Residency Program Manual
2013 – 2014

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

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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 Morsani 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. On the department website http://health.usf.edu/medicine/pcb/index.htm 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, All Children’s Hospital and the Hillsborough County Medical Examiner’s Office.
Our ACGME-accredited residency training program is based at the University Of South Florida Morsani 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 at the Hillsborough County Medical Examiner’s office 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 supervised graduated 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 residency program at the Department of Pathology and Cell Biology at the University of South Florida Morsani 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 graduated 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 immunohistochemistry.

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

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. These competencies are integrated into the residency program in areas of both clinical and didactic experiences. Rotation evaluations will include assessment in all of these areas. 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 48 months of required rotations (20 months anatomic pathology and 19 months clinical pathology) as well as 9 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 brief 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 surgical specimens 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 work-up 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 to 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 basics 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
  - 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. Nearby the Health Sciences Center sits the USF Health Morsani Center for Advanced Healthcare, a large and active multidisciplinary outpatient clinical center, which includes a surgery center and diagnostic imaging center.

The Shimberg Health Sciences Library is also located here. 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

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 Morsani 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 Morsani Center for Advanced Health Care. 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:
20 mos. AP (assigned as follows) Core Curriculum
19 mos. CP (assigned as follows) Core Curriculum
9 mos. electives (AP or CP freely chosen)
48 mos. Total

<table>
<thead>
<tr>
<th>PGY-1</th>
<th>Rotation</th>
<th>Location</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Pathology (AP)</td>
<td>JAHVA-3; TGH-4</td>
<td>7 months</td>
<td></td>
</tr>
<tr>
<td>Cytology 1 (GYN) (AP)</td>
<td>Bay Pines VA</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Forensic Pathology-Autopsy (AP)</td>
<td>County ME Office</td>
<td>1 month</td>
<td></td>
</tr>
<tr>
<td>Hematopathology (CP)</td>
<td>JAHVA-2; TGH-1</td>
<td>3 months</td>
<td></td>
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</tbody>
</table>

12 months total

<table>
<thead>
<tr>
<th>PGY-2</th>
<th>Rotation</th>
<th>Location</th>
<th>Duration</th>
</tr>
</thead>
</table>

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.

The 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.
B. Rotation Descriptions

At the beginning of each rotation, the site director or designee 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. The resident will acknowledge receipt of the rotation description (see attached form).

Copies of these rotation descriptions are kept on file with the program director, residency coordinator and electronic versions are accessible on the sharepoint site (https://my.usfhealth.usf.edu/sites/com_pathology/residency/Goals%20%20Objectives/Forms/AllItems.aspx)

C. Electives

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Abbreviation</th>
<th>Location</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuropathology</td>
<td>NP</td>
<td>TGH</td>
<td>1 month</td>
</tr>
<tr>
<td>Pediatric Pathology</td>
<td>PP</td>
<td>TGH</td>
<td>1 - 3 months</td>
</tr>
<tr>
<td>Transplant Pathology</td>
<td>TP</td>
<td>TGH</td>
<td>1 - 3 months</td>
</tr>
<tr>
<td>Advanced Surgical and Autopsy Pathology</td>
<td>SP-E</td>
<td>Any</td>
<td>1 – 3 months</td>
</tr>
<tr>
<td>Advanced Cytopathology</td>
<td>CY-E</td>
<td>BP</td>
<td>1 – 2 months</td>
</tr>
<tr>
<td>EM/Renal Pathology</td>
<td>EM/R</td>
<td>TGH</td>
<td>1 month</td>
</tr>
<tr>
<td>Advanced Cytology and FNA</td>
<td>CY-E</td>
<td>MCC</td>
<td>1 – 3 months</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>DP</td>
<td>MCC or USF or JAHVA</td>
<td>1 month</td>
</tr>
<tr>
<td>Hematology Elective</td>
<td>HP-E</td>
<td>MCC</td>
<td>3 months</td>
</tr>
<tr>
<td>Molecular Pathology</td>
<td>MP</td>
<td>MCC</td>
<td>1 month</td>
</tr>
<tr>
<td>Research</td>
<td>RS</td>
<td>Any</td>
<td>1 – 6 months</td>
</tr>
</tbody>
</table>

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

E. 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 and logged into the ACGME website (www.acgme.org). Clinical pathology consultations include: SPEPs, UPEPs, flow cytometry, hemoglobin electrophoresis, review of send out labs, etc.

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. It is highly recommended for residents to keep track of the number and types of cases seen during each rotation so this information can be queried. The pathology residency program director may request this information at any time.
### H. PROFESSIONAL RESPONSIBILITY DURING PATHOLOGY TRAINING PROGRAM

<table>
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<tr>
<th></th>
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<th>4 Year Total</th>
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</table>

1. **Total number of autopsies performed by you.** 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.

   a. **Number of shared autopsies.**

   b. **Number of limited autopsies.**

   c. **Number of forensic autopsies.**

2. **Number of surgical specimens** examined by you.

3. **Number of cytopathologic specimens** examined by you.

4. **Number of bone marrows** performed by you.

5. **Number of FNAs** performed by you.

6. **Clinical pathology consultations** 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. **Do not include written anatomic pathology reports.**

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.** The minimum number of autopsies expected is 50.

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

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 posted on the Sharepoint site.

Schedule of required departmental conferences:

<table>
<thead>
<tr>
<th>TUESDAY</th>
<th>8:00 a.m.-12:00 p.m.</th>
<th>Weekly</th>
<th>Shimberg Library Room 2215</th>
</tr>
</thead>
<tbody>
<tr>
<td>WEDNESDAY</td>
<td>5:00-7:00 p.m.</td>
<td>Last Wednesday of each month</td>
<td>Faculty Office Bldg Room 5179</td>
</tr>
</tbody>
</table>

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.

PRACTICAL ANATOMIC PATHOLOGY

Objective:
This didactic course is designed to present a variety of material in anatomic and clinical pathology necessary for the practical practice of either community based or academic pathology. The course is taught in didactic fashion by core and clinical faculty of the Department of Pathology and Cell Biology.

Mechanism:
Attendings assigned to present at these conferences may select from a variety of methods/topics that pertain to the current practice of pathology. These lectures are presented in PowerPoint formatting.

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. 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.

G. 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 gage the resident’s knowledge base.
H. Other Educational Opportunities and Scholarly Activities

1. Teaching Opportunities

- **Medical Student Teaching:** The second year medical student curriculum emphasizes basic pathologic principles. Residents are required to teach medical students during their pathology labs.

- **Resident Conferences:** Residents are also scheduled to give lectures during Tuesday conferences to fellow residents. Chief residents make the lecture schedule.

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

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

SENIOR RESIDENT COMMITTEE APPOINTMENTS –

Moffitt Cancer Center Surgical Case & Blood Utilization Review Committee
Moffitt Cancer Center Quality Assurance Committee
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James A. Haley Veterans’ Hospital Transfusion Committee
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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 2013-2014 can be found at the official USF GME website.

2. Department Orientation
Orientation for the department of Pathology and Cell Biology will be held at the first Tuesday morning conference of the academic year.
B. Personnel

1. Departmental

Phillip Marty, PhD – Interim Department Chair, Department of Pathology & Cell Biology
Anne Champeaux, MD – Pathology Residency Program Director
Jean Nixon – Interim Department Administrator
Chantel LeBlanc – Fiscal and Business Specialist
Karen Kirchner – Pathology Office Secretary
Sally Lamar – Residency Program Coordinator

C. Site Directors

A site director 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 Site Director

1. Oversee the educational experience of all residents at the institution with which the site director 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 site director 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.

Current Site Directors

H. Lee Moffitt Cancer Center Dr. Prudence Smith
Tampa General Hospital Dr. Jon Finan
James A. Haley Veterans Hospital Dr. L. Brannon Thomas
Bay Pines Veterans Hospital Dr. Rehana Nawab
Medical Examiner's Office Dr. Mary Mainland
D. 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.
E. Chief Resident Duties

Each year, two senior residents will be elected to be chief residents. This year’s chief residents are Johnny Nguyen, MD and Maryam Tahmasbi, MD. Duties as chief resident include the following:

- Serve as a mentor to junior residents
- 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.

F. 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 viewed via the USF Graduate Medical Education website: http://health.usf.edu/medicine/gme/index.htm. 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 three (3) weeks or 15 working days per year. 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 is credited to the sick leave pool. Unused sick leave will not be paid upon termination of a training period for any cause.
- 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 can be found on the Sharepoint site. No greater than one consecutive week of vacation leave in one rotation should be taken, unless it is a part of maternity leave.

2. 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.

3. 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. 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, plus an additional two weeks of compensated 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 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 2013/2014 year can be found in the Housestaff Manual on the USF GME website. [http://health.usf.edu/medicine/gme/index.htm](http://health.usf.edu/medicine/gme/index.htm)

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.

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.

G. 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 residents are required to log their duty hours in New Innovations on a bi-weekly basis.

H. Moonlighting

Moonlighting is not allowed in the Pathology program.

I. 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 Sally Lamar. 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.

J. Education Funds

Refer to the GME website for policies on using GME Education Funds for travel:
http://health.usf.edu/medicine/gme/directors_coordinators/edu_funds.htm
K. 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 Morsani 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 (Drs. Johnny Nguyen and Maryam Tahmasbi)
2. Resident Advocate
3. Site Director of the site that they are currently assigned to
4. Residency Directors (Dr. Anne Champeaux or Dr. Nicole Esposito)
5. Chairman of the Department of Pathology and Cell Biology (Dr. Phillip Marty)

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.

L. 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.