normal ovarian growth and development, functioning, and aging.

**German F. Leparc, M.D.-FBS**

Application of biophotonics to diagnostic and quality control assays, by identifying the size, shape, chemical composition and concentration of particles in bodily fluids.

**Stephen Mastorides, M.D.-VA**

Translational research in molecular pathology, in order to serve as a “bridge” between clinical applications and basic biomedical sciences.

**Jane L. Messina, M.D.-USF and MCC**

Pathologic evaluation of sentinel lymph node metastases in patients with malignant melanoma, especially with respect to prognostic factors in thin metastasizing melanoma. Applications of sentinel lymphadenectomy in other solid tumors such as Merkel cell carcinoma, adnexal carcinoma, and squamous cell carcinoma.

**Lynn C. Moscinski, M.D.-MCC**

Hematopathology with special interest in acute leukemia; flow cytometric immunophenotyping and use of DNA probes in diagnosis of clonal hematologic disorders; active research interest in gene regulation in myeloid cells, cytokine interactions in multiple myeloma, and detection of minimal residual disease in blood and bone marrow.

**Carlos Muro-Cacho, M.D., MBA - VA**

Traumatic Brain Injury, Epigenetic Mechanisms of Head and Neck Squamous Cell Carcinoma, Pathogenesis of Human Papilloma Virus, Tissue-based Molecular Technologies.

**Santo V. Nicosia, M.D., M.S.-USF**

Exfoliative and aspiration biopsy cytopathology; gynecologic pathology. Analytical cytology. Intraoperative imprint cytology and rapid immunocytochemistry for the evaluation of sentinel lymph nodes in breast cancer patient. Pathobiology of ovarian epithelial cancer. Early cancer detection. Mechanisms of epithelial morphogenesis and angiogenesis.

**Dahui Qin, M.D. – MCC**

Dr. Qin is interested in molecular genetic diagnosis for hematopathology and anatomic pathology case. Dr. Qin is also interested in the research about follicular dendritic cells, which is an immune accessory cell, playing an important role in B cell stimulation, proliferation and apoptosis. Follicular dendritic cells may also play an role in preventing lymphoma cells from apoptosis. Dr. Qin is interested in identifying the gene expression profile of follicular dendritic cells and associated lymphoma cells

and to explore the molecular interaction between these cells. Dr. Qin is also interested in head and neck diseases and related research.

**Karen Reeves, M.D.-TGH**

My research interest is in Hematopathology and renal pathology.

**Ramon L. Sandin, M.D., M.S.-MCC**

Diagnostic microbiology and infectious diseases, and technology transfer from the research to the clinical diagnostic microbiology laboratory. Molecular diagnosis with DNA probes and PCR. Developmental studies on technique optimization prior to implementation. Environmental-medical applications of PCR.

**Samuel Saporta, Ph.D.-USF**

Cell signaling pathways controlling differentiation of cancer stem cells, neural progenitor cells and adult stem cells to neural phenotypes. Transplantation, revascularization and integration of stem cell and progenitor cells in the central nervous system

**Prudence Smith, M.D.-MCC**

Pulmonary pathology. Cytopathology.

**Leah Strickland-Marmol, M.D.-VA**

My research interests include microvessel density in brain tumors, head and neck pathology, fungal infections in cancer patients, progression of premalignant breast lesions to carcinoma

**Jianguo Tao, M.D.-MCC**

My long-term goal of research is to define the critical molecular alterations that transform a normal cell into a cancer cell and to provide new avenues for development of more effective cancer therapies. I am interested in the signal transduction pathways that regulate cell proliferation, differentiation and apoptosis, and in the mechanisms that couple these pathways to abnormal growth and cellular transformation in cancers. In particular I am interested in the signaling pathways responsible for malignant transformation by viral and cellular oncoproteins, and how the pathways involved in malignant transformation in leukemia and lymphoma. My current projects are focused on defining the roles of the MAP kinases, STAT-JAK and NFkappaB pathways in the pathogenesis of leukemia and lymphoma.

**L. Brannon Thomas, M.D. - VA**

Applying molecular techniques to evaluate traumatic brain injury. Gram negative infections in war veterans. Developing rapid diagnostic methodologies for drug resistant bacteria.

**Vesna Vrcelj, M.D.-USF**

Tumor induced angiogenesis, tumor angiogenesis and metastatic correlation in invasive breast carcinoma, Bcl-2 and association with microvessel density in breast cancer. c-erbB-2, p53 and nm23 gene expression in breast cancer, cathepsin D expression in breast cancer.

**Don E. Wheeler, M.D.-USF**

Medical diseases of the kidney and liver; liver and kidney transplant pathology.

**Marzena Wiranowska, Ph.D.-USF**

Research interest is in Neuro-Oncology. The specific areas of research include the role of extracellular matrix in the brain during glioma invasion. Also, a biodistribution and the effect of chlorotoxin, a scorpion derived toxin, on glioma *in vivo* and *in vitro* are investigated.

**Ling Zhang, M.D. - MCC**

To explore the pathobiology of hematologic malignancies, particularly myelodysplastic syndromes (MDS) and acute myeloid leukemia (AML); to study the mechanisms of initiation, progression and therapeutic resistance on MDS and leukemia; 3) to incorporate advanced molecular techniques to assist in diagnosis, subclassification and prognosis prediction of leukemia, MDS and other hematologic malignancies.

### **3. Residents and Fellows**

#### **ANATOMIC/CLINICAL PATHOLOGY RESIDENTS**

##### **MICHEL BETANCOURT, MD**

**PGY-1** – Dr. Betancourt completed his undergraduate degree at Florida International University in Biology. He completed his medical degree at the Ponce School of Medicine in Puerto Rico.

##### **JOHNNY NGUYEN, M.D.**

**PGY-1** – Dr. Nguyen completed his undergraduate degree at the University of Central Florida. He completed his medical degree at the University of South Florida.

##### **YELENA PIAZZA, MD**

**PGY-1** – Dr. Piazza received her M.D. degree from the Karaganda State Medical Institute/Kazakhstan. She completed her Residency in Internal Medicine, City Hospital #1, Temirtau, Kazakhstan, and her PhD from Almaty State Medical Institute, Kazakhstan.

##### **MARYAM TAHMASBI, MD**

**PGY-1** – Dr. Tahmasbi completed her M.D. degree from Rafsanjan University of Medical Sciences and Health Services in the Islamic Republic of Iran.

##### **STEPHEN DUCKER, M.D.**

**PGY-2** – Dr. Ducker completed his B.S. degree in Health and Exercise Science at the Oral Roberts University in Tulsa, Oklahoma. He has a M.S. in Health and Exercise Science from the Oklahoma State University. He has an M.S. degree in Nurse Anesthesia from Barry University in Miami, FL.

##### **JESSE KRESAK, MD**

**PGY-2** – Dr. Kresak is a graduate of the University of South Florida with a B.S. in Biomedical Science. She also received her M. D. from the University Of South Florida College Of Medicine.

##### **PANAGIOTIS PANTAZOPOULOS, MD**

**PGY-2** – Dr. Pantazopoulos received a B.A. in Political Science and Microbiology from the Southern Illinois University in Carbondale, Illinois. He also received a M.Sc.

in Molecular Biology, Microbiology and Biochemistry. He received his M.D. from St. George University School of Medicine, St. George, Grenada.

**SUDEEP GAUDI, MD**

**PGY-3** – Dr. Gaudi received a B.S. in Engineering Science from the University of Florida in Gainesville, FL. His M.D. degree was received from the University of South Florida.

**JARRET HOUSE, M.D.**

**PGY-3** – Dr. House received his B.S. degree in Microbiology and Cell Science from the University of Florida in Gainesville. He received his M.D. degree from the University of Miami, School of Medicine in Miami, FL.

**REZA SETOODEH, M.D.**

**PGY-3** – Dr. Setoodeh received his M.D. degree from the Shiraz University of Medical Science, Shiraz, Iran.

**JANESE TRIMALDI, MD**

**PGY-3** – Dr. Trimaldi received an A.A. degree from Valencia Community College in Orlando, FL. She completed a BS degree in Chemical Engineering from the University of South Florida. She also completed her M.D. degree at the University Of South Florida College Of Medicine.

**WILLIAM BULKELEY, MD**

**PGY-4** – Dr. Bulkeley received a B.S. in Pre-Veterinary Science from the Clemson University, Clemson, SC. He received his M.D. degree from the Medical University of South Carolina College of Medicine, Charleston, SC.

**BRIAN QUIGLEY, MD**

**PGY-4** – Dr. Quigley is a graduate of the University of Missouri-Columbia, Columbia, Missouri where he received a B.S. degree in Biochemistry. He received his M.D. degree from the University Of Texas Medical Branch School Of Medicine at Galveston.

**XIAOHUI ZHANG, MD**

**PGY-4** – Dr. Zhang is a graduate of the Fourth Military Medical University, China where he received a M.B.; M.Med and Ph.D. degree. He has been a Postdoctoral

Fellow and Research Associate with the University Of South Florida Department Of Pathology.

### **CYTOPATHOLOGY FELLOW**

#### **EVITA HENDERSON-JACKSON, M.D.**

**PGY-6 – Dr.** Henderson received her B.S. degree in Biology from the University of South Carolina-Aiken in Aiken, SC. She received her M.D. degree from the Medical University of South Carolina College of Medicine, Charleston, SC. She completed her residency in Anatomic and Clinical Pathology at the University of South Florida Pathology and Cell Biology Department. Dr. Henderson has also completed a fellowship in Oncologic Surgical Pathology.

### **DERMATOPATHOLOGY FELLOW**

#### **RAHEL MATHEW, MD**

**PGY-6 – Dr.** Mathew completed her B.S. degree at the Nova Southeastern University, Fort Lauderdale, FL. She received her M.D. from the University Of South Florida College Of Medicine. Dr. Mathew completed her residency at the University of South Department of Pathology and Cell Biology.

### **HEMATOPATHOLOGY FELLOWS**

#### **DENIZ PEKER, MD**

**PGY-6 – Dr.** Peker received her M.D. from the Erciyes University Medical School, Turkey. She completed her residency from the Mount Sinai Medical Center, Miami Beach, Florida.

#### **JEREMY BOWERS, MD**

**PGY-5 – Dr.** Bowers received a B.S. degree in Zoology and Biology from Arkansas State University in Jonesboro, Arkansas. He received his MD degree from the University of South Florida College of Medicine in 2007. He completed his residency training in AP/CP at the University of South Florida.

### **FORENSIC PATHOLOGY FELLOW**

#### **SARA ZYDOWICZ, DO**

**PGY-FP – Dr.** Zydowicz completed her D.O. degree at Kansas City University of Biomedical Sciences. She completed her residency training in AP/CP at the

University of Wisconsin Hospitals and Clinics. Dr. Zydowicz also completed a fellowship in Cytopathology at Northwestern Memorial Hospital in Chicago, IL.

### **ONCOLOGIC SURGICAL PATHOLOGY FELLOWS**

#### **MAISOUN ABDELBAQI, MD**

**PGY-5** – Dr. Abdelbaqi completed her medical degree at Dubai Medical College in the United Arab Emirates. She completed her residency at Louisiana State University.

#### **PATRICIA MOODY McNAB, MD**

**PGY-5** – Dr. McNab received her B.S. degree in Interdisciplinary Study Health Science from the University of South Florida, Tampa, FL. She received her M.D. degree from the University of South Florida College of Medicine.

### **PEDIATRIC PATHOLOGY FELLOW**

#### **VIBHA KAWATRA, MD**

**PGY-5** – Dr. Kawatra completed her medical degree at Maulana Azad Medical College in New Delhi, India, where she also completed her residency in Anatomic and Clinical Pathology.

#### **C. Residency Review Committee**

The Residency Training Committee of the Department of Pathology is responsible for the overall coordination and definition of the Residency Training Program in Pathology at the University of South Florida. Its members set policy, review resident performance, and coordinate all activities of the Department of Pathology Training Program. The following are members of the Residency Committee:

Residency Program Director  
Residency Program Associate Director  
Fellowship Director, Cytopathology  
Fellowship Director, Hematopathology  
Fellowship Director, Oncologic Surgical Pathology  
Site Coordinator, H. Lee Moffitt Cancer Ctr  
Site Coordinator, J. A. Haley V.A. Hospital  
Fellowship Director, Pediatric Pathology  
Site Coordinator, Tampa General Hospital  
Site Coordinator, Bay Pines Veterans Hospital

Dr. Vesna Vrcel  
Dr. Nicole Esposito  
Dr. Marilyn Bui  
Dr. Lynn Moscinski  
Dr. Ardeshir Hakam  
Dr. Prudence Smith  
Dr. L. Brannon Thomas  
Dr. Enid Gilbert-Barness  
Dr. Joe Finan  
Dr. Rehana Nawab

Site Coordinator, Florida Blood Services  
Site Coord. and Fellowship Director Forensic Pathology, ME's Office  
Site Coordinator University of South Florida  
Chairman Department of Pathology & Cell Biology  
Chief Residents (2)

Dr. German Leparc  
Dr. Vernard Adams  
Dr. Jane L. Messina  
Dr. Santo V. Nicosia  
Dr. William Bulkeley  
Dr. Brian Quigley

### **Scope of Responsibilities**

The following responsibilities are those of the Residency Committee in the Department of Pathology.

1. Set Overall Goals and Objectives of the Program.
2. Define overall curriculum
3. Review and approve individual rotation content
4. Review resident applicant candidates
5. Provide evaluation and determine advancement of residents in the Department of Pathology
6. Approve the yearly resident rotation schedule
7. Determine long-term goals and direction of the residency-training program.  
The committee meets a minimum of three times per year. The residency director or his/her designee chairs the meetings. Any member may bring agenda items for discussion. All items, changes in policy, or implementation of new protocols require a majority vote by the members. Any coordinator can, if they are unable to attend, send a representative as a voting member. The meetings will follow Robert's Rules of Order.

### **D. Residency Review Committee**

The Residency Training Committee of the Department of Pathology is responsible for the overall coordination and definition of the Residency Training Program in Pathology at the University of South Florida. Its members set policy, review resident performance, and coordinate all activities of the Department of Pathology Training Program. The following are members of the Residency Committee:

Residency Program Director  
Residency Program Associate Director  
Fellowship Director, Cytopathology  
Fellowship Director, Hematopathology  
Fellowship Director, Oncologic Surgical Pathology  
Site Coordinator, H. Lee Moffitt Cancer Ctr  
Site Coordinator, J. A. Haley V.A. Hospital  
Fellowship Director, Pediatric Pathology

Dr. Vesna Vrcel  
Dr. Nicole Esposito  
Dr. Marilyn Bui  
Dr. Lynn Moscinski  
Dr. Ardeshir Hakam  
Dr. Prudence Smith  
Dr. L. Brannon Thomas  
Dr. Enid Gilbert-Barness

Site Coordinator, Tampa General Hospital  
Site Coordinator, Bay Pines Veterans Hospital  
Site Coordinator, Florida Blood Services  
Site Coord. and Fellowship Director Forensic Pathology, ME's Office  
Site Coordinator University of South Florida  
Chairman Department of Pathology & Cell Biology  
Chief Residents (2)

Dr. Joe Finan  
Dr. Rehana Nawab  
Dr. German Leparc  
Dr. Vernard Adams  
Dr. Jane L. Messina  
Dr. Santo V. Nicosia  
Drs. William Bulkeley and Brian Quigley

### **Scope of Responsibilities**

The following responsibilities are those of the Residency Committee in the Department of Pathology.

1. Set Overall Goals and Objectives of the Program.
2. Define overall curriculum
3. Review and approve individual rotation content
4. Review resident applicant candidates
5. Provide evaluation and determine advancement of residents in the Department of Pathology
6. Approve the yearly resident rotation schedule
7. Determine long-term goals and direction of the residency-training program.  
The committee meets a minimum of three times per year. The residency director or his/her designee chairs the meetings. Any member may bring agenda items for discussion. All items, changes in policy, or implementation of new protocols require a majority vote by the members. Any coordinator can, if they are unable to attend, send a representative as a voting member. The meetings will follow Robert's Rules of Order.

### **E. Site Coordinators**

A Program Coordinator is assigned at each of the major institutions that participate in the education and training of the Department of Pathology and Cell Biology Residents of the University of South Florida. They assure that there is an adequate and balanced educational experience at their institution.

#### **Duties of the Program Coordinator**

1. Oversee the educational experience of all residents at the institution with which the coordinator is affiliated.
2. Assure that there is a balance between service and teaching.
3. Protect all segments of each rotation at the institution.
4. They or a designee provide on-going feedback to the resident throughout the rotation. They also review with the resident their written final evaluation at the end of the rotation.

5. If resident evaluations are accomplished by all faculty at the institution, the coordinator or a designee should chair the evaluation meeting and assure the evaluation is critical, constructive, and fair.
6. Maintain complete, current, and accurate documentation of the rotations at their institute including goals, skills, objectives and requirements.
7. Serve as a member of the USF Department of Pathology and Cell Biology Residency Training Committee.

### **Current Program Coordinators**

The following institutions currently have Program Coordinators who are members of the Residency Committee:

H. Lee Moffitt Cancer Center	Dr. Prudence Smith
Tampa General Hospital	Dr. Joe Finan
University of South Florida	Dr. Jane L. Messina
James A. Haley Veterans Hospital	Dr. L. Brannon Thomas
Florida Blood Services	Dr. German Leparc
Bay Pines Veterans Hospital	Dr. Rehana Nawab
Medical Examiner's Office	Dr. Vernard Adams

As institutions are added or deleted, the members of the Department of Pathology Residency Training Committee may change.

### **F. Resident Advisors/Mentors**

The Resident Advocate is a Faculty Member of the University of South Florida Department of Pathology and Cell Biology. Their responsibility is to assist the resident initially in adapting to the program and later to function as a mentor and advisor for the resident.

#### **Process of Advocate Selection**

Initially residents are assigned to interested faculty. The resident at any point can elect to select another resident advocate although this is generally discouraged. This may be done with the assistance of their current resident advocate. In this way, as the resident's goals and objectives change, the advocate may change.

#### **Duties of Resident Advocate**

1. The advocate should initially provide assistance in helping the resident adjust to this pathology program. Questions should be answered and advice given. They should provide help with the transition of medical student to resident or resident in another program to the USF Pathology Program.
2. The advocate should provide counsel to the resident, assisting them with problems or issues which the resident or advocate feels are important to the residents' development. These include but are not limited to selection of

- rotations, career selection, and assistance with positions after leaving the program. Resident progress including rotation evaluations should be reviewed a minimum of twice per year.
3. The advocate should provide a mentoring influence, encouraging the resident to excel in all areas of the program.
  4. The advocate should encourage residents to pursue a research interest, should seek out other faculty members for support, and provide guidance to achieve this goal.

### **Implementation**

When the resident initially joins the program, the advocate should schedule a session with the resident and assure that the resident is adjusting to the program. They should meet on regular and initially frequent intervals to assure that the transition of the resident to the USF Department of Pathology and Cell Biology is proceeding smoothly.

**NOTE: Resident mentors will be decided at the beginning of the year and will be announced after decided.**

### **G. Chief Resident Duties**

Each year, two 4<sup>th</sup> year residents will be elected to be chief residents. There is a commensurate increase with being chief resident that will be split in half for the academic year (July thru December and January thru June). This year's chief residents are William Bulkeley, MD and Brian Quigley, MD. Duties as chief resident include the following:

- Serve as a mentor to junior residents
- Work in conjunction with the Residency Program Coordinator in preparation of the resident rotation schedule.
- Coordinate and pre-approve residents' vacation and business leave for subsequent approval by clinical service and residency program directors.
- Assist in scheduling and coordinating intra-departmental conferences and other departmental events.
- Facilitate the relationship between residents and faculty to maximize learning and service efficiency.
- Determine from each resident during each rotation whether problems exist.
- Attend Residency Review Committee meetings and other departmental administrative meetings, as required.
- Serve as a resource person to advise the Program Directors and Residency Program Committee regarding resident perspectives about new directions, budgeting, or other questions that may arise

## H. Housestaff Policies

### General Principles

These policies are complementary to the USF House Officer Personnel policies agreed to when the contract is signed. The following policies reiterate and expand upon these policies as they pertain to the Pathology Department. An official copy of the House Staff Policy Manual can be obtained from Colleen Stevens or online at [www.hsc.usf.edu](http://www.hsc.usf.edu), link College of Medicine, click Education, and click Graduate Medical Education. All official matters regarding house staff policies are delineated through the Office of Graduate Medical Education and fully defined in the USF house staff manual.

### Vacation/Sick Leave

- Each resident shall be credited with two (2) weeks or 10 working days starting their first year; three (3) weeks or 15 working days per year are provided thereafter. In general, vacation leave is to be taken in increments of a full week. Taking vacation during 1-month rotations is discouraged. Vacation leave days may not be carried over from one appointment year to the next, and no payment for unused leave days will be made upon terminating a training period.
- A total of 9 days of sick leave per year are allowed each resident; in addition one day of sick leave per year are credited to the sick leave pool.
- **Only five (5) days of unused sick leave can be carried over to the next appointment year; for maternity/paternity purposes only.** Unused sick leave will not be paid upon termination of a training period for any cause.
- Each resident must arrange coverage for his or her service responsibilities when vacation is taken. This may be in the form of a "trade" with other residents. All such arrangements must be approved in advance by the attending whose service is affected and the Program Coordinator of the institution.
- The following method will be used to report vacation/sick leave:

1. The vacation/sick leave request form is to be filled out and turned in as soon as vacation is planned; during Surgical Pathology rotations this is to be no later than the beginning of the rotation. This form must be co-signed by the attending heading the rotation. A leave request form is included in the following pages. This may be copied for residents use.
2. No greater than one consecutive week of vacation leave in one rotation should be taken, unless it is a part of maternity leave.
3. At the end of the rotation, the resident evaluation form will include a section on whether the resident has taken vacation/sick leave during the rotation.
4. When a resident uses sick leave, the rotation director at the assigned hospital and chief residents should be notified by telephone that day. Upon returning to work, the vacation/sick leave form is filled out and turned in.

### **Administrative (Professional) leave**

Administrative leave is available to residents for professional activities approved by the Program Director and the Graduate Medical Education Office. Final approval of leave request(s) rests on the authority of the departmental chair. Professional activities include active participation and presentation(s) at specialty meetings.

### **Family and Medical Leave**

The policies for family and medical leave are the same as stated in the House Office Personnel Policy booklet, briefly:

- Parental. Each resident is allowed up to twelve (12) weeks of uncompensated parental leave. Individuals must apply for parental leave in advance and obtain approval from their Program Director and the GME Office. Individuals may utilize accumulated sick or vacation leave as continued compensation during parental leave under the conditions specified for those benefits. No other compensation is available for parental leave. If both parents are USF residents, a combined total of 12 weeks of parental leave is allowed as prescribed by FMLA.
- Absences from the residency in excess of that allowed by the RRC and Board must be made up in order to fulfill the requirements for completion set forth by the ACGME.
  
- As soon as it is feasible, the department should be notified of a resident's pregnancy so that a review of her remaining rotations and any necessary changes may be made. In general, pregnant residents are expected to perform the usual duties of the rotations to which they are assigned, unless excused for medical or other reasons by their physician. Residents may be excused from assigned rotations and reassigned if the attending pathologist on that rotation believes the duties of the rotation pose an undue risk to a pregnant woman or child.
- Child Care. Upon written approval of the Program Director and GME Office, uncompensated leave for childcare purposes up to a maximum of six months shall be granted. The leave shall begin no more than two weeks before the expected adoption or delivery date. When certified by a licensed physician, sick leave credits

may be used for any illness caused or contributed to by pregnancy or delivery. Vacation leave credits may also be used in conjunction with childcare leave. (See sections on Parental, Sick, and Vacation Leave.)

### **Leave without pay**

Upon written request of a resident, the Program Director may grant a leave of absence without pay for a period not to exceed six (6) months, if it is determined that granting such leave would be in the best interest of the University and House Officer.

\*\*All leave in excess of 4 weeks per year must be made up at the end of the resident's training.

### **Dress Code**

The purpose of the dress code is to maintain high standards of dress, hygiene, grooming and the personal appearance of the staff members, which are essential elements in our daily relations with patients, families, and visitors in assuring a professional, business-like representation.

Without unduly restricting individuals' tastes, it is our policy to require personal cleanliness, good grooming and appropriate dress while staff members are on duty every day of the week and to establish a mechanism by which uniforms will be provided to employees in positions meeting designated criteria.

Operational needs within a department may require specific departmental policies, but in all cases standards must be in compliance with infection control and safety guidelines. In departments where staff members will have contact with patients, uniforms may be required. In departments where uniforms are not required, staff members are expected to use good judgment in selecting the clothes they wear on the job. Male staff members must wear neckties except where specific uniforms dictate otherwise.

Extreme styles should be avoided:

- Revealing clothing such as midriff tops, tank tops, shorts, rompers, beachwear, flip-flops, cut-offs, see-through clothing, or any street clothes that expose the body to a degree that represents poor taste or unprofessional appearance.
- Workout clothing such as sweat suits, spandex exercise wears, jogging suits, sweat pants, or other athletic wear.
- T-shirts, sweat shirt, or any other clothing with commercial logos, slogans, or other art or designs that might be offensive to others.
- Any clothing that does not properly fit (excessively small or large for the wearer) and/or exposes the wearer to any added risk of injury.

### **Licensure/Accreditation**

All residents must be ACLS/BCLS certified, according to the bylaws of the Health Sciences Center Trust Fund prior to their start date of July 1.

All residents must apply for licensure/registration with the Florida Department of Professional Regulation as soon as they are eligible (after the first year of residency training), according to the bylaws of the Health Sciences Center Trust Fund. Applications are available from the Housestaff Office at TGH, or by writing the DPR.

### **Salary schedule**

Stipends for house officers at the University of South Florida Health, College of Medicine are revised annually and are generally above those for the south. The stipend level is based on PGY level. Stipend levels for 2011/2012 are:

### **2011 - 2012 Resident Salary Schedule**

PGY I	\$46,245
PGY II	\$47,801
PGY III	\$49,483
PGY IV	\$51,249
PGY V	\$52,947
PGY VI	\$54,802
PGY VII	\$55,898

The State of Florida has no State Income Tax. Comprehensive health insurance and limited disability insurance are provided by the University. Professional liability insurance is furnished by the State of Florida for training related incidents.

First year residents are entitled to two weeks of paid vacation. PGY 2 and above receive three weeks paid vacation. An additional week is allowed for conferences/educational leave. 2 weeks sick leave is allowed. Maternity/paternity leave is given. (See house officer personnel policies) Numerous child care facilities are available on and off campus. White lab coats are provided free of charge. Other benefits and discounts are available through the House Staff Association.

The Office of Graduate Medical Education has created a Housestaff Website (<http://health.usf.edu/medicine/gme>) which contains important references and articles to supplement the teaching of these competencies. While implementation of this curriculum is primarily the responsibility of the program director, each resident shares in the responsibility for the development of an ongoing program that includes these critical areas of education which may not directly link with the curriculum of your chosen specialty. Please recognize the importance of this area and integrate it into your ongoing program of self-study:

### **Ethics**

- Residents should develop an understanding of basic ethical principles.
- Residents should understand and protect patients' rights.
- Residents should understand their ethical responsibility to society.

- Residents should understand the principles of ethical research.

### **Scholarship and Life-long Learning**

- With assistance of mentors and colleagues, residents should establish personal standards for their behavior, attitudes, skills, and knowledge.
- Using external and subjective evaluative methods, residents should assess the learning/development needs and establish a plan for self-improvement.
- Residents should develop an ability to assess the medical literature critically.
- Each resident should apply the basic principles of the scientific method in his/her practice setting.
- Residents should participate in scholarly activities.

### **Physician as Communicator and Teacher**

- Residents should demonstrate the effective communication skills essential to the practice of medicine. Residents should lead and work with others in creating an educational environment and in caring for patients.
- Residents should become competent in teaching clinical skills and professional attitudes and behaviors.

### **Personal and Professional Development**

- Residents should be altruistic, putting the interest of the patient and the community before their own. Residents should be accountable to both patients and the community.
- Residents should deal with patients, families, and colleagues with honesty and integrity.
- Residents should strive to achieve excellence in all aspects of their academic and professional endeavors.
- Residents should show respect for others.
- Residents should develop the skills that will help them balance a demanding career with a fulfilling personal and family life.

### **Medical Practice Issues**

Competency must be achieved in Medical/legal requirements, Healthcare economics and patient care practices, Healthcare organizational development, and Practice management techniques.

Residents should understand basic legal terms and concepts related to the practice of medicine, especially their legal obligations regarding patient information and the provision of end-of-life care.

Residents should be knowledgeable about the basic concepts, principles, and language of health care economics, including the variety of reimbursement systems and the mechanisms for assessing quality of care.

Residents should understand how governmental regulatory and independent accreditation agencies monitor individual medical practices and healthcare organizations.

Residents should understand the “business” aspects of managing a medical practice, including appropriate selection/employment of medical personnel.

## **I. Duty Hours**

Residency training involves both a responsibility and a commitment that requires a greater number of hours than the traditional job. Medicine is a profession, and as such, individuals make commitments to patients that exceed those of most of modern society. This pathology residency program has assigned duty hours, and it is the expectation that the resident will be present at all assigned times. In general, AP rotators are expected to be present 8 a.m. to 5 p.m., except when: a) on frozen section duty when they should arrive at 7:30 a.m. and depart after the last frozen section is completed; b) on grossing duty when they should depart after the last required specimen has been grossed, cassetted and immersed in fixative. CP rotators should be present from 8 a.m. to 5 p.m. It is recognized that events and circumstances may require additional time spent in patient care activities over and above routine work hours. This is at the discretion of each rotation director, but they are required to notify the residents in advance of the expectations regarding duty hours over the above-stated guidelines. It is understood that residents who agree to participate in the program will meet the requirements. Absence from clinical duty during anticipated duty hours is considered an unexcused absence and will be addressed. Individuals with repeat absence during scheduled duty hours may be considered for adverse action.

Residents will not be scheduled for more than 80 duty hours per week, averaged over a four-week period. At least one, and usually two days in seven will be free of patient care responsibilities, averaged over a four-week period. Residents will take call no more frequently than every third night, also averaged over a four-week period. When residents take call from home and are called into the hospital, the time spent in the hospital is counted toward the weekly duty hour limit.

Each hospital maintains a schedule of on-call activities for nights and weekends. Most hospitals allow residents to take call from home. In either case, individuals who are on-call are expected to be immediately available and ready to work during the entire period of assigned call.

Individuals who believe that the time requirements are excessive have the opportunity to question the duty hour assignment, either with the program director or with the Associate Dean for Graduate Medical Education. The University of South Florida Graduate Medical Education Committee supervises resident duty hours and night call but also recognizes that patient needs come first. Individuals who are scheduled to take night call and are not available or do not execute their responsibilities are subject to adverse action.

Duty hours are set in accordance with the ACGME mandates and are recorded in New Innovations.

## **J. Moonlighting**

Moonlighting is defined as work for compensation performed outside of the regular, assigned duties of your specific rotations. It is performed after regular duties are completed, generally after normal working hours (i.e. after 5 p.m. and on weekends). Because residency education is a full-time endeavor, any moonlighting that you engage in must not interfere with your ability to achieve the goals and objectives of the residency program.

Before you accept a moonlighting job, you are required to notify the residency director, and you must receive approval for moonlighting in writing. This letter will be placed in your residency file. Documentation of amount of time moonlighting is part of your annual evaluation. If at any time one of your rotation directors or the program director feels that moonlighting activities are interfering with your duties and responsibilities, we reserve the right to require that you discontinue such activities.

Any hours you work for compensation at the VA, TGH, or MCC will be considered part of the 80-hour weekly limit on duty hours.

## **K. Rotation Changes and Requests**

Changes in the assigned rotation schedule may become necessary throughout the year for a variety of reasons including maternity leave. When a change is being contemplated, a variety of factors may affect its approval, most importantly being the availability of funding at the sponsoring institution. Other factors include the availability of space and whether or not there are other residents on rotation at the same time.

If you have any questions concerning funding of rotations, please ask one of the Program Directors. If a schedule change becomes necessary, a **ROTATION CHANGE REQUEST FORM** must be filled out by the resident, signed by one of the Program Directors, and turned in to Colleen Stevens in the Pathology Office. Please turn this in as early as possible, but no later than ten days before the month in which the change is to be made.

## L. Education Funds

**Guidelines for Expenditures to the Departmental Educational Funds** (as taken from the GME website at (<http://health.usf.edu/medicine/gme>).

Reimbursement requests for residency education expenses should clearly relate to resident scholarly activity, education coordinator and program educational needs, program competency based evaluation and patient safety/patient safety education.

### Approved Expenditures for Program:

- Travel to present a paper or abstract or to visit an approved site that enhances resident educational and/or research activities, **and limited to \$2000 in expenditures per trip.** (Individual resident travel is limited to a total of three (3) trips per year.)
- Books, electronic devices & software approved and required by program director. **There is a \$1,000 limit per item on computer equipment.**
- Limited seed funding for approved research projects as required by the curriculum (not laboratory equipment)
- Fees for publication of articles, abstracts, chapters, etc by residents/fellows
- Tuition for pre-approved educational programs (i.e., Masters Degree) as mandated by program requirements.
- Board Review courses as approved by the Program Director.
- General program (not to include personnel costs, salary, etc. or food for meetings or activities):
  - Visiting professor costs to meet resident core competency requirements and specific research and/or scholarship requirements.
  - Approved consultants to address very specific needs in the areas of competency based education or patient safety education
- Recruitment expenses (Program must adhere to UMSA policies/procedures relative to gifts, parties, food expenses, etc.)
- Graduate expenses- **the amount shall not exceed \$50 per person or \$1,000, whichever is less.**
  - GME funds do not cover alcohol.

### Additional Guidelines:

- ALL expenditures MUST BE PRE-APPROVED using Graduate Medical Education Approval Form a minimum of thirty (30) days prior to travel and/or expenditure.
- Travel outside the U.S. is limited to the \$2000 reimbursement cap and must be pre-approved by UMSA Chief Financial Officer.
- Items/Equipment for individual residents will NOT be approved.

The use of education funds for travel follows the university's travel policy as found at <http://usfweb2.usf.edu/uco/travel/>.

## **M. Grievance Policy**

This grievance process is a departmental procedure to be used for addressing issues where a Resident feels that they have been treated unfairly and seeks resolution. This policy is in accord with all University regulations, as defined by the House Office Policy manual for residents in the University of South Florida College of Medicine.

If a resident expresses a concern regarding their treatment, workload, assigned duties or other issues, they have the ability to contact any of the following individuals:

- (1) Chief Residents in Pathology (Dr. William Bulkeley or Dr. Brian Quigley)
- (2) Resident Advocate
- (3) Coordinator of the Site that they are currently assigned to
- (4) Residency Directors (Dr. Vesna Vrcel or Dr. Nicole Esposito)
- (5) Chairman of the Department of Pathology and Cell Biology (Dr. Santo Nicosia)

The resident can use their judgment in whom they feel is appropriate and whom they feel comfortable speaking with. The program does not determine whom the resident needs to speak to, and is meant to encourage dialogue with any of these individuals and the resident. After the issue is presented, the facts regarding the allegation are gathered, a small group of individuals are then convened to discuss the issues in further depth. At all times strict confidentiality is maintained. It is the understanding that unless the resident gives permission, other individuals are not involved. During all discussions an attempt is made, if appropriate, to involve the Resident Advocate. At the end of these sessions, if the resident is not satisfied with the outcome, they are free to proceed with the Residency Grievance Process as outlined in the Resident Handbook College of Medicine University of South Florida.

## **N. Evaluations**

The continued success of the department depends on continuous, thorough, and fair evaluation of all components of the program. This includes regular assessment of the performance of residents, faculty, and individual rotations. The following summarizes our current evaluation process. Residents are evaluated at least four times a year through formal evaluation at the end of each rotation. In addition, their overall performance is reviewed annually by one of the Program Directors. When each resident completes the program, a final summary evaluation of his or her performance is completed. Likewise, faculty and rotations should be evaluated by the residents. The resident's evaluation of the faculty is an essential part of their yearly evaluations by the Chairman, as well as important data required for the faculty Promotion and Tenure process. Sample Evaluations are listed in the Appendix Section

## **VI. APPENDIX/FORMS**

The following forms are for your reference and should be reproduced if and when you need them.

**USF HEALTH  
DEPARTMENT OF PATHOLOGY AND CELL BIOLOGY  
ROTATION CHANGE REQUEST FORM**

Resident name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Request change of rotation from/location \_\_\_\_\_

To rotation/location of \_\_\_\_\_ in month \_\_\_\_\_

Reason for change:

---

---

Approved by Linda Carr: \_\_\_\_\_ Yes                      \_\_\_\_\_ No

Approved by Chief Residents: \_\_\_\_\_

Approved by Program Director: \_\_\_\_\_

Received by Residency Coordinator: \_\_\_\_\_

Rotation change requests must be approved by chief residents and submitted to Colleen Stevens at least ten days before the beginning of the month in which the change is being made.



Department of Pathology and Cell Biology  
Resident Leave Request

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Date leave begins (first day out) \_\_\_\_\_

Date leave ends (first scheduled day back) \_\_\_\_\_

Total Number of Days/Hours Out (not including Sat/Sun) \_\_\_\_\_

**CHECK TYPE OF LEAVE REQUESTED**

- Annual Leave (Vacation)
- Conference, meetings, etc (Administrative)
- Sick Leave
- Other, Explain

Resident Signature \_\_\_\_\_

**Coverage:**

Who will be covering your job/responsibilities?

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
Date \_\_\_\_\_

**Supervising Faculty - print and sign**

\_\_\_\_\_  
Date \_\_\_\_\_

**Chief of Service - print and sign**

\_\_\_\_\_  
Date \_\_\_\_\_

**Chief Resident -Print and Signature**

\_\_\_\_\_  
Date \_\_\_\_\_

**Program Director-Signature**

Single response: PATHOLOGY RESIDENT EVALUATION

EVALUATOR'S NAME:

1. RESIDENT:

2. Rotation:

3. PGY Level: PGY-

4. Is there a critical issue regarding this resident?

1. Yes

2. No

5. Comments about this specific rotation:

A. PATIENT CARE

6. Does the resident handle gross specimens properly?

1. Beginner

2. Below peers

3. Equal to peers

4. Above peers

5. Fully competent

6. Not Observed

7. Rate the resident's diagnostic ability.

1. Beginner

2. Below peers

3. Equal to peers

4. Above peers

5. Fully competent

6. Not Observed

8. Is the resident competent in case management and planning?

1. Beginner

2. Below peers

3. Equal to peers

4. Above peers

5. Fully competent

6. Not Observed

9. Does the resident pay attention to detail?

1. Beginner

2. Below peers

3. Equal to peers

4. Above peers

5. Fully competent

6. Not Observed

10. Are there glaring errors in judgment?

1. Worse than peers
2. Equal to peers
3. Better than peers
4. Not Observed

11. Does the resident perform procedures adequately?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

12. Can the resident handle progressive responsibility?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

## B. MEDICAL KNOWLEDGE

13. Rate this residents overall medical knowledge.

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers

14. Does this resident come to sign-out prepared?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

15. Does this resident have appropriate technical skills for level of training?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent

6. Not Observed

16. Does this resident have adequate book knowledge?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

17. Does this resident have an adequate understanding of anatomy?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

18. Is the resident competent for level-specific diagnostic skills?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

### C. PRACTICE BASED LEARNING

19. Does the resident ask appropriate questions?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

20. Can the resident apply knowledge to the clinical setting?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

21. Does this resident take the initiative for self-learning?

1. Beginner

2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

22. Does this resident research cases using current scientific studies?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

23. Rate this residents teaching ability.

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

#### D. INTERPERSONAL COMMUNICATION

24. Does this resident communicate effectively with attendings?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

25. Can the resident present a concise and accurate differential diagnosis?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

26. Can the resident communicate with peers and technical staff?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers

5. Fully competent
6. Not Observed

## E. PROFESSIONALISM

27. Is the resident motivated to learn?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

28. Is the resident respectful?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

29. Is the resident readily available?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

30. What is the resident's response to criticism?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

31. Does the resident treat staff with respect?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

32. Does the resident demonstrate professional conduct?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

#### F. SYSTEM BASED PRACTICE

33. Is the resident able to prioritize?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

34. Does the resident use resources appropriately and effectively (ie. Cost effective practice)?

1. Beginner
2. Below peers
3. Equal to peers
4. Above peers
5. Fully competent
6. Not Observed

#### G. PROGRAM SPECIFIC

35. Has this resident successfully mastered the knowledge expected of this rotation?

1. Yes
2. No

36. Has this resident successfully mastered the skills of this rotation?

1. Yes
2. No

37. Has this resident demonstrated appropriate behavior on this rotation?

1. Yes
2. No

38. Is the resident ready to progress to the next rotation/level?

1. Yes
2. No

**University of South Florida**  
**Department of Pathology and Cell Biology**  
**ROTATION EVALUATION FORM**

**Rotation and Location:**

**Attending Physician(s) in charge of rotation:**

**Year of Rotation:**

**(Key: 1-strongly disagree, 2-disagree, 3- neutral, 4-agree, 5-strongly agree, N/A-not applicable)**

1. The objectives and expectations of the rotation were clearly defined and distributed on the first day of the rotation.	1	2	3	4	5	NA
2. The rotation was structured, organized, and covered all stated objectives.	1	2	3	4	5	NA
3. The teaching conferences were adequate.	1	2	3	4	5	NA
4. The teaching and service work were balanced and integrated.	1	2	3	4	5	NA
5. The resident was motivated to exceed minimum requirements.	1	2	3	4	5	NA
6. The resident was exposed to new developments.	1	2	3	4	5	NA
7. The resident was prepared for clinical and/or academic practice.	1	2	3	4	5	NA
8. The resident was allowed to assume progressive responsibility.	1	2	3	4	5	NA
9. The resident's input was respected and welcomed.	1	2	3	4	5	NA
10. The number of residents on the rotation was adequate.	1	2	3	4	5	NA
11. The attending's were accessible to the resident and motivated to teach.	1	2	3	4	5	NA
12. There was adequate time to prepare before presenting to the attending.	1	2	3	4	5	NA
13. I would recommend this rotation to another resident.	1	2	3	4	5	NA

**Overall Evaluation of Rotation:**

<b>Poor</b>	<b>Less than Expectations</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>	<b>Outstanding</b>
-------------	-------------------------------	---------------------------	-----------------------------	--------------------

**The strengths of the rotation include?**

---

---

---

---

---

**The weaknesses of the rotation include?**

---

---

---

---

---

**Additional Comments:**

---

---

---

---

---

---

---

**University of South Florida  
Department of Pathology and Cell Biology**

**FACULTY EVALUATION FORM  
(Fill out one form per faculty member)**

**Attending Physician:**

**Rotation and Location:**

**Dates of Rotation:**

---

**(key: 1-poor, 2-below expectations, 3-meets expectations, 4-exceeds expectations,  
5-outstanding, NA-not applicable)**

**Professional:**

1. Medical Knowledge	1	2	3	4	5	NA
2. Diagnostic Ability	1	2	3	4	5	NA
3. Teaching Ability	1	2	3	4	5	NA

**Personal:**

1. Motivation/Enthusiasm	1	2	3	4	5	NA
2. Integrity	1	2	3	4	5	NA
3. Fairness	1	2	3	4	5	NA
4. Communication	1	2	3	4	5	NA
4. Response to Criticism	1	2	3	4	5	NA

**Relationships/Interpersonal:**

1. Faculty	1	2	3	4	5	NA
2. Residents	1	2	3	4	5	NA
3. Technical/Clerical	1	2	3	4	5	NA

**General Comments: (Key: 1-strongly disagree, 2-disagree, 3-neutral, 4-agree, 5-strongly agree, N/A-not applicable)**

1. The attending allowed the resident to assume progressive responsibility.	1	2	3	4	5	NA
2. The resident was encouraged to present his or her diagnosis before the attending.	1	2	3	4	5	NA
3. The attending initiated further discussion of relevant features of cases.	1	2	3	4	5	NA
4. The resident had significant input in the diagnosis and workup of the patient.	1	2	3	4	5	NA
5. The attending encouraged the resident to be involved in research.	1	2	3	4	5	NA
6. The attending encouraged the resident to attend local and national conferences, whenever possible.	1	2	3	4	5	NA

7. The attending treated the resident with respect.	1	2	3	4	5	NA
8. The attending pathologist encouraged and expected the resident to attend mandatory conferences.	1	2	3	4	5	NA
9. The attending was accessible and welcomed the resident's questions and comments.	1	2	3	4	5	NA
10. I would like to work with this attending physician again.	1	2	3	4	5	NA

**Overall Evaluation of Faculty Member:**

**Poor**                      **Below Expectations**                      **Meets Expectations**                      **Exceeds Expectations**                      **Outstanding**

**Major Strengths of faculty member:**

---



---



---



---

**Major Weaknesses of faculty member:**

---



---



---



---

**Additional Comments:**

---



---



---



---