

# UAMS



COLLEGE OF MEDICINE

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

## ***DEPARTMENT OF PATHOLOGY RESIDENCY MANUAL***

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, COLLEGE OF MEDICINE**

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Associate Program Director

# A Message from the Chairman

**Dr. Bruce Smoller, Professor & Chairman, Department of Pathology**



Welcome to the residents for the academic year 2009-2010. As many of you know, Dr. Harry Brown has decided to “semi-retire” and is relinquishing his role as Residency Program Director after many superb years. I have agreed to serve in this capacity as the Interim Director until Dr. Marwan Yared can officially assume the role mid-way through this calendar year. He has a similar commitment to excellence in residency education. He is busily working with the Residency Curriculum Committee to develop a more precise “general competency” based curriculum to keep us in compliance with the ACGME. This will likely result in more helpful and specific evaluation and assessment processes and ultimately, in a better learning experience.

Following up upon the Department's "Outstanding Residency Training Program for Large Programs" at UAMS awarded to the AP/CP program in 2005-06, and for 2006-07, and the Dermatopathology training program winning the "Outstanding Residency Training Program for Small Programs" in 2007-2008, this year our programs in AP/CP, hematopathology, transfusion medicine and dermatopathology all were nominated for the awards. Our graduates who took the AP/CP boards again passed on the first attempt at a rate exceeding that of the national average! We continue to be proud of our educational programs at all levels!

We have recently expanded our physical plant, building new surgical pathology and clinical laboratory facilities in the newly constructed University Hospital. This added 25,000 square feet of laboratory space to our department. The labs are furnished with state-of-the-art equipment in beautiful surroundings that make our department one in which we can all be proud. I am confident that the quality of the faculty, the physical plant and the patient care materials available for resident instruction at our three institutions ensures for a superb training experience.

I think we continue to be in a strong position, offering a fully integrated 4 year program in combined anatomic and clinical pathology that will enable each of you to enter the field with a feeling of being adequately trained. As is always the case, my office is always open for the residents. Feel free to stop by to discuss problems, future plans, or just to visit! I hope to continue the long history of strong residency training in pathology here at UAMS.

Bruce R. Smoller, MD  
Professor and Chairman

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DEPARTMENT OF PATHOLOGY

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# UAMS



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## **Anatomic & Clinical Pathology Residency Training Program**

**Mission:** Striving for excellence in the diagnosis, teaching, and discovery of the pathogenetic mechanisms of disease

### **A Winning Combination of Anatomic and Clinical Pathology**

The Pathology Residency program has as its aim production of individuals competent in the independent practice of pathology. The program is oriented toward individuals wishing to apply for combined certification in Anatomic and Clinical Pathology by the American Board of Pathology and thus, is organized into two 18 month core experiences in anatomic and clinical pathology respectively. The guiding principle is that residents are here for the purpose of training and education. Although performance of service work is integral to training in pathology, residents are not regarded as extenders for faculty or other staff. Subject to requirements for graduated responsibility, all resident work must be overseen by faculty competent in that area. It is the responsibility of the Chairman and his/her designees to assure that education is the primary goal of every resident rotation. Each resident is appointed for a one-year term with additional reappointments contingent on satisfactory performance.

The Department of Pathology and Laboratory Services provides excellence in Anatomic and Clinical Pathology, utilizing the resources of three premier hospitals in the state of Arkansas. Pathology faculty assist physicians, hospitals, industry, community health agencies, home health agencies, government agencies, and researchers throughout the state. Residents participate in weekly pathology, medicine-pathology and surgery-pathology conferences. The sophomore pathophysiology course incorporates teaching by faculty and residents. Research programs are available in musculoskeletal diseases, hematopathology, renal pathology, dermatopathology, neuropathology and molecular pathology. Fellowship programs include Cytology, Hematopathology, Transfusion Medicine, Dermatopathology and Surgical Pathology.

### *Anatomic Pathology*

Autopsy  
Cytopathology  
Dermatopathology  
Forensics  
Immunopathology  
Molecular Biology  
Nephropathology  
Neuropathology  
Orthopedic  
Pediatric  
Surgical (with sub-specialty sign-out)  
\*GYN, Breast, GU, Lung/Thoracic,  
ENT, GI, Soft Tissue  
Ultrastructure

### *Clinical Pathology*

Apheresis  
Blood Banking/Transfusion Medicine  
Clinical Chemistry  
Cytogenetics  
Flow Cytometry  
HLA  
Immunology  
Laboratory Hematology and  
Hematopathology  
Molecular Diagnostics  
Special Coagulation  
Cell Therapy  
Tissue Bank  
Laboratory Management

## **ACGME Six General Competencies**

The residency program must require its residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- b. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- c. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- f. **Systems-Based Practice**, as 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 care that is of optimal value

## **Program Goals & Objectives:**

### **Goals**

1. Acquire appropriate skill and knowledge for the practice of anatomic and/or clinical pathology in a major tertiary care hospital setting.
2. Demonstrate increasing acceptance of responsibility culminating in senior-level "sign-out" capabilities.
3. Acquire and demonstrate increasing management skills leading to self-sufficiency in a laboratory or section director role.
4. Demonstrate understanding of the philosophy and methodology of scientific research and its application to the practice of pathology.
5. Acquire information and develop management capabilities sufficient to permit maintenance of an up-to-date knowledge base.

### **B. Objectives**

1. Perform with progressive expertise on internal and external opportunities for problem solving skills in pathology (examples include unknown conferences, working rounds, and in-training examination).
2. Develop diagnostic acumen in anatomic and clinical pathology as demonstrated by diagnosing materials correctly prior to receiving faculty input.
3. Attend and prepare assignments for departmental management conferences.
4. Document clinical opinions with current articles and publications and participate actively in departmental journal review activities.
5. Develop skills in the use of the library and computer data banks.
6. Complete the objectives listed for each of the required rotations making up the core curriculum.
7. Successfully complete the 48 month core in combined anatomic/clinical pathology.

## Training Requirements

The Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Pathology (ABP) impose a number of specific requirements which pathology training programs must meet to achieve accreditation and which resident trainees must meet to be deemed qualified to sit for the Board examination. Complete information on these requirements can be obtained from the web sites for these two organizations. Selected components of these requirements are listed below:

- AP-only and CP-only training require three years of training in an accredited training program. AP/CP training requires four years of training in an accredited training program.
- For primary certification, only pathology training taken in the United States or, in certain circumstances, in Canada is acceptable toward meeting the ABP requirements. The training must be in programs that have been inspected and accredited by the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada.
- The American Board of Pathology specifically indicates that “one year of approved training credit toward ABP certification requirements must be 52 weeks in duration, and the resident must document an average of 48 weeks per year of full-time pathology training over the course of the training program. Any additional leave must be made up.” It is the resident’s responsibility to make sure he/she completes 48 weeks of full-time training each academic year. Failure to do so will extend the training period and cause difficulties when transitioning into a fellowship. Please take into consideration the amount of interview and sick time you may need each year before taking the maximum vacation time. Maternity leave can also complicate meeting this requirement.
- Verification of the applicant’s qualifications by the pathology training program director is required.
- Education in anatomic pathology must include autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available.
- Education in clinical pathology must include 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, aspiration techniques, and other advanced diagnostic techniques as they become available.
- Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient-care consultation. Residents must also participate in pathology conferences, rounds, teaching, and scholarly activity, and gain experience in the management and direction of a pathology laboratory.
- The educational experiences may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means.
- There must be regularly-scheduled seminars and conferences devoted to the basic and applied medical sciences and clinical correlation conferences.
- Clinical correlation conferences should be held with clinical services
- There must be departmental conferences in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.
- Residents must participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned.

- Residents should participate in the education of medical students and other trainees.
- The volume and variety of material available in the program for anatomic pathology education must be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities. All residents should perform at least 50 autopsies. Residents must participate fully in ALL aspects of the autopsies they count toward this standard. Autopsies may be shared by up to two residents, but each must participate in all aspects of the case. Examine and signout at least 2,000 surgical pathology specimens, examine at least 1,500 cytologic specimens, perform at least 200 operating room consultations (frozen sections). The volume and variety of material available in the program for training in clinical pathology should be sufficient to ensure that residents have a broad exposure to both common conditions and unusual entities.
- The number and variety of tests performed in the laboratories should be sufficient to give residents experience in the range of tests typically available in a general hospital.
- Residents must be considered integral members of the staff of the Department and must have the opportunity to participate in discussions of matters related to management of the Department
- There must be periods of time when decision making in the laboratory is the direct responsibility of residents, under appropriate supervision.
- Residents are required to use the ACGME's internet-based Case Log System to document their experience in three areas: autopsy, fine needle aspiration, and bone marrow aspiration and biopsy. Optionally, residents or fellows may record other experiences, such as blood banking, clinical pathology consultation, or microbiology codes.
- Up to six months of a formal research experience, if performed during the pathology training program and with the approval of the program director, may be used toward credit for primary certification.

### **Policy on Admissions for Residency Candidates**

The Pathology training program adheres to the guidelines established by the GME of UAMS and the Department of Pathology. Applications are accepted from anyone who has completed medical school and passed the appropriate examinations. Applications are accepted from non-American trained applicants as they are in compliance with University accreditation processes. Visa sponsorship is contingent on verification of proper work authorization. Applications are accepted exclusively through the ERAS system. Prior publication in the field is positive, though not essential. Files are established for all applicants who score above 80 on each level of the national board exams. In exceptional situations a score below 80 will be considered. There is no requirement of a research year or US experience. There are no restrictions on the graduation year, although graduation within the last ten years is favored. UAMS is an equal opportunity employer.

### **Selection Process for Residency Candidates**

- 20-30 candidates are selected from the applicants after review of the application file by the program director and his/her faculty designee, based upon quality of previous education, letters of recommendation, standardized scores and applicant-stated career goals and interests.
- Each candidate representative is invited to spend a day in the Pathology Department. Activities include:
  - Interview with faculty members
  - Lunch with current residents
  - Conference attendance
  - Observation of sign out sessions
  - Discussion of the policies of the program, the department and the hospital
- Scores are assigned to each candidate by each interviewer; these scores are averaged and tabulated and presented to the residency committee, comprised of all interviewers. The committee may choose to rank order the applicants based purely on the numerical scores generated or may vote to override the ordering and modify it.
- The rank list of the committee is presented to the Chairman and the rank order list is submitted through NRMP. Occasionally applicants for post-PGY1 years may apply outside the match and follow the same protocol (but are offered positions as appropriate outside of the match, only with the consensus opinion of the faculty).

## **Duty Hours, Work Environment, and Moonlighting**

In compliance with the UAMS College of Medicine Graduate Medical Education Committee policies on duty hours/work environment (**Policy of the Graduate Medical Education Committee: Number: 3.200**) and moonlighting (**Policy of the Graduate Medical Education Committee: Number: 3.300**) and considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply:

### **Duty Hours**

1. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents are provided one day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. In order to ensure adequate time for rest and personal activities, a 10-hour time period is provided between daily duty periods and after in-house call.
4. The Program Director must ensure that residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged.

### **On-Call Activities**

The goal of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period.

1. **In-house call:** Pathology residents are not required to take in-house call.
2. **At-home call (pager call):**
  - a. The frequency of at-home call is not subject to the every third night limitation of in-house call.
  - b. Pathology residents taking at-home call are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period.
  - c. When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.
  - d. The Residency Program Director and/or the appropriate Pathology teaching faculty will monitor the demands of at-home call and instruct the Pathology Chief Resident to initiate scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The resident is expected to be on duty during normal working hours, 8 AM to 5 PM, Monday through Friday. Additional duty hours include on-call duties. Night, weekend and holiday call schedules are formulated by the Pathology Chief Resident and may depend on specific educational rotation requirements. Residents must be available by telephone or pager while on-call. Specific on-call responsibilities are outlined in the Pathology Resident Handbook.

### **Work Environment**

1. **Meals and call rooms are provided only for UAMS residents taking in-house call, and therefore are not supplied to Pathology residents.**
2. **Ancillary support:** adequate ancillary support for patient care is provided. Except in unusual circumstances, providing ancillary support is not the resident's responsibility except for specific educational objectives or as necessary for patient care. This is defined as, but

not limited to, the following: drawing blood, obtaining EKGs, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures.

3. **Other work environment benefits:** Pathology residents receive:
  - a. Parking.
  - b. Book allowance of \$400 per year of residency. In addition, each incoming resident in Pathology receives a laptop computer, a major Pathology text determined by the Residency Program Director under the advisement of the Chief Resident in Pathology and a secure media flash card for use in gross and microscopic photography.
  - c. Travel expenses to one regional or national meeting at which they present (either by presentation or poster) original research or collaboration with faculty. Travel expenses for additional meetings may be available but require pre-approval by the Chair of the Department.

### **Moonlighting**

In order to be eligible for moonlighting activities, residents must follow the procedure as outlined in the UAMS College of Medicine Graduate Medical Education Committee policy, Moonlighting and Malpractice Insurance Coverage while Moonlighting (**Policy of the Graduate Medical Education Committee: Number: 3.300**). Residents are not required to moonlight. The resident must submit a written request to the Residency Program Director and obtain his/her written approval prior to initiating such activity. This information is contained in the resident's file. Professional liability coverage (malpractice insurance) provided through UAMS does not cover resident moonlighting activities; malpractice insurance for such activities is the sole responsibility of the resident. It is the responsibility of the clinical facility hiring the resident to determine whether the appropriate credentials, adequate liability coverage and appropriate skill levels are in place.

Moonlighting privileges will be withdrawn if the resident is no longer performing satisfactorily in the program or exceeds the duty hour limits. In the event permission to moonlight is withdrawn by the program director, the obligation to notify the outside employer(s) is the responsibility of the resident who established that employment and not the responsibility of the Residency Program Director or UAMS.

Resident/fellows will be subject to dismissal from the program for the following:

1. Moonlighting without written approval of the program director,
2. Continuing to moonlight after permission to do so is withdrawn,
3. Using the University Hospital's or Arkansas Children's Hospital DEA number while moonlighting.

## **Resident Eligibility, Selection and Appointment**

In accordance with the UAMS College of Medicine Graduate Medical Education Committee policy on Recruitment and Appointment (**Policy of the Graduate Medical Education Committee: Number: 1.200**) the following describes the eligibility requirements, the selection criteria and the procedure for appointment to the Pathology Residency Program.

The Pathology Residency Program uses both objective and subjective criteria to select applicants. The Residency Program Director and Departmental Chairperson are responsible for selection and appointment of residents to the program. The application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Acts and does not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran's status. The criteria and processes for resident selection follow:

### **APPLICATION PROCESS**

1. Applicants should contact the program coordinator Renee Gordon at 501-603-1508 (telephone) or [gordonreene@uams.edu](mailto:gordonreene@uams.edu) (e-mail) to receive information about the application.
2. The program only accepts applications via Electronic Residency Application Service (ERAS) from applicants who are participating in the National Resident Matching Program (NRMP).
3. Only applications through the ERAS, which submits application materials from applicants and medical schools to the program director using the Internet, will be considered.

### **ELIGIBILITY**

All applicants should meet the following eligibility requirements:

1. Ability to carry out the duties as required of the Pathology program.
2. Proficient in the English language to include reading printed and cursive English, writing (printing) English text, understanding spoken English on conversational and medical topics, speaking English on conversational and medical topics as determined by the program director and/or selection committee.
3. Meet **one** of the following qualifications:
  - a. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
  - b. Graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA).
  - c. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
  - d. A graduate who holds a full and unrestricted license to practice medicine in a US licensing jurisdiction
  - e. Graduate of a medical school **outside** the United States or Canada with the following qualifications:
    1. A currently valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG), or
    2. A full and unrestricted license to practice medicine in a US licensing jurisdiction
4. A minimum score of 80 on the USMLE step 1 and step 2 exams.

5. Not more than ten (10) years elapsed since completion of medical school training or five (5) years away from the clinical practice of medicine as a physician.
6. The ability to reside continuously in the U.S. for the length of training.

### **SELECTION**

Applications are downloaded from ERAS on a regular basis and reviewed for eligibility and completion by the program coordinator. The following information must be received before the application will be considered complete and before an applicant is interviewed: application form, medical school transcript, personal statement, USMLE or comparable board scores, ECFMG certificate (if applicable), letter(s) of recommendation and Dean's letter.

Once an applicant has been found to meet minimal selection criteria, and is determined to merit an interview by review of the application by the Residency Program Director and/or his/her designee, the program coordinator contacts him/her by either e-mail or telephone to schedule an interview.

An applicant invited for an interview should review and be familiar with the terms, conditions and benefits of appointment (and employment) including financial support, vacation, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the resident and their family, and conditions under which living quarters, meals and laundry or the equivalents are provided. Applicants can access this information through the UAMS Resident Handbook at [www.uams.edu/gme/toc.htm](http://www.uams.edu/gme/toc.htm) and will receive hard copies at the end of their interview.

The interview consists of a full day of or at least four one-on-one interviews with faculty members, one interview with the Chief Resident in Pathology or his/her resident designee, tours of UAMS and lunch hosted by one or more residents.

All who interact with the applicant (Pathology faculty, the Chief Resident in Pathology (with input from other residents) and the Program Coordinator) complete a written evaluation form to assess communication skills, academic performance, clinical performance (if applicable), and interpersonal skills. Scores (1-10) are assigned to individual components of the assessment, and an overall average generated. The evaluations are returned to the Residency Program Director, who computes a summary average score for each resident applicant.

Following completion of all interviews, all faculty members, the Chief Resident in Pathology, and the Residency Program Director and Coordinator are invited to convene for formation of a resident applicant rank order list. Ranking is determined by consideration of the summary scores modified by verbal discussion and consideration of criteria from any and all parties involved.

Criteria for discussion include (but are not necessarily limited to):

1. Review and confirmation of eligibility requirements,
2. Performance on standardized examinations,
3. Academic performance in medical school (medical school transcript)
4. Clinical training or experience, and/or research and publication experience

5. Letters of recommendation from faculty
6. Dean's letter
7. Demonstrated interest in pathology,
8. Demonstrated maturity and emotional stability,
9. Demonstrated honesty, integrity and reliability,
10. Verbal and written communication skills
11. The ability to reside continuously in the US for the length of the training.

The final rank order list is determined by simple majority consensus of the conveners. Following completion of the rank order list and its approval by the Chair of the Department, the Residency Program Director submits the list to the NRMP.

#### **APPOINTMENT/REGISTRATION**

Upon verification by the Program Director that the applicant has met eligibility requirements, completed the application process and been selected according to established criteria, the applicant will begin the process of appointment and registration with the College of Medicine.

An applicant is considered fully appointed and registered **only after all** of the following documents have been completed and returned to the Director of Housestaff Records:

1. Documentation of a negative drug test
2. Verification of successful graduation if previously anticipated (e.g., final transcript, letter from Registrar, copy of diploma, currently valid ECFMG certificate, if applicable)
3. All of the following with valid signature:
  - a. Resident Agreement of Appointment (contract)
  - b. Medical Records Agreement
  - c. Attestation acknowledging receipt of GME Committee policies and procedures
  - d. Confidential Practitioner Health Questionnaire
  - e. Employee Drug Free Awareness Statement
  - f. Housestaff Medical Screening Form
  - g. Post Doctoral Medical Education Biographical Form
  - h. Copy of currently valid ECFMG certificate and valid visa (if applicable)

Once the Director of Housestaff Records has received all the documents, the applicant is registered in the payroll system to receive a stipend and may begin the Pathology residency program.

## **Criteria and Processes for Academic Actions of Reappointment, Evaluation, Promotion and other Disciplinary Actions**

In compliance with the UAMS College of Medicine Graduate Medical Education Committee policy on Evaluation and Promotion (**Policy of the Graduate Medical Education Committee: Number: 1.300**), the following guidelines apply:

### **Reappointment**

Educational appointments to the Pathology Residency Program are for a term not exceeding one year. The resident agreement of appointment, which outlines the general responsibilities for the College of Medicine and for the resident, is signed prior to the beginning of each term of appointment. Renewal of the resident agreement of appointment for succeeding term(s) of education is the decision of the Residency Program Director and the Chair of the Department. Promotion to the next level of training is dependent upon the resident performing at an acceptable level and meeting the requirements for clinical competence for that PGY year.

It is the intent of the UAMS Pathology Residency Program to develop physicians clinically competent in the fields of Anatomic and Clinical Pathology. Residents successfully completing the program will have fulfilled that requirement for application for examination by the American Board of Pathology; the Pathology Residency Program's ultimate goal is for its residents to have a 100% pass rate on the American Board of Pathology examination.

### **Clinical competence requires:**

1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. **Systems-Based Practice** as 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 care that is of optimal value.

### **Evaluation and Promotion**

During the residency period, the above elements of clinical competence for each resident will be assessed in electronic format (New Innovations) at the completion of monthly rotation assignments by Directors of those rotations with subsequent review by the Program Director. Evaluations by peer resident physicians, support staff and other paramedical personnel are conducted annually. Residents meet individually with the Program Director twice a year to

review results of faculty and other evaluations, RISE in-service examination results and clinical exercises, resident self-perceived strengths and weaknesses and improvement plan (as reported in the resident portfolio), resident-perceived strengths and weaknesses of the rotations and future career plans of the resident. A summary of the evaluations will be reviewed and signed by the resident. The evaluations will be maintained in confidential files and only available to authorized personnel. Upon request, the resident may review his/her evaluation file at any time during the year.

Reappointment and promotion to a subsequent year of training depend on these evaluations and assessment of adequate progress in training. Criteria deemed worthy of consideration for adverse action include (but are not limited to):

1. Substandard performance on RISE in-service examination (<25<sup>th</sup> percentile overall for level of training compared to peers nationally),
2. Lack of successful completion of USMLE Step 3 by the end of your second year of training,
3. Compliance with attendance at  $\geq 80\%$  of required conferences
4. Receiving an unsatisfactory performance on the resident rotation evaluation.
5. Documented concerns raised by faculty with respect to clinical competence, professionalism and/or ethical behavior, which infringe on the principles and guidelines set forth by this training program and/or bear on his/her fitness to participate in the program,
6. Failure to comply with the policies and procedures of the department, the program, the GME Committee, UAMS Medical Center or the participating institutions,

\*The Residency Program Director may decide based on the results of these evaluations and assessments to place the resident on an academic warning status and require a written plan of action, written by the resident and agreed upon by the Residency Program Director, for remediation or corrective action (e.g. repeating rotation(s), structured study plan, employee assistance evaluation and/or counselling) sufficient to warrant continuation in the program in good standing. Failure to comply with this requirement or the accomplishment of its criteria will result in probation or other adverse action as determined by the Residency Program Director following the steps outlined in the next paragraph.

If the Residency Program Director determines that the evaluations and assessment warrant consideration of adverse action such as probation, non-reappointment and/or non-promotion, he/she will convene a Pathology Resident Evaluation Committee composed of the Chair of the Department and Directors of Anatomic and Clinical Pathology to review the evidentiary material and issue a joint recommendation as to continued status. The resident may appeal an adverse recommendation by submitting a written request to appear before the Pathology Resident Evaluation Committee in a meeting called by the Program Director. The resident has the opportunity to explain or refute the unsatisfactory evaluation. After review of the appeal, the Pathology Resident Evaluation Committee will issue a final recommendation.

The Residency Program Director has the discretion to accept the Pathology Resident Evaluation Committee recommendation or issue another ruling. The decision of the Residency Program Director is final.

At the completion of the residency program the Program Director prepares a final evaluation of the clinical competence of the resident. This evaluation stipulates the degree to which the resident has mastered each component of clinical competence – patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. In this evaluation the Program Director verifies that the resident “has demonstrated sufficient professional ability in Pathology to practice competently and independently”. This evaluation remains in the program’s files to substantiate future judgments in hospital credentialing, board certification, agency licensing, and in the actions of other bodies.

### **Academic and Other Disciplinary Actions**

#### **Academic Warning Status**

See \*paragraph above

#### **Probation/Suspension/Dismissal**

Actions of Probation/Suspension/Dismissal will follow the guidelines in the UAMS College of Medicine Graduate Medical Education Committee policy on Academic and Other Disciplinary Actions (Probation, Suspension and Dismissal) (**Policy of the Graduate Medical Education Committee: Number: 1.420**).

A resident involved in the disciplinary actions of probation, suspension and dismissal has the right to appeal according to the UAMS College of Medicine Graduate Medical Education Committee policy Adjudication of Resident Grievances (**Policy of the Graduate Medical Education Committee: Number: 1.410**).

### **Addressing Resident Concerns**

At times, issues may arise that impact resident performance (e.g. miscommunication, stress or inappropriate behavior). In compliance with the UAMS College of Medicine Graduate Medical Education Committee Policy on Addressing Concerns in a Confidential and Protected Manner (**Policy of the Graduate Medical Education Committee: Number: 1.400**), the resident should follow these guidelines to address and resolve issues of concern in a confidential manner:

1. The resident should, in a timely manner, discuss the concern with either the supervising, senior level resident/fellow or attending physician or the resident's assigned faculty mentor.
2. If the above approach does not resolve the concern, the resident should meet with the Residency Program Director and/or Chair of the Department.
3. If the issue cannot be resolved by the Residency Program Director or Chair of the Department, the resident should contact at least two members of the Resident Council or the Associate Dean for Graduate Medical Education. One or more Member of the Resident Council may then meet with the resident/fellow and offer advice on how to resolve or handle the problem and/or determine if additional steps may be necessary. Based on the results of the discussion and advice proffered at this meeting, the resident may resolve the problem, at which time no further action is necessary. If the concern is not successfully resolved, the resident should then follow the steps outlined in the GME Committee Policy on Addressing Concerns in a Confidential and Protected Manner (**Policy of the Graduate Medical Education Committee: Number: 1.400**).
4. For serious issues for which confidentiality is of the utmost importance, the resident may seek assistance directly from the Residency Program Director, the Chair of the Department and/or the Associate Dean for Graduate Medical Education.

## **Department of Pathology Leave Policy**

### **Vacation**

Each house officer will be granted three weeks (21 days including weekends) vacation time. Time spent attending meetings or taking Board examinations or other examinations will not be counted as vacation if the activity is sanctioned by the home department. Each service will be required to grant vacation time to house officers from other departments proportionate to the time spent on their service. For example, if house officers from Department A spend 12 months on rotation B, then three weeks vacation time would be granted by rotation B. Scheduling would be a function of the rotation and the program director of the house officers from the home department. Specific arrangements for vacation scheduling (time away, one three week block vs. three one week blocks, etc.) would be a function of each individual department. Vacation must be cleared by the Director of the respective service to which the resident is rotating, and by the Chief Resident. Minimum adequate notice for routine annual leave is one month. All possible attempts should be made to inform the Chief Resident of routine annual leave requests at the beginning of the training year. Requests for emergency annual leave will be evaluated in each case by the Chief Resident and Program Director. Generally speaking, residents should not attempt to schedule leave of more than two weeks during rotations experienced only once in the core (i.e. Forensic Pathology, Electron Microscopy, Virology/Molecular Diagnosis, and Pediatric Laboratory Medicine, etc.). There are also nine paid holidays, although holiday call must be arranged among the residents for these. Also, residents who have not completed their responsibilities on autopsies exceeding the 60 working days will not be permitted to take vacation until those responsibilities are met.

### **Sick Leave**

Residents receive 12 days (2 work weeks) of sick leave per year. (More extensive use of leave will require debiting of annual leave until that is exhausted, followed by leave without pay.) Maternity leave is granted with the understanding that annual leave is debited in the process. Routine maternity leave is 6 to 8 weeks. Longer periods of time may be requested by the resident's obstetrician. Residents are reminded that the American Board of Pathology has defined a complete year of training as at least 48 months on duty. More extensive illness or leave may thus require additional residency time for a full year's credit.

### **Pregnancy During Residency**

The official UAMS Personnel Policy is contained in the UAMS Housestaff Manual (see also Medical Center Policies). Moreover, the department recognizes the individual rights and responsibilities of women residents to begin families. Changes in resident schedules can always be made to accommodate pregnancy. The department is in support of the American Medical Women's Association Position Paper on this subject (JAMWA Vol. 49, No. 3, pp. 87-88, 1994) which is excerpted below:

#### **Position Paper on Pregnancy During Schooling, Training, and Early Practice Years**

Fifty percent of women physicians will have their first babies during residency training. Twenty-five percent will have a second baby during this period. Very few medical

schools or residency training directors have written policies regarding the rights of pregnant women physicians-to-be or physicians.

The American College of Obstetricians and Gynecologists recommends a two-week prematernity leave in the case of normal gestation and eight to ten weeks in cases of threatened onset of premature labor, multiple gestation, and complicating diseases such as hypertension, pre-eclampsia, and diabetes. They note the risks of standing more than three hours a day, of lifting more than ten kilograms, and of unfavorable environments. The latter includes exposure to chemicals, radiation in the first trimester, and open anesthesia. ACOG has also noted increased risks to pregnant women and their babies associated with shift work, a work week of more than 40 hours. The practice of making pregnant women on clinical services prepay on-call time subjects women to these risks in greater proportion than a regular clinical schedule would. In the case of complications requiring bed rest of a month to six weeks, pregnant resident physicians or practicing physicians may be forced to make up an entire year of work in contrast to colleagues allowed protracted leave for injuries and the treatment of disease like lymphoma or hepatitis. Women with uncomplicated pregnancies may suffer from hyperemesis gravidarum (severe vomiting), fatigue in the first and last trimesters, dependent edema, and difficulty sleeping in the last trimester. These complications are often not "certified" by their personal obstetricians in terms of women's ability to obtain temporarily reduced schedules of hours or absence. AMWA takes the following positions:

- 1) AMWA believes in a woman's right to choose to raise a family without compromise of her medical career.
- 2) Pregnant students and physicians should seek an empathic obstetrician familiar with demands of residency training and practice years and sympathetic to the normal disabilities that may occur in pregnancy, which are not necessarily pathological.
- 3) Pregnant physicians, students, and residents should be guaranteed two weeks prepartum leave in an uncomplicated pregnancy.
- 4) They should be protected from known hazards, open anesthesia, unshielded radiation in the first trimester, teratogenic chemicals, and infection.
- 5) Maternity leave "on call." Prepaid time during pregnancy should not be required. Making up on-call time should be individually negotiated, not punitive, and at least equivalent to past practices of the department.-
- 6) Pregnant women should be allowed the same length of disability absence, leave, or reduced schedule as any colleague who suffers from an illness or injury.
- 7) When complicated pregnancy and subsequent maternity leave mandates extended absences, resident physicians should be allowed to make up an equivalent amount of time without being forced to repeat the whole year of training.
- 8) Vacation leave of two weeks should be allowed regardless of the length of prematernity or maternity leave.
- 9) All programs should allow for adequate sleep, nutrition (regular meals), and obstetrical visits.
- 10) All programs should be encouraged to find creative solutions to prematernity leave such as a monetary pool to purchase on-call coverage.

- 11) All programs should be flexible in terms of assigning less physically demanding responsibilities or assigning reading or research time to coincide with times of illness related to pregnancy and/or with the last trimester.

## DEPARTMENT OF PATHOLOGY RESIDENCY PROGRAM CONFERENCE ATTENDANCE POLICY

Departmental Conferences are an important and essential part of residency/fellowship training. All residents or fellows in the Pathology Residency Training program are required to attend these conferences.

- Attendance at all conferences is a **MANDATORY** part of residency/fellowship. Absence from conferences with out accountability as to where you have been during that time counts as missed work time.
- An excused absence is defined as follows:
  - Sick time (*see leave policy*), Personal time (*see leave policy*), elective time, bereavement time, service at another campus that conflicts with the particular conference, or presentation of poster or abstract at an off site meeting.

As professional adults, we trust that all resident/fellows will abide by the above attendance policy. There will be quarterly attendance reports sent to each of your advisors and the program director. To ensure that there are no errors in your attendance time, be sure that you sign the attendance conference sheet provided at the conference.

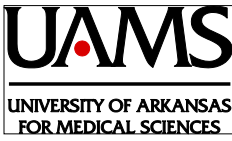
In the event that a resident or fellow neglects to abide by the attendance policy, below are the remedial measures that will take place:

- **Verbal Warning:** After 1<sup>st</sup> quarter of excessive absence (greater than 10%), a verbal warning will be given by the program director.
- **Written Warning:** After 2<sup>nd</sup> quarter of excessive absence (greater than 10%), a warning will be written by the program director. A copy will go in resident's file and a copy will go to the Chair/ Vice Chair of pathology.
- **Academic Probation:** If excessive absence (greater than 10%) continues for the third quarter during that year
- **Dismissal from the Program:** If excessive absence (greater than 10%) continues for the fourth quarter during that year

Depending on the severity of the situation the following may also occur:

- Excessive absence could prevent a resident from becoming chief resident.
- Excessive absence could result in book allowance to be taken.
- Excessive absence will result in the resident not receiving travel allowance for the succeeding 12 months
- Excessive absence could be tabulated and taken out of vacation or personal time.





# REQUEST FOR AUTHORIZATION OF TRAVEL EXPENSES

Date \_\_\_\_\_ Authorization No. T -

Applicant \_\_\_\_\_ Department \_\_\_\_\_ UAMS # \_\_\_\_\_

Account Number \_\_\_\_\_

Telephone \_\_\_\_\_  No UAMS Cost, Insurance Only

Destination \_\_\_\_\_

Purpose (Attach brochure or meeting announcement.) \_\_\_\_\_

Dates of meeting/official business From \_\_\_\_\_ To \_\_\_\_\_

Dates of absence from station including travel and vacation From \_\_\_\_\_ To \_\_\_\_\_

### ESTIMATED COST

1. Transportation:	<input type="checkbox"/> Air <input type="checkbox"/> Personal auto <input type="checkbox"/> Univ. auto	\$ _____
	<input type="checkbox"/> Guest in Car <input type="checkbox"/> Other	
2. Registration fees*:		\$ _____
		SUBTOTAL \$ _____
3. Hotel:		\$ _____
4. Meals:		\$ _____
4. Other (Specify) _____		\$ _____
		SUBTOTAL \$ _____
		TOTAL ESTIMATE \$ _____

**\*Attach Purchase Requests(s) if payment is to be made directly by UAMS**

I certify that if personal car is used, vehicle is covered by liability insurance.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

Reimbursement is limited to \$ \_\_\_\_\_

Approval recommended \_\_\_\_\_  
Supervisor Date

Approval recommended \_\_\_\_\_  
Department Head Date

Approved \_\_\_\_\_  
Dean, Director of Travel Administration Date

**INSTRUCTIONS:** (1) Submit to Pathology Business Office. (2) Application and reimbursement authorization must comply with current UAMS Travel Regulations. (3) Requests for reimbursement must be submitted within 60 days of travel dates or reimbursement will not be authorized.

## **CHIEF RESIDENCY**

A senior level resident is ordinarily selected by the majority vote of the residents as Chief Resident. The term of appointment may be either less than or greater than one year by mutual agreement. However, the usual length of service is one residency year.

Duties of the Chief Resident include, but are not limited to:

- Work with the Program Director and Associate Program Directors to address the administrative needs of the program
- Establish resident rotation schedules
- Address emergency scheduling needs due to illness or unexpected absences
- Schedule morning educational conferences
- Assure that attendance sheets are completed for all formal conferences and that these are turned in to the Program Coordinator
- Set an example of proper conduct and professionalism for the other residents
- Resolve conflicts or disputes that may arise among/between residents. Conflicts that cannot be resolved should be brought to the attention of the Program Director.
- To the extent possible, remain reachable by phone or pager, even off-hours and when not on call, to help address questions of resident staff who are on call
- Identify aspects of the program needing improvement and propose solutions to the Program Director
- Represent ALL resident issues to faculty and staff
- Uphold ALL departmental and Program policies amongst the residents
- participating in resident selection
- representing the residents on the Departmental Residency Committee and the UAMS Chief Residents' Council

In general, the Chief Resident acts as an Assistant to the Chairman/Program Director in the post graduate educational function. The Chief Residency is intended as both a distinct honor and an opportunity to learn educational management firsthand. As such, not all residents should expect to be awarded this title during their residency.



## Welcome to the Graduate Medical Education Handbook

The purpose of Graduate Medical Education (GME) within the UAMS College of Medicine is to provide an organized educational program with guidance and supervision of the resident (includes interns, residents, and fellows), facilitating the resident's professional and personal development while ensuring safe and appropriate care for patients.

The College of Medicine (COM) sponsors residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) in which physicians in training can develop personal, clinical and professional competence under the guidance and careful supervision of the faculty and staff. The programs ensure safe, appropriate and humane care of patients and the progression of resident physician responsibilities consistent with each resident's demonstrated clinical experience, knowledge and skill. Resident physicians are part of a comprehensive university and have opportunities to participate in the scholarship of the medical community.

As the sponsoring institution for graduate medical education, the College of Medicine commits that all accredited residency programs remain in substantial compliance with the ACGME institutional requirements, the Common Program and specialty/subspecialty- specific requirements. The College provides an organized administrative system to oversee all residency and fellowship programs through the activities of the Graduate Medical Education Committee, the Associate Dean for Graduate Medical Education and the Director of Housestaff Records. The College and the participating teaching hospitals commit appropriate resources to support the residents, their educational environment, and the graduate medical education programs.

[Resident Handbook](#): information for housestaff members - interns, residents, and fellows - in ACGME-accredited programs sponsored by the UAMS College of Medicine.

[Program Director Handbook](#)

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# Resident Handbook

(interns, residents, fellows)

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## [Help Groups](#)

Women's Faculty Development Caucus

Alumni Association

Student Employee Health Services

UAMS Medical Staff Health Committee (Physician Health Committee)

- [Arkansas Employee Assistance Program & Housestaff Mental Health Service](#)
  
- [Documentation & Legal Issues](#)  
Death Documentation, Reporting, Certification, and the Autopsy  
Risk Management and Prevention- communication, confidentiality, documentation, informed consent, malpractice insurance
  
- [UAMS Campus Security](#)
  
- [Office of Human Resources Benefits for Housestaff](#)

**Send mail to [norwoodand@uams.edu](mailto:norwoodand@uams.edu) with questions or comments about this web site.**

**Last modified: March 12, 2009**





## Benefits and Terms & Conditions for Appointment (Employment) in Residency Training Programs

The following information describes benefits and the terms and conditions of employment for all residents and fellows, collectively termed as "residents". It is updated annually and must be provided to all applicants who present for an interview. Upon acceptance to a program this information is again given in written format. The "resident" must sign an attestation that he/she has read and will abide by the terms & conditions provided herein.

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<a href="#">Cardiac Life Support</a>	<a href="#">Program Closure or Reduction</a>	<a href="#">Web-based Courses</a>	<a href="#">Sexual Harassment</a>

**Pre employment Drug Test:** UAMS has a drug testing policy which includes pre employment, random and for cause testing. All residents accepted into residency/fellowship programs at UAMS College of Medicine (UAMS COM) must submit to a drug screen. Appointment or acceptance into the training program will be finalized only upon completion of a negative drug screen. The procedure for submitting the sample for testing is provided after Match Day.

**Background Check:** Appointment or acceptance into the training program will be finalized only upon completion of a criminal background check.

All candidates for residency positions will be notified upon invitation for interview (or during telephone interview if an in-person interview will not be held) that all appointments to residency positions are contingent upon successful completion of a criminal background check. This notification will include a representative sample of unfavorable information that might prevent appointment as a UAMS Resident.

All applicants for UAMS residency positions are required to authorize the performance of a criminal background check (CBC) at the time the position is offered, or in the event of matched applicants, at the time that the match result is received.

The resident will be asked to disclose any of the below listed situations prior to the obtaining of the CBC. If the CBC returns negative information, the resident will have an opportunity to challenge erroneous information, or explain accurate negative information, prior to a final decision. Failure to disclose relevant and accurate information that is later discovered on a CBC adds an additional measure of concern about the applicant's (or resident's) qualification for appointment as a resident physician.

The following CBC findings may be inconsistent with appointment as a resident physician in UAMS College of Medicine programs. If any of these findings are identified on the CBC, the offer of a position may be withdrawn, or employment terminated. Please note the following list is representative, but not inclusive, of reasons an applicant may be denied housestaff status.

- Felony convictions that may be reasonably related to the practice of medicine.
- Felony convictions related to the illegal possession, use or distribution of drugs or controlled substances.
- Felony convictions or misdemeanor convictions involving violence against another person.
- A pattern of repeated felony or misdemeanor convictions that calls to question the individual's ability or willingness to comply with the law, particularly as related to one's future ability to practice medicine.
- Registered sex offender status (or legal requirement to register but not registered)
- Arrests where the final legal status has not yet been determined.
- Dishonorable discharge from the Armed Forces of the United States
- Exclusion from participation in Medicare or similar programs.

Applicants to whom any of the findings above may apply are encouraged to discuss the situation with

the program director prior to acceptance of a position or rank order listing.

**Financial Support:** Stipends for residents are competitive with other state schools in the southern region. The PGY- 1 level stipend for 2009-2010 is \$45,356.

**Vacations:** Residents receive 21 days (15 work days plus weekend days) of paid vacation each year. This cannot be "carried over" from one year to the next. Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility.

**Professional Leave:** This leave is determined by the individual department. However, time spent attending professional meetings or taking board examinations or other examinations is not counted as vacation if the activity is approved by the Program Director.

**Sick Leave:** Residents have 12 days of sick leave (including weekend days) for medical reasons during each year of training. Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility. The sick leave cannot be "carried over". Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director.

#### **Medical Professional Liability Coverage:**

The University of Arkansas for Medical Sciences, through the Medical College Physician's Group, provides each resident with medical professional liability coverage for their activities within the residency/fellowship program. The coverage is written on a claims-made basis. Each resident/fellow is provided coverage in the amount of \$500,000 per medical incident with an annual aggregate of \$1,000,000. In addition to the limits of liability, the cost of legal defense is also provided. Hence, each resident/fellow is protected against claims for medical negligence for acts and/or omissions surfacing as a result of their UAMS COM approved activities. The coverage provided does not extend to activities outside the residency program. For this reason, any resident involved in moonlighting activities should secure his/her own professional liability coverage for the outside activities. For more information on Risk Management and Prevention [click here](#), or contact the Faculty Group Practice Risk Management Department at 614-2077.

**Medical Dental, Basic Life, and Basic Long Term Disability insurance coverage for the resident:** [click here](#) for detailed information or contact OHR at 501-686-5650

**Meals:** Food is available in the teaching hospitals for residents/fellows who take in-house call.

**Laundry:** Five white lab coats are provided for the entire residency/fellowship period. No laundry service is provided at the institutional level, although this may be provided by individual departments.

**Accommodations:** Call rooms are provided for residents/fellows who stay overnight. The

location and access to the call rooms will be supplied at the beginning of each rotation at each institution. No other living quarters are provided.

**Counseling/psychological support services:** The Arkansas Employee Assistance Program (AEAP) 686-2588 provides professional counseling and/or referral to community resources for a wide range of problems and situations including stress management, financial concerns, alcohol and other drug abuse, elder care, job/career issues, parenting, legal issues, marital/family problems and personal/emotional concerns. UAMS has pre-paid the entire cost of the EAP so that the resident/fellow is not charged for services provided within the EAP. For the EAP website [click here](#).

Housestaff Mental Health Service [HMHS] 686-5900 is provided by the UAMS College of Medicine for residents. The HMHS assures timely access to a complete mental health program including diagnostic evaluation; medication management; counseling; and preventative programs. Services may be accessed through either the HMHS or the AEAP.

**Employee Health/Student Preventive Health Services (EH/SPHS):** The EH/SPHS provides the MMR vaccine, an annual TB skin test and chemoprophylaxis medication if indicated following blood or body fluid exposures for residents. All residents must have a TB skin test **annually** while in the program.

**Computer Facilities:** All residents/fellows have access to several computer facilities at UAMS including the Learning Resource Centers in the main Library, and the Academic Computing Laboratory classroom in the Education II building. Various computer classes are available. For more about the Learning Resource Center [click here](#).

**Orientation/Registration:** All incoming residents/fellows are expected to attend Orientation/Registration scheduled the second week in June. The three-day orientation includes many important sessions about policies, communication and teaching skills, cost containment, and quality assurance, infection control, physician impairment, risk management, medical documentation, electronic medical records and benefits. All residents/fellows must complete the registration process on day 3 in order to begin their education in hospital rotations on July 1.

**International Medical Graduates (IMG):** Visas are handled through the Office of Human Resources (OHR). Phone 501-686-5650. The OHR also provides an International Medical Orientation Handbook which contains useful information about the US and Arkansas culture. Training programs may assign incoming residents/fellows a mentor within the department who assists with the acclimation process.

**Moonlighting:** Moonlighting is defined as any professional activity arranged by an individual resident/fellow which is outside the course and scope of the approved training program. A resident/fellow may "moonlight" only with the written approval of his/her Program Director. While moonlighting, the resident/fellow must follow the GME Committee policy on moonlighting which requires that he/she have separate malpractice insurance. [Click here](#)

[for policy.](#)

**Restrictive Covenants:** Residents/fellows in programs sponsored by the UAMS COM are not required to sign any type of non-competition guarantee.

**Closure/Reduction:** In the event that the College of Medicine and/or Program Director decide to reduce the number of residency/fellowship positions in any program, the residents/fellows will be notified immediately. An attempt will be made to reduce the number of positions over a period of time so as not to affect the residents/fellows currently in the program. If this is not possible, the Program Director will assist the residents/fellows in obtaining a position in another residency/fellowship program. Click [here](#) for the policy.

**Cardiac Life Support Certification:** Residents/fellows who are members of code teams at University Hospital, Central Arkansas Veterans Healthcare System or Arkansas Children's Hospital must have current ACLS certification or its equivalent (PALS or ATLS). All residents/fellows who rotate through Baptist Medical Center or St. Vincent Infirmary must have current ACLS certification or its equivalent. Each resident/fellow must supply the date of current certification to his/her program director. Click [here](#) for the policy.

**Requirements to begin the training program:** In order to begin a program sponsored by the UAMS COM, all applicants must meet the requirements for eligibility and selection as specified by the [policy of the Graduate Medical Education Committee on Recruitment and Appointment](#) and the program's criteria and must supply proof to their program director; complete a negative drug screen as specified by the UAMS Medical Center Drug Testing policy; complete the Intranet HCCS HIPAA Training Module (level II); review the packet of information sent following Match Day; and return all registration forms to the Director of Housestaff Records by the designated date (usually June 1 prior to the start of the academic year on July 1). Supplying misinformation on any of the documents is grounds for disciplinary action, including immediate dismissal from the program.

**Annual Records and Requirements to continue in a training program:** Prior to the beginning of each academic year, a resident must complete the Annual GME Survey; the Physician Health Questionnaire; the Attestation about policies and procedures; the annual Agreement of Appointment and return these to the Director of Housestaff Records by the designated date (usually June 1 prior to the start of the academic year on July 1). Residents/fellows who return the forms and complete the Annual GME Survey by the deadline will receive the increase in stipend for the next PGY level with the first paycheck at the new PGY level. Residents/fellows who do not complete the survey by the deadline will not receive the increase in stipend. This procedure will remain in effect until the resident/fellow completes the survey, then the increase in stipend will be effective in the subsequent pay period.

**Web-based Courses:** The Graduate Medical Education (GME) Committee supported the development of web-based courses in order to assist programs with the six general competency curricular requirements and ensure that residents/fellows have a baseline knowledge of ethical

issues, medical legal issues, Foundations in Systems Based Practice and the ACGME Competencies, and fatigue/sleep-deprivation. Residents and fellows must complete four courses within the first six months of their training at UAMS. A score of 80% or greater must be obtained on each quiz contained in each course. Residents/fellows are given an unlimited number of attempts to take the quizzes, and the highest score obtained will be recorded.

**Use of Records for Educational Research:** Many UAMS COM faculty members and staff are engaged in on-going efforts to monitor and improve the undergraduate and graduate medical school curriculum. In addition, our accrediting agencies expect us to assess ourselves on an on-going basis and participate in the community of scholars sharing what has been learned. The public dissemination of knowledge is one of the responsibilities of our profession. To this end, such things as test scores, faculty and preceptor ratings, clinical skills and other performance-based assessments, and follow-up surveys and evaluations will be analyzed to address such questions. If the information is released publicly, it is only released in an aggregated form to maintain confidentiality. Individual students and residents/fellows are not identified. Personally identifiable information is kept confidential, and the privacy of students and residents/fellows is protected to the maximum extent allowed by law. If you have any questions concerning this policy, please contact the Associate Dean for Graduate Medical Education.

**Sexual Harassment and Anti-Discrimination:** The University of Arkansas for Medical Sciences is committed to providing an academic and employment environment that fosters excellence. Harassment of any kind, racism and discrimination subvert this mission and will not be tolerated. All students, residents/fellows, physicians and other staff and employees shall abide by the following policies: [Sexual Harassment policy link](#), [Anti-Discrimination policy link](#).

**Official Means of Communication:** E-mail is the official means for transmission of information between the College of Medicine Dean's Office/Director of Housestaff Records and all residents. E-mail information and instructions are regarded the same as any written hand copy and will often be the only form in which this information is delivered.

All residents have an electronic mail box in the UAMS e-mail system and are members of the COMHS Group distribution list maintained by the Director of Housestaff Records. **Each resident/fellow is responsible for regular (e.g. weekly) checks of his/her e-mail.**

**UAMS Drug-free Awareness Statement & Practitioner Health Questionnaire:** At the beginning of the program, all residents/fellows receive the UAMS Drug-free Awareness Statement and acknowledge receipt by signing the receipt form and returning it to the Director of Housestaff Records. All residents/fellows must complete the Practitioner Health Questionnaire and return it to the Associate Dean for GME. This questionnaire is updated yearly at the time of contract renewal. Questionnaires are confidential. Questionnaires with concerns are reviewed by the UAMS or ACH Medical Staff Health Committees, which recommend a plan of action/follow-up for the resident/fellow and reviews this with the respective program director and departmental chairperson.

**Resident Organization/Resident Council:** All residents/fellows are automatically members of the Resident Organization. The leadership body is the [Resident Council](#). The Chair and Vice-Chairs of the Resident Council are peer-elected and represent the Resident Organization on the Graduate Medical Education Committee.

**Sample of the Resident Agreement of Appointment (contract)**

Agreement made this (day) of July, (year) by and between the University of Arkansas for the University of Arkansas for Medical Sciences ("UAMS") and (name), M.D. ("Resident").

In consideration of the promises, conditions, and undertakings hereinafter contained, the parties agree as follows:

· Resident is hereby appointed to a position as Resident in (program) for a period beginning (date) and ending (date)  
(appointments are generally for one year). UAMS, through this appointment, agrees to provide:

· Supervised instruction and experience in keeping with the standards established by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties with the understanding that the hours of duty and the content of the educational phase of the residency, including the duration and sequence of assignments to clinical, laboratory or ambulatory care facilities are determined by the Program Director. In addition, the Program Director will determine the length and scheduling of vacation periods. Information concerning vacation time will be made available to the resident at the beginning of the academic year;

· A total of five (5) laboratory coats during the entire training period;

· Food and living quarters while performing in-house call;

· Professional liability insurance coverage, including "tail coverage", will be provided in an amount and with coverage to be determined by UAMS for acts or omissions of the Resident in the scope and course of his or her duties hereunder and the provisions applicable to such coverage are contained in the insurance contract;

· A stipend of \$ (XXXXX) for the year of this contract

· Medical, Dental, Basic Life, and Basic Long Term Disability insurance coverage as described in the UAMS Office of Human Resources Benefits for Housestaff document attached to this agreement. This coverage is provided only when the resident enrolls within 31 days of the initial appointment to the training program or during any other open enrollment period.

· Basic Housestaff Long Term Disability insurance coverage. The Resident shall participate and shall enroll at the

time of registration and appointment to the training program.

- Professional, parental, and sick leave as specified in the policies of the Graduate Medical Education Committee and contained in the College of Medicine Resident Handbook;
- Access to counseling, medical, and psychological support services in accordance with the provisions of, and subject to the limitations of, the UAMS Medical Benefit Plan, the UAMS Employee Assistance Program, and the UAMS Employee Health/Student Preventive Health Services. Questions concerning such services should be directed to the Program Director, the Associate Dean for Graduate Medical Education of the College of Medicine or the UAMS Office of Human Resources;
- A certificate for the appropriate period of satisfactory Residency performance;
- The Resident will be accorded due process consistent with applicable policies and procedures of UAMS, the College of Medicine and the Department in which the Resident is appointed. Policies and procedures whereby complaints of sexual harassment and exploitation may be addressed are attached.

The Resident, through this appointment, agrees or understands:

- That this appointment is conditioned upon successfully passing a pre-employment drug screen in accordance with the UAMS Drug Testing Policy (Policy 3.1.14) prior to the initial training year;
- To accept the provisions described above and set forth hereinafter;
- To complete and return all forms in the registration packet prior to the appointment period;
- To comply with all terms and conditions of appointment and all policies of UAMS, the College of Medicine, the Graduate Medical Education Committee and any facility or department to which Resident is assigned or in which Resident is working. All policies of the Graduate Medical Education Committee contained in the College of Medicine Resident Handbook, including the policies on physician impairment and substance abuse, evaluation and promotion, duty hours, moonlighting, leave of absence and effect of leave on completion of the training program are attached;
- To comply with the College of Medicine's duty hour monitoring systems and

accurately report duty hour assignments in these systems;

- To complete all medical records according to the Rules and Regulations of the participating hospitals;
- To complete the Annual Graduate Medical Education Survey and assigned web-based educational modules;
- To participate in providing appropriate medical care for all assigned patients;
- Not to accept fees from patients;
- Not to engage in employment outside the training program without the written approval of the Program Director;
- That this agreement may be terminated for cause in accordance with the procedures set out in the policies of the Graduate Medical Education Committee of the College of Medicine as may be changed or supplemented from time to time by the Graduate Medical Education Committee. Any such changes or supplements during the period of this contract shall become effective when promulgated or adopted by the Graduate Medical Education Committee and when notice thereof has been furnished the Resident;
- That he/she is free of any conflicting obligation(s) during the period of appointment;
- That the appointment herein is for the period indicated and on the terms and conditions set forth hereinabove and any subsequent appointment for additional periods of residency training are wholly within the discretion of the Program Director and/or the Chairman of the resident's training program. In the event Resident is not to be appointed for a subsequent period, Resident will be furnished written notice of non-reappointment at least four (4) months prior to the expiration of the period of this appointment, provided, however, that in no event shall the failure to furnish such notice operate to extend this appointment or to confer any rights upon the resident to a subsequent appointment.

Licensure. Resident represents that he or she has been awarded the M.D. degree and has completed, or will complete, the requirements for licensure in Arkansas. If Resident is unable to affirm the foregoing, reasons therefore are stated in a written attachment to this Agreement.

Entire Agreement - Arkansas Law Controls. This Agreement is executed in the State of

Arkansas and shall be interpreted in accordance with Arkansas law. This agreement shall not be amended, changed or modified except by an Agreement in writing signed by all parties.

IN WITNESS WHEREOF, the parties have executed this agreement on the date and year first above written.

**Last modified: 12/01/08**

UAMS



COLLEGE OF MEDICINE

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

## Policies of the Graduate Medical Education Committee

### Educational Administration

- [1.100 Graduate Medical Education Training Programs and Residents](#)
- [1.101 Educational Records](#)
  
- [1.110 Institutional and Program Agreements for Educational Activities](#)
- [1.120 Sponsorship of New Residency \(& Fellowship\) Program](#)
- [1.130 Educational Activities for non-UAMS COM Residents](#)
- [1.140 Vendor Interactions](#)
- [1.200 Recruitment and Appointment](#)
- [1.210 Residents Transferring Between Residency Programs](#)
- [1.220 International Medical Schools](#)
- [1.300 Evaluation and Promotion](#)
- [1.400 Addressing Concerns in a Confidential and Protected Manner](#)
- [1.410 Adjudication of Resident Grievances](#)
- [1.420 Academic & Other Disciplinary Actions \(Probation, Suspension, Dismissal\)](#)
  
- [1.500 Appropriate Treatment of Residents in an Educational Setting](#)
- [1.600 Correction of Deficiencies in ACGME Resident Survey](#)

### Resident Support/Conditions for Employment

- [2.100 Financial Support and Apportionment of Positions](#)
- [2.200 Leave for Residents](#)
- [2.300 Physician Impairment, Drug Testing and Drug Abuse Intervention](#)
- [2.400 Post Employment Medical Screening \(joint policy with UAMS, #4.5.18\)](#)
- [2.600 Patient Care Activities under the “Residency Program Exemption” to the Arkansas Medical Practices Act, Including Prescribing of Controlled Substances and other Medications](#)
- [2.700 Reduction in Size or Closure of a Training Program](#)
- [2.710 Restrictive Covenants](#)
- [2.720 Residents with HIV and infectious HBV](#)
- [2.800 Medical Records](#)

## Resident Supervision/Work Environment

- [3.100 Resident Supervision](#)
- [3.200 Duty Hours and Work Environment](#)
- [3.300 Moonlighting and Malpractice Insurance Coverage While Moonlighting](#)
- [3.400 Supplemental Clinical Activities](#) ("Internal Moonlighting")
- [3.500 Religious Accommodation](#)
- [3.600 Disaster or Interruption of Patient Care](#)
- [3.700 Disability Compliance](#)

The policies of the GME Committee are reviewed and revised periodically. Revised policies are effective as determined by the GME Committee. The following definitions apply to terms used in the policies.

**Graduate Medical Education (GME):** the second phase following undergraduate medical education or the medical school phase, which prepares physicians for practice in a medical specialty. GME focuses on the development of clinical skills and professional competencies and on the acquisition of detailed, factual knowledge in a medical specialty. This learning process prepares the physician for the independent practice of medicine in that specialty.

**Residency Training Program:** A program accredited to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.

**Accreditation Council for Graduate Medical Education (ACGME):** is an association formed by five member organizations- American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, Council of Medical Specialty Societies. This council develops requirements for and oversees the accreditation of graduate medical education programs.

**Accreditation:** a process for determining whether a graduate medical education program or institution is in substantial compliance with established educational standards as promulgated in the institutional and program requirements. Accreditation is a voluntary process of evaluation which represents a professional judgment about the quality of an educational program. Decisions about accreditation are made by the specialty-specific Residency Review Committees (RRC) or the Institutional Review Committee (IRC) under the authority of the Accreditation Council for Graduate Medical Education (ACGME).

**Certification:** the process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in a particular specialty. . The standards for certification are determined by the appropriate member specialty board recognized by the American Board of Medical Specialties (ABMS).

**Licensure:** this is distinct from both accreditation and certification and is the process of government through

which an individual physician is given permission to practice medicine within a particular licensing jurisdiction. Medical licenses are granted by the Board of Medical Examiners (or the equivalent) in each licensing jurisdiction (the 50 states). Individuals in training programs in the State of Arkansas are not required to have a license while rendering services within the training program..

**Sponsoring Institution:** The organization that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution of all programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) at UAMS is the College of Medicine (UAMS-COM). The sponsoring institution has the primary purpose of providing educational programs.

**Site:** an organization providing educational experiences or educational assignments/rotations for residents/fellows.

**Major Participating Site:** A Review Committee-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a major participating site in a two-year program, all residents must spend at least four months in a single required rotation or a combination of required rotations across both years of the program. In programs of three years or longer, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the program. The term “major participating site” does not apply to sites providing required rotations in one year programs.

**Program:** A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty/subspecialty, the satisfactory completion of which may result in eligibility for board certification.

**Applicant:** An M.D. or D.O invited to interview with a GME program

**Intern:** historically, a designation for individuals in the first year of GME. This term is no longer used by the ACGME.

**Fellow:** a physician in a program of graduate medical education who has completed the requirements for eligibility for first board certification in the specialty. At the UAMS COM the term resident is most often used interchangeably for fellows and residents.

**Resident:** a physician at any level of GME in any of the accredited training programs sponsored by the UAMS College of Medicine. For the purposes of the policies of the Graduate Medical Education Committee of the UAMS College of Medicine, the term resident refers to anyone in a GME program sponsored by the University of Arkansas College of Medicine, at levels PGY-1 and above. This includes all other terms such as intern, fellow or housestaff member or house officer.

**Internal Review:** A self-evaluation process undertaken by the GME Committee to judge whether each ACGME - accredited program is in substantial compliance with accreditation requirements.

**Dean:** the chief administrative and academic officer of the College of Medicine who recruits and appoints all

departmental chairs, associate and assistant deans and all committees.

**Associate Dean for Graduate Medical Education:** The Dean's designee, also the DIO who, along with the GME Committee, has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and is responsible for assuring compliance with ACGME requirements. The Associate Dean for GME serves this role in the College of Medicine.

**Director of Housestaff Records:** The Dean's designee who is responsible for financial and administrative issues for residents in training programs of the College of Medicine. The Housestaff Office, located in the Dean's Office, houses the Director and administrative staff. This group works with each program coordinator and is responsible for certain records, including verification of visas and certificates, stipends and benefits.

**Program Director:** Qualified faculty member who is designated with authority and accountability for the operation of the residency or fellowship program.

**Program Coordinator:** the individual who works with the Program Director in administering the program.

**Graduate Medical Education Committee:** a standing committee of the College of Medicine which, along with the DIO, has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and responsibility for assuring compliance with ACGME requirements.

**Designated Institutional Official:** the person who, along with the GME Committee, has the authority and responsibility for the oversight and administration of the Sponsoring Institution's ACGME-accredited programs and is responsible for assuring compliance with ACGME requirements. The Associate Dean for GME serves this role in the College of Medicine.

More definitions about graduate medical education can be found on the ACGME website at <http://www.acgme.org/>



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Date this page was last edited 11/11/08



## Needlestick Policy

It is extremely important for residents to know the policy and procedures for needlestick/sharp injuries and blood/body fluid exposure in order to ensure safety and care of themselves and the students who work with them. Click [here](#) to access the [University Hospital policy](#) which describes all procedures, in detail, which must be followed if a student or resident sustains a needlestick injury or blood/body fluid exposure. The most important points of that policy are:

All faculty, employees residents or students who suffer a needlestick, cut, or mucus membrane (e.g. splash to the eye or mouth) exposure to blood or other body fluids, or who have a cutaneous **exposure** involving large amounts of blood or prolonged contact with blood **regardless of the type of exposure or risk status of the source patient shall:**

1. Report the incident immediately to their supervisor or instructor.
2. Call immediately to Employee Health/Student Preventative Health Services (EH/SPHS), 686-6565, if it is during regular business hours OR the Emergency Department (ED) 686-7925, if it is after business hours.
3. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment must be started within 2 hours to be effective.
4. Complete the UAMS Incident and Injury (I&I) Report form

Information about the source patient shall be documented on the Employee Incident and Injury (I&I) report form by the nursing supervisor or his/her designee from which the source patient is receiving care. The I&I form shall accompany the resident/fellow to EH/SPHS or the ED at the time of the initial evaluation.

It is the responsibility of the resident/fellow's attending physician to make sure that all information relevant to the I&I has been completed and the resident/fellow has called either EH/SPHS or the UAMS ED, for triage. It is the responsibility of the Nursing Supervisor or designee to record all information regarding the source patient on the I&I, notify either EH/SPHS or the ED with the risk factors for HIV, and ensure that orders are written for lab work on the source patient's chart

Last modified: 07/14/08

# American Board of Pathology-Training Requirements

## I. Professional Education

An applicant must have graduated from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education, graduated from an osteopathic college of medicine accredited by the Bureau of Professional Education of the American Osteopathic Association, or graduated from a medical school outside the United States or Canada acceptable to the ABP.

All applicants must submit with the application a notarized copy of the medical school diploma, (along with an English translation if issued outside the United States in a language other than English), showing the medical degree and the date that it was awarded. A certificate showing that the applicant has passed a final examination is **not** acceptable.

## II. Medical Licensure

An applicant for primary or subspecialty certification must hold a currently valid, full, and unrestricted license to practice medicine or osteopathy in a state or jurisdiction of the United States or Canada. If the applicant is in the process of applying for a license to practice medicine or osteopathy, a copy of the application for licensure and evidence of **successful** completion of USMLE Step 3 or other examination required by the licensing authority must be submitted with the completed application. **Results of the certification examinations will not be released until a notarized copy of a currently valid, full, and unrestricted license to practice medicine or osteopathy is received by the ABP.**

A candidate or diplomate must notify the ABP in writing within 60 days of: (a) any revocation, suspension, or limitation of his/her license or right to practice by any licensing agency in the United States or Canada; (b) voluntary surrender of such a license or right in connection with any disciplinary action or consent decree; or (c) entry into a rehabilitation or diversionary program for chemical dependency. The candidate or diplomate must also provide the ABP all relevant documentation relating to such action, including any administrative complaints or decisions, consent decrees, or settlement agreements. Failure to report such an action may result in the denial of qualification to sit for a certifying examination or the revocation of any and all certificates issued by the ABP, as applicable. (See Revocation of Certificate.) Entry into and successful participation in a rehabilitation or diversionary program for chemical dependency authorized by the applicable licensing agency will not, by itself, disqualify an applicant from taking a certification examination.

## III. Training Requirements

To acknowledge the diverse activities in the practice of pathology and to accommodate the interests of individuals wanting to enter the field, the ABP offers primary certification through the following three routes: combined anatomic pathology and clinical pathology, anatomic pathology only, and clinical pathology only. Subspecialty certificates are offered in a variety of disciplines.

**For primary certification, only pathology training obtained in the United States or, in certain circumstances, in Canada is acceptable toward meeting the ABP requirements.** The training must be in programs that have been inspected and accredited by the ACGME or the RCPSC. **For subspecialty certification, credit is not given for pathology training taken outside of the United States, nor is credit given for subspecialty training that was part of the training program for primary certification in AP and/or CP.** For both primary and subspecialty certification, **training should have been successfully completed during the 5-year period immediately preceding the final filing date for submission of the application.** Applicants who completed training 5-9 years prior to application will be required to meet additional criteria related to CME (contact the ABP for details). No applicant will be allowed to sit for a primary or subspecialty examination if the interval since completion of training equals or exceeds 10 years. Verification of the applicant's qualifications by the pathology training program director is required. Program directors have the opportunity to observe the applicants over the course of training and the responsibility to evaluate the individual's overall educational advancement and competency. Therefore, the individual's most recent pathology training program director is asked to complete an evaluation form to verify to the ABP that the training has been appropriate and successfully completed and that the individual is ready to take the certifying examinations. In addition, each pathology training program director who had responsibility for any portion of the individual's training is asked to complete a form verifying successful completion of the training in that program. This evaluation is a critical factor considered by the ABP in determining the individual's qualification for examination and certification.

Each institution sponsoring a pathology training program should develop individual sick, vacation, parental, and other leave policies for the resident. However, **1 year of approved training credit toward ABP certification requirements must be 52 weeks in duration, and the resident must document an average of 48 weeks per year of full-time pathology training over the course of the training program.** Unused vacation and other leave time may not be accumulated to reduce the overall duration of training.

## **A. PRIMARY CERTIFICATION**

In addition to accredited pathology training, applicants for primary certification who began pathology training prior to 2002 must meet the 1-full-year credentialing requirement (contact ABP for information). Residents who began pathology training in 2002 or later do not have a credentialing year requirement.

**1. Training.** The applicant must satisfactorily complete pathology training in a program accredited by the ACGME or the RCPSC as follows:

**a. Combined Anatomic Pathology and Clinical Pathology (AP/CP) Certification**

**Four full years** of full-time, approved training in an accredited APCP-4 program that includes at least 18 months of structured training in anatomic pathology and 18 months of structured training in clinical pathology, plus a "flexible year that may be either an additional 12 months of full-time, continued training in anatomic pathology and/or clinical pathology **or** 12 months of full-time, approved training in other areas of pathology as part of the defined 4-year accredited AP/CP training program. Residents must perform a **minimum of 50** autopsies, and a list of completed autopsies performed by the resident must be provided at the time of application. 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 laboratory findings; preparation of written description of gross and microscopic findings; development of opinion on cause of death; review of autopsy report with teaching staff. Fetal autopsies used to meet this requirement must have a signed consent form (not an anatomic disposal or surgical pathology request). **Candidates for combined AP/CP certification will not be certified by the ABP until both AP and CP examinations are passed and all other requirements are met.**

## **IV. EXAMINATION**

Candidates must pass an objective, written and practical examination designed to evaluate the candidate's factual knowledge of pathology and to assess practical problem solving skills, interpretive skills, and diagnostic abilities. **Candidates must pass both the written and practical portions of the AP or CP examinations in the same administration in order to pass the primary examination.** Similarly, written and practical portions of each subspecialty examination must be passed in the same sitting in order for the candidate to pass the subspecialty examination.

**AP/CP candidates may not apply for any part of the AP/CP examinations until all training requirements in AP/CP are completed.**

# ACGME Program Requirements for Graduate Medical Education in Anatomic Pathology and Clinical Pathology

*Common Program Requirements are in BOLD*

*Effective: July 1, 2007*

## Introduction

### A. Definition

1. Graduate medical education programs in pathology are accredited in the following categories:
  - a) APCP-4 Four-year programs in anatomic pathology and clinical pathology.
  - b) AP-3 Three-year programs in anatomic pathology.
  - c) CP-3 Three-year programs in clinical pathology.
  - d) PCP-1 One-year programs in cytopathology.
  - e) BB-1 One-year programs in blood banking/transfusion medicine.
  - f) DP-1 One-year programs in dermatopathology.
  - g) FP-1 One-year programs in forensic pathology.
  - h) HMP-1 One-year programs in hematology.
  - i) MM-1 One-year programs in medical microbiology.
  - j) NP-2 Two-year programs in neuropathology.
  - k) PP-1 One-year programs in pediatric pathology.
  - l) PCH-1 One-year programs in chemical pathology.

- m) SP One-year programs in selective pathology. (Selective pathology programs are typically sponsored by institutions that provide unique educational resources in a specialized area of pathology.)

B. Duration and Scope of Training

1. Graduate medical education programs in anatomic pathology and/or clinical pathology must provide an organized educational experience for qualified physicians seeking to acquire the basic competence of a pathologist.
2. Programs must offer residents a broad education in anatomic pathology and/or clinical pathology, the opportunity to acquire techniques and methods of those disciplines, and experience with the consultative role of the pathologist in patient-care decision making.
3. APCP-4 programs are accredited to offer four years of education/training in anatomic pathology and clinical pathology, three years of training in anatomic pathology (AP-3), and three years of training in clinical pathology (CP-3).
4. APCP-4 programs must include 18 months of formal education in anatomic pathology and 18 months of formal education in clinical pathology. The AP-3 and CP-3 programs must include 24 months of anatomic pathology (AP-3) or clinical pathology (CP-3) education. The remaining 12 months of training for APCP-4, AP-3, and CP-3 programs may be a continuation of structured anatomic pathology or clinical pathology education, or may be devoted to a specialized facet of pathology. The education must occur under the direction of the program director or designated member of the teaching staff. The program director must clearly define, as part of the program description, the available educational opportunities for the remaining 12 months of pathology education. The program director must approve residents' participation in all such opportunities and monitor their progress.

## **I. Institutions**

### **A. Sponsoring Institution**

**One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating sites.**

**The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.**

1. As the presence of other residency programs may facilitate peer interchange and augment the breadth of the educational experience, institutions providing graduate medical education in anatomic pathology and/or clinical pathology should also sponsor at least three additional accredited residency programs. Programs considered to be most complementary to pathology education are internal medicine, family medicine, obstetrics and gynecology, general surgery, pediatrics, and radiology. The Review Committee will consider requests for exceptions to this requirement on a case-by-case basis.

### **B. Participating Sites**

1. **There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.**

**The PLA should:**

- a) **identify the faculty who will assume both educational and supervisory responsibilities for residents;**
- b) **specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;**
- c) **specify the duration and content of the educational experience; and,**



- 4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:**
- a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;**
  - b) approve a local director at each participating site who is accountable for resident education;**
  - c) approve the selection of program faculty as appropriate;**
  - d) evaluate program faculty and approve the continued participation of program faculty based on evaluation;**
  - e) monitor resident supervision at all participating sites;**
  - f) prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;**
  - g) provide each resident with documented semiannual evaluation of performance with feedback;**
  - h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;**
  - i) provide verification of residency education for all residents, including those who leave the program prior to completion;**
  - j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:**
    - (1) distribute these policies and procedures to the residents and faculty;**
    - (2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME**

requirements;

- (3) **adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,**
  - (4) **if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.**
- k) **monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;**
- l) **comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;**
- m) **be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;**
- n) **obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:**
  - (1) **all applications for ACGME accreditation of new programs;**
  - (2) **changes in resident complement;**
  - (3) **major changes in program structure or length of training;**
  - (4) **progress reports requested by the Review Committee;**
  - (5) **responses to all proposed adverse actions;**
  - (6) **requests for increases or any change to resident duty hours;**
  - (7) **voluntary withdrawals of ACGME-accredited programs;**

- (8) requests for appeal of an adverse action;
  - (9) appeal presentations to a Board of Appeal or the ACGME; and,
  - (10) proposals to ACGME for approval of innovative educational approaches.
- o) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
- (1) program citations, and/or
  - (2) request for changes in the program that would have significant impact, including financial, on the program or institution.
- p) ensure that there are regularly-scheduled seminars and conferences devoted to the basic and applied medical sciences, as well as clinical correlation conferences; and,
- q) ensure that there are departmental conferences, in which both faculty and residents participate, for detailed discussion of difficult and unusual cases.
- (1) The program director and teaching staff should monitor and evaluate the residents' effectiveness as teachers.
  - (2) The program director should ensure that clinical correlation conferences (e.g., a pediatric mortality conference) be held with clinical services such as internal medicine, surgery, gynecology, radiology, pediatrics, and their subspecialties.

## **B. Faculty**

1. **At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.**

**The faculty must:**

- a) **devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities;**

and to demonstrate a strong interest in the education of residents, and

b) administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.

2. The physician faculty must have current certification in the specialty by the American Board of Pathology, or possess qualifications acceptable to the Review Committee.

3. The physician faculty must possess current medical licensure and appropriate medical staff appointment.

4. The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

5. The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.

a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

(1) peer-reviewed funding;

(2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;

(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,

(4) participation in national committees or educational organizations.

c) Faculty should encourage and support residents in scholarly activities.

### **C. Other Program Personnel**

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the

**effective administration of the program.**

1. The laboratories providing patient-care services must be accredited by the appropriate organizations. The laboratories must be directed by a qualified physician who is licensed to practice medicine and is a member of the medical staff.
2. The number and qualifications of medical technologists and other support personnel must be adequate for the volume of work in the laboratory and the educational activities of the institution.

**D. Resources**

**The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.**

1. Residents must be provided office and laboratory space for both patient-care work and participation in scholarly activities.
2. The patient material of the department must be indexed in such a way as to permit appropriate retrieval.
3. The audiovisual resources available for educational purposes should be adequate to meet the goals and objectives of the program.
4. The program must have sufficient volume and variety of material available to ensure that residents have broad exposure to both common conditions and unusual entities. This material should be sufficient for anatomic pathology and/or clinical pathology, as matches the program's specialty concentration. From this experience, residents should develop the necessary professional and technical skills to perform the functions of an anatomic and/or clinical pathologist.
5. The number and variety of tests performed in the program's laboratories should be sufficient to give residents experience of those tests typically available in a general hospital. Residents' experience should be augmented through the use of seminars, course materials, and laboratory indexes of unusual cases.

**E. Medical Information Access**

**Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.**

**III. Resident Appointments**

**A. Eligibility Criteria**

**The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements.**

**B. Number of Residents**

**The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. The program's educational resources must be adequate to support the number of residents appointed to the program.**

1. Programs must have a sufficient number of residents to ensure that an intellectually-stimulating educational environment is maintained. There should be at least two residents enrolled in each year of a program. A lesser number is cause for concern by the Review Committee.

**C. Resident Transfers**

1. **Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.**
2. **A program director must provide timely verification of residency education and summative performance evaluations for residents who leave the program prior to completion.**

**D. Appointment of Fellows and Other Learners**

**The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report**

**the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.**

#### **IV. Educational Program**

##### **A. The curriculum must contain the following educational components:**

- 1. Overall educational goals for the program, which the program must distribute to residents and faculty annually;**
- 2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation;**
- 3. Regularly scheduled didactic sessions;**
- 4. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program; and,**
- 5. ACGME Competencies**

**The program must integrate the following ACGME competencies into the curriculum:**

##### **a) Patient Care**

**Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:**

- (1) will have education in anatomic pathology that must include instruction in autopsy and surgical pathology, cytopathology, pediatric pathology, dermatopathology, forensic pathology, immunopathology, histochemistry, neuropathology, ultrastructural pathology, cytogenetics, molecular biology, aspiration techniques, and other advanced diagnostic techniques as they become available;**

- (2) will have education in clinical pathology that must include instruction 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, aspiration techniques, and other advanced diagnostic techniques as they become available;
- (3) will demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective pathology services consultation.
- (4) will perform at least 50 autopsies during the program. Autopsies may be shared, but no more than two residents may count a shared case toward this standard. Further, programs must ensure that residents participate fully in all aspects of an autopsy as appropriate to the case. In a complete autopsy, this includes:
  - (a) review of history and circumstances of death;
  - (b) external examination of the body;
  - (c) gross dissection;
  - (d) review of microscopic and laboratory findings;
  - (e) preparation of written description of gross and microscopic findings;
  - (f) development of opinion on cause of death; and,
  - (g) review of autopsy report with teaching staff.
    - (i) Resident education must include exposure to forensic, pediatric, perinatal and stillborn autopsies.

- (5) will examine and assess at least 2,000 surgical pathology specimens during the program. This material must be from an adequate mix of cases to ensure exposure to both common and uncommon conditions. Residents should formulate a microscopic diagnosis for cases they have examined grossly. Residents should preview their cases prior to sign out with an attending pathologist;
- (6) will examine at least 1,500 cytologic specimens during the program. This material must include a variety of both exfoliative and aspiration specimens; and,
- (7) will participate in the regular formal clinical and teaching rounds corresponding to the laboratory services to which they are assigned. For example, residents should attend infectious disease service rounds while on assignment in microbiology.
- (8) The educational experiences detailed above may be provided through separate, exclusive rotations, by rotations that combine more than one area, or by other means. However the experiences are provided, all rotations and other assignments must conform to the educational goals and objectives of the program.

**b) Medical Knowledge**

**Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents:**

- (1) Programs must provide residents with instruction and experience in the interpretation of laboratory data as part of patient-care decision-making and patient-care consultation.
- (2) Programs must also ensure that residents participate in pathology conferences, rounds,

teaching and scholarly activity, as well as gain experience in the management and direction of a pathology laboratory. This laboratory experience should include education in quality assurance, safety, regulations, and the use of hospital and laboratory information systems.

**c) Practice-based Learning and Improvement**

**Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:**

- (1) identify strengths, deficiencies, and limits in one's knowledge and expertise;**
- (2) set learning and improvement goals;**
- (3) identify and perform appropriate learning activities;**
- (4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**
- (5) incorporate formative evaluation feedback into daily practice;**
- (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**
- (7) use information technology to optimize learning; and,**
- (8) participate in the education of patients, families, students, residents and other health professionals.**

**d) Interpersonal and Communication Skills**

**Residents must demonstrate interpersonal and**

**communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:**

- (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
- (2) communicate effectively with physicians, other health professionals, and health related agencies;**
- (3) work effectively as a member or leader of a health care team or other professional group;**
- (4) act in a consultative role to other physicians and health professionals; and,**
- (5) maintain comprehensive, timely, and legible medical records, if applicable.**
- (6) along with faculty, be regularly involved in consultative activity;
- (7) provide patient-care consultations which should be both intra- and interdepartmental;
- (8) perform at least 200 intraoperative consultations during the program;
- (9) be considered integral members of the staff of the Department of Pathology, and must have the opportunity to participate in discussions related to management of the department; and,
- (10) when operating under appropriate supervision, be given direct responsibility to make decisions in the laboratory.

**e) Professionalism**

**Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:**

- (1) compassion, integrity, and respect for others;**
- (2) responsiveness to patient needs that supersedes self-interest;**
- (3) respect for patient privacy and autonomy;**
- (4) accountability to patients, society and the profession; and,**
- (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.**

**f) Systems-based Practice**

**Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:**

- (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty;**
- (2) coordinate patient care within the health care system relevant to their clinical specialty;**
- (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;**
- (4) advocate for quality patient care and optimal patient care systems;**

- (5) work in interprofessional teams to enhance patient safety and improve patient care quality; and,**
- (6) participate in identifying system errors and implementing potential systems solutions.**

## **B. Residents' Scholarly Activities**

- 1. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.**
- 2. Residents should participate in scholarly activity.**
  - a) Throughout their time in the program, residents should be exposed to and encouraged to participate in clinical or laboratory research, research seminars, work-in-progress sessions, and organized reviews of intradepartmental research.
  - b) The program should provide an environment that promotes research and scholarly activity by the residents. Resident participation in research may involve methods development, clinical or basic research, or literature surveys.
- 3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.**

## **V. Evaluation**

### **A. Resident Evaluation**

- 1. Formative Evaluation**
  - a) **The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.**
  - b) **The program must:**

- (1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;**
  - (2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);**
  - (3) document progressive resident performance improvement appropriate to educational level; and,**
  - (4) provide each resident with documented semiannual evaluation of performance with feedback.**
- c) The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.**

## **2. Summative Evaluation**

**The program director must provide a summative evaluation for each resident upon completion of the program. This evaluation must become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy. This evaluation must:**

- a) document the resident's performance during the final period of education, and**
- b) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision.**

## **B. Faculty Evaluation**

- 1. At least annually, the program must evaluate faculty performance as it relates to the educational program.**
- 2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.**

3. This evaluation must include at least annual written confidential evaluations by the residents.

**C. Program Evaluation and Improvement**

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
  - a) resident performance;
  - b) faculty development;
  - c) graduate performance, including performance of program graduates on the certification examination; and,
  - d) program quality. Specifically:
    - (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
    - (2) The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program.
2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

**VI. Resident Duty Hours in the Learning and Working Environment**

**A. Principles**

1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.
2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.

3. **Didactic and clinical education must have priority in the allotment of residents' time and energy.**
4. **Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.**

**B. Supervision of Residents**

**The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.**

**C. Fatigue**

**Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.**

**D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)**

**Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.**

1. **Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.**
2. **Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.**
3. **Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.**

**E. On-call Activities**

1. **In-house call must occur no more frequently than every third night, averaged over a four-week period.**

- 2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.**
- 3. No new patients may be accepted after 24 hours of continuous duty.**
  - a) A new patient is defined as any patient for whom the resident has not previously provided care.
- 4. At-home call (or pager call)**
  - a) The frequency of at-home call is not subject to the every-third-night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
  - b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.
  - c) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

**F. Moonlighting**

- 1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.**
- 2. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.**

**G. Duty Hours Exceptions**

**A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.**

1. **In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.**
2. **Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.**

## **VII. Experimentation and Innovation**

**Requests for experimentation or innovative projects that may deviate from the institutional, common and/or specialty specific program requirements must be approved in advance by the Review Committee. In preparing requests, the program director must follow Procedures for Approving Proposals for Experimentation or Innovative Projects located in the ACGME Manual on Policies and Procedures. Once a Review Committee approves a project, the sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.**

**\*\*\***

ACGME Approved: February 13, 2007

Effective: July 1, 2007



## INTRODUCTION

The Resident Case Log System for Operative Log Reporting is an Internet based case log system utilizing CPT codes and ICD9 codes to track resident experiences. The Residency Review Committee (RRC) has indexed these codes into categories for evaluation. All valid CPT and ICD9 codes have been added to the ACGME Resident Case Log System. Then RRC's identify the codes that pertain to the specific specialty, and choose the category in which it counts (area and type). Those codes that the RRC is not tracking at this time are placed into an area and type called miscellaneous or unassigned and will display on the reports as "miscellaneous" or "unassigned".

The resident should enter encounters/procedures and choose codes that accurately reflect the encounter/procedure performed or the code that most closely matches the procedure done. Some entries may fall into the unassigned category. You can generate a full detail report on a weekly or monthly basis to review the unassigned procedures to make sure that they are being reported correctly. When you run the report, choose the appropriate resident and in the area select "unassigned". The residents also have this capability so they can run the report as well (see report section for more details).

Any valid code can be entered into the application, but only those codes the RRC has selected will be counted for experience.

While some programs prefer to have administrative personnel enter resident experience, this application was designed to allow residents to enter data on a regular basis at their convenience. Entry can be done from any PC connected to the World Wide Web at any time 24 hours a day.

The site is secured by encryption certificates obtained through the Verisign Corporation and is backed up daily.

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## GETTING STARTED

No specific software is required, and no software will be sent or needs to be downloaded to use this system.

The Accreditation Council for Graduate Medical Education (ACGME) has provided each program director with a 'UserID' and 'Password' to access the Case Log System. It is the program director/administrator's responsibility to enter and maintain program specific information such as residents, attending (supervisor) physicians, institutions (location), rotation, and users. It is the program's responsibility to assign User IDs and Passwords to each resident in the program.

Access to the system is available through most commonly used Internet Browsers and providers including Microsoft Internet Explorer 4.01 (or higher), Netscape 4.0 (or higher), AOL, and Prodigy. No special download of additional software is required. You will have to enable cookies to use the application. Cookies are being used to maintain your session information with ACGME in order to improve performance. When running reports the system will ask you to download the Crystal smart viewer. This is a Seagate Crystal Report application, which allows you to search and print reports. Please answer YES to the download screen if it appears. If you do not get this option you should contact your IT department to ensure that you have the Java component of your browser installed.

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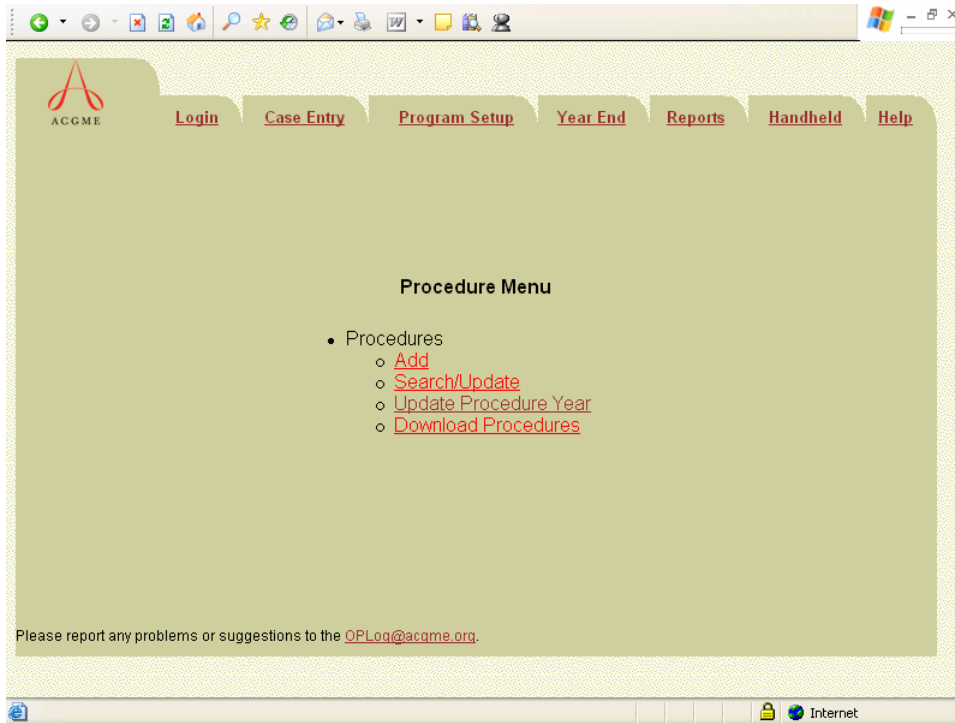
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## CASE ENTRY FOR PATHOLOGY



Click on the Case Entry tab and the Procedure Menu will display. To add new case/encounters, click on Add.



After you click on the Add link, the Procedure Entry page will display. If you are a resident your name will automatically appear. If you are the administrator you will be able to choose the resident from the drop down list.

A screenshot of the 'Procedure Entry' form in the ACGME system. The form is titled 'Procedure Entry' and has a green header with the ACGME logo and navigation tabs: Login, Case Entry, Reports, and Help. The 'Case Entry' tab is active. The form contains several input fields: 'Resident' (a dropdown menu with 'Pathology, Resident 1.' selected), 'Resident Year' (a text box with '1'), 'Institution' (a dropdown menu with '< Please select a value >'), 'Residents Role' (a dropdown menu with 'Primary'), and 'Patient Type' (a dropdown menu with '< Please select a value >'). There are also fields for 'Proc Date' (5/19/2004), 'Case Note' (a text box), and 'CPT Code' (a text box with 'Select' and 'Search' buttons). A large 'Comments' text area is below these fields. At the bottom of the form, there are 'Save', 'Help', 'Clear', and 'Cancel' buttons. Below the main form, there is a section titled 'Selected CPT Codes' with a message: 'No CPT Code Descriptions have been currently selected for display.' and a 'Remove CPT Code' button. At the very bottom, there are fields for 'Full CPT Code Desc', 'Area', and 'Type'.

## CASE ENTRY FOR PATHOLOGY

## **Fields**

Resident:	Resident name is automatically entered based on your login. *
Institution:	Select the Institution using the down arrow.
Resident Year:	Enter your categorical year in the specialty (This is not your post-graduate year in training) at the time of the case/encounter. The year will default to the year entered on the resident setup screen by your program director or residency coordinator
Resident Role:	Select Role using the down arrow.  Primary: should be selected when you had the substantial responsibility during the procedure  Secondary: should be selected if you had a primarily assisting role.
Patient Type:	Select using the down arrow adult or pediatric.
Procedure Date:	Enter Date including / or – to separate month/day/year. Format is mm/dd/yyyy.
Case Note:	An identifier to that patient (not required).
CPT Code:	All CPT codes are in the system. The RRC reviews all codes and maps them to an area and type. Those codes that are not mapped to an area and type will fall under a category called unassigned.
Full CPT Desc.	This is the full CPT description. This field is populated by the database based on the CPT code you choose
Area:	The area is the broadest category of procedure/diagnosis the RRC is tracking
Type:	The type is the specific procedure/diagnosis that the RRC is tracking
Comment:	This can be notes about the patient and/or procedure. This is not a mandatory field.

- If you are logging in as an administrator, you can click on the drop down box and choose the resident you are entering cases for.

For the procedure you are entering you will choose from the drop down list each of the following: institution, resident role, patient type, and then enter in the resident year (if incorrect), date of procedure and enter in a case note.

If you are entering a case and you do not find the Institution on your list you will need to contact your program director or coordinator to have it added to the list.

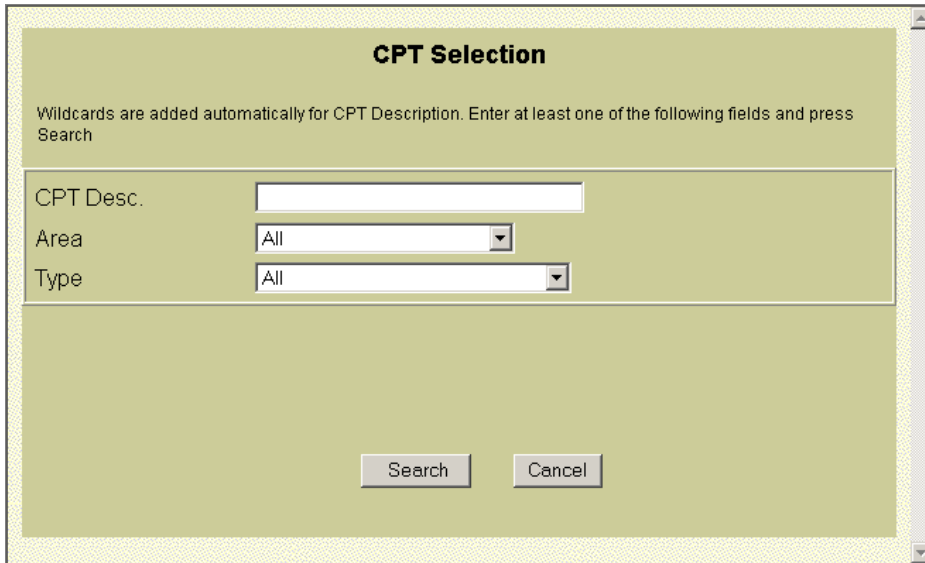
If you know the appropriate CPT code(s), in the CPT code field type the CPT code and click on the Select Button. The system will always move the CPT code from the field always leaving it blank and display it in the Selected CPT Codes List. In the pictured example, CPT code 15782 was entered. If the CPT code is valid it will automatically be placed in the Selected CPT list.

The screenshot shows the ACGME Case Entry interface. At the top, there are navigation tabs for Login, Case Entry, Reports, and Help. The Case Entry section is titled "Procedure Entry". It contains several input fields: Resident (Pathology, Resident 1), Institution (Institute of Pathology number 3), Resident Year (1), Residents Role (Primary), Patient Type (Adult), Proc Date (5/19/2004), and Case Note (12345). There is a CPT Code field with "Select" and "Search" buttons. Below this is a large text area for Comments. At the bottom of the form are buttons for Save, Help, Clear, and Cancel. A section titled "Selected CPT Codes 1" contains a list with one entry: "88027 Necropsy (autopsy), gross and microscopic; with brain". Below the list is a "Remove CPT Code" button. A "Full CPT Code Desc" field shows the description: "Necropsy (autopsy), gross and microscopic; with brain and spinal cord". At the bottom, there are two dropdown menus: "Area" (Complete Autopsy) and "Type" (With CNS).

The selected CPT Codes list allows you to view the full CPT Code Description, Area and Type of the CPT code chosen. Click on a CPT code in the selected CPT Code list and the selection will be highlighted. This will then allow you to view the description, area and type for that CPT code. To remove the highlighted CPT code, click on the Remove CPT button.

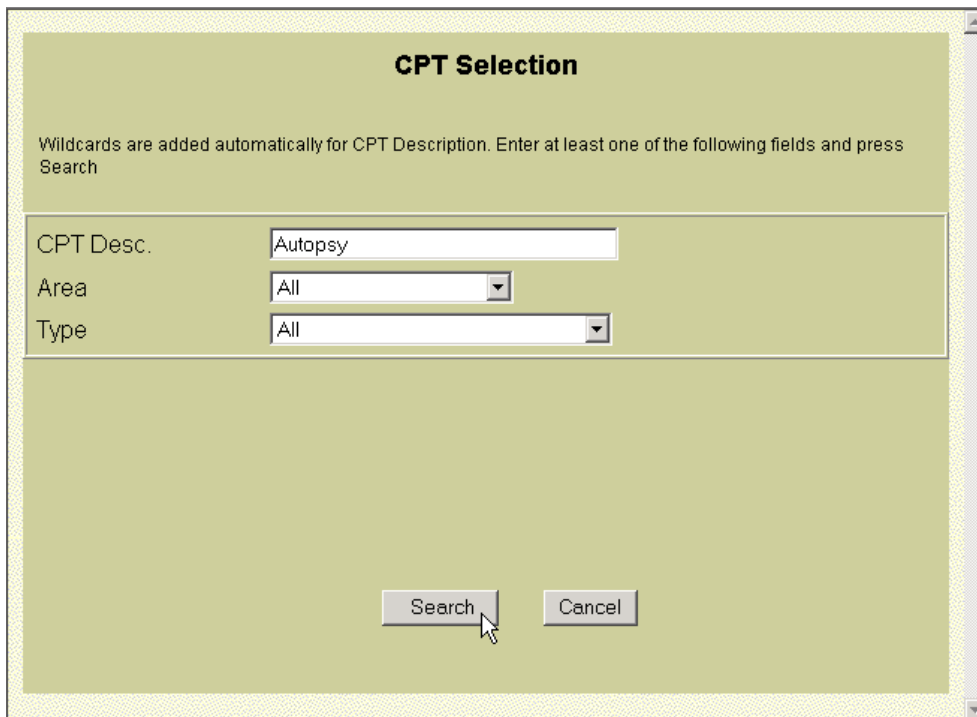
## Searching for a CPT Code

If you do not know the CPT code you can do a search. To search for a CPT code, click on the Search button next to the CPT code field. The CPT Selection window will display:



The screenshot shows a window titled "CPT Selection" with a light green background. At the top, it says "Wildcards are added automatically for CPT Description. Enter at least one of the following fields and press Search". Below this are three input fields: "CPT Desc." (a text box), "Area" (a dropdown menu with "All" selected), and "Type" (a dropdown menu with "All" selected). At the bottom are two buttons: "Search" and "Cancel".

CPT/ICD9 Selection allows the user to look for CPT/ICD9s in multiple ways. A user can search for a specific phrase or word in the description, or to see all of the CPT/ICD9 codes available, you can leave the CPT/ICD9 description blank and select "all" for the Area and Type. You may also select an Area and/or Type from the drop-down boxes. Below is an example of entering a word or phrase that exists in the description.



This screenshot is identical to the one above, but the "CPT Desc." text box now contains the word "Autopsy". A mouse cursor is pointing at the "Search" button.

When autopsy is entered and the Search button is clicked, the results are displayed for all of the CPT descriptions containing the word autopsy (see next page):

**CPT Selection**

\* -indicates CPT is found in multiple areatypes

CPT	
88028 Necropsy (autopsy), gross and microscopic; infant with brain	<a href="#">select</a>
88029 Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	<a href="#">select</a>
88025 Necropsy (autopsy), gross and microscopic; with brain	<a href="#">select</a>
88027 Necropsy (autopsy), gross and microscopic; with brain and spinal cord	<a href="#">select</a>
88020 Necropsy (autopsy), gross and microscopic; without CNS	<a href="#">select</a>
88012 Necropsy (autopsy), gross examination only; infant with brain	<a href="#">select</a>
88016 Necropsy (autopsy), gross examination only; macerated stillborn	<a href="#">select</a>
88014 Necropsy (autopsy), gross examination only; stillborn or newborn with brain	<a href="#">select</a>
88005 Necropsy (autopsy), gross examination only; with brain	<a href="#">select</a>
88007 Necropsy (autopsy), gross examination only; with brain and spinal cord	<a href="#">select</a>
88000 Necropsy (autopsy), gross examination only; without CNS	<a href="#">select</a>
88036 Necropsy (autopsy), limited, gross and/or microscopic; regional	<a href="#">select</a>
88037 Necropsy (autopsy), limited, gross and/or microscopic; single organ	<a href="#">select</a>
88045 Necropsy (autopsy); coroner's call	<a href="#">select</a>
88040 Necropsy (autopsy); forensic examination	<a href="#">select</a>
88099 Unlisted necropsy (autopsy) procedure	<a href="#">select</a>

View the list and choose the CPT code that closely or exactly reflects the procedure/diagnosis done. To further assist in finding the correct code you can use the CTRL key and the F key on your keyboard which will bring up a find function. You could then enter in "intracranial" and click on find next and the system will highlight the first instance it finds. Click on find next again and it will find the next instance of "intracranial". Click on the select link and the CPT code is returned to the case/encounter entry screen and entered in the selected CPT Codes list.

**NOTE: You may enter more than one CPT code per patient**

To assist with data entry, the institution, year in program, residents role, patient type and procedure date have remained pre-filled from the previous entry. Change these fields as needed. When finished entering all of your procedure data, click on Save. To exit to the Procedure menu, click on the Cancel button.

## **Entering procedure guidelines**

### **Autopsy Codes**

1. Enter the appropriate code for non-forensic autopsy when you were actively involved (in either primary or secondary role) in each of the following components of a complete autopsy:
  - a. Review of medical history and circumstances of death
  - b. External examination of the body
  - c. Gross dissection
  - d. Review of microscopic and laboratory findings
  - e. Preparation of written descriptions of the gross and microscopic findings
  - f. Development of an opinion regarding the cause of death
  - g. Review of the autopsy report with a member of the teaching staff
  
2. Enter the appropriate code when you participated each of these components for a forensic autopsy.

Optional: You may enter codes for autopsies in which you were not involved in all seven of these components using the appropriate code for gross examination only or limited autopsy.

### **Bone Marrow Codes**

1. Enter the appropriate code when you perform a bone marrow aspiration.
2. Enter the appropriate code when you perform a bone marrow biopsy.

Optional: You may enter codes for the interpretation of a biopsy or aspirate, even if you did not perform the procedure.

### **FNA Codes**

Enter the appropriate code when you perform a fine needle aspiration.

### **Other Codes**

You may enter any valid CPT code. For example, you may keep track of consultations, clinical pathology tests, identification of microorganisms, special stains, or surgical specimens examined. Tracking your experience in these areas, however, is not required.

## **CASE LOG SYSTEM Guidelines**

The RRC has re-affirmed that it will require every program to use the ACGME on line procedure logs for data collection beginning July 1, 2004. All patients should be entered with a CPT code(s). The system is HIPPA compliant, and there are business agreements in place between the covered entities and the sponsoring institution, which were created by the ACGME. As it now stands, there are many inconsistencies as to how data is collected in specialties not using the ACGME site, and this is a frequent cause of concern and subsequent citations. The ACGME data depository thus provides a mechanism that allows for training programs to comply with program requirements and provides a uniform mechanism to verify the clinical training of residents among programs. PDA software will be available for a \$25 user fee. Residents will be asked to sign a waiver at the initiation of data collection.

# EVALUATION SYSTEM IN THE AP/CP TRAINING PROGRAM

## 1. Evaluation of the Trainee

- a. **Rotational Evaluations:** The attending physician evaluates a resident/fellow in writing and the performance is reviewed with him/her during and at the completion of each rotation.
- b. **General Competencies:** In addition to the global evaluation completed by the attending physician, the resident is evaluated periodically in the following areas: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. An overview of the evaluations is included in the following chart.

General Competencies	Evaluation Tools Used or In Development			
Patient Care	360° eval.	Faculty Eval.		
Medical Knowledge	Faculty Eval.	Annual In-Service Exam	Exams on Rotations	Portfolio
Interpersonal & Communication Skills	360° eval.	Teaching Evals.		
Professionalism	360° eval.	Faculty Eval.	Ethics Module	
Practice Based Learning	Portfolio	Journal Club		
Systems Based Practice	Exam From Kelly Lectures	Portfolio		

- c. **Semi-annual Evaluation:** as per RRC requirements, an overall written evaluation of each resident is completed approximately every 6 months with feedback communicated personally to each resident in a timely manner by the program director or his/her designee.
- d. **Final Evaluation:** the program director provides a written final evaluation for each resident who completes the program. This includes a review of the resident's performance during the final period of training and verifies that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation is part of the resident's permanent record maintained by the program.

2. **Evaluation of Faculty:** Teaching faculty are evaluated at least annually on their teaching ability, clinical knowledge, attitude and communication skills. Residents' evaluations of the faculty member are confidential in that all identifying information is removed before the information is shared with the faculty member. Information from the evaluations are reviewed with the faculty member by the department chair at the time of the annual review or sooner if necessary.
3. **Evaluation of the Training Program:** Residents evaluate the training program at least annually through written confidential evaluations and through the Annual GME Survey administered by the Graduate Medical Education Committee. The departmental educational committee (which includes resident representatives) considers resident performance, outcome assessment results and these program evaluations to improve the residency program and to determine the educational effectiveness of the program.
4. **Evaluation of Graduates:** (some programs are required to do this) The training program maintains a system of evaluation of its graduates including demographic and practice profiles, licensure and board certification, the residents' perceptions of the relevance of training to practice, suggestions for improving the training and ideas for new areas for curriculum. Graduates are surveyed after one and five years. This data is used to determine the degree to which the program's stated goals are being met.

## Anatomic & Clinical Pathology Rotation Descriptions

### **Surgical Pathology**



- Over 35,000 surgical specimens a year between three hospitals.
- Advanced techniques are available including immunohistochemistry, in situ hybridization, electron microscopy, flow cytometric analysis of ploidy, tumor chromosomal analysis, and DNA sequencing.
- Modern research-oriented laboratories exist for both electron microscopy and advanced immunocytochemical techniques.

### **Autopsy Pathology**



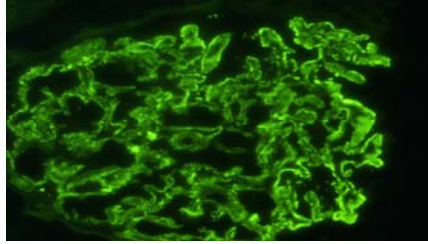
- 180 medical autopsies a year
- 1,000 forensic autopsies
- Major funded research programs in Alzheimer's disease and bone marrow transplantation rely on prompt and reliable collection of postmortem tissues, and on correlation of research findings with thorough pathological examinations.

### **Dermatopathology**



- Over 12,000 specimens and 300 direct immunofluorescence specimens are processed each year.
- This rotation is a minimum of 3 months.

## **Nephropathology**



- Biopsies for diagnosis in this area are evaluated by light microscopy, immunofluorescence, and electron microscopy.
- Research topics include renal diseases.

## **Neuropathology**



- Over 300 neurosurgical specimens (excluding herniated discs) are received per year, including 50 pediatric neurosurgical specimens and 100 muscle and nerve biopsies.
- Research topics include involvement of glial cytokines in various chronic neurological diseases.

## **Immunopathology and Molecular Biology**

- 3,000 specimens processed per year, primarily hematopoietic and other neoplasms.
- These include monoclonal antibody immunohistochemistry, flow cytometry, gene rearrangement, polymerase chain reaction and fluorescent in situ hybridization.
- The acquisition of a state-of-the-art DNA sequencing machine provides the capability to analyze size and sequence of DNA or DNA fragments.

## **Cytopathology and Fine Needle Aspiration**

- The UAMS cytology service evaluates approximately 15,000 gynecologic and nongynecologic cytological specimens and fine needle aspiration specimens per year.
- Residents participate in all aspects of the service, including performance of needle aspiration procedures at the bedside and on-site rapid evaluation of radiographically directed aspirations.
- Selected cases are evaluated by immunohistochemistry, electron microscopy, and flow cytometry. Review of subsequent surgical biopsies in patients receiving cytological examinations is an important part of the rotation.

## Pediatric Pathology



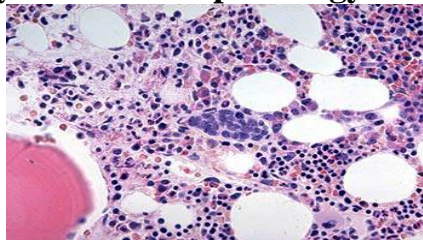
- Arkansas Children's Hospital is the 6th largest Children's Hospital in the country, and was recently recognized as one of the top training programs in pediatrics nationwide.
- The Pathology Department at ACH processes approximately 5,000 surgical specimens, 50 autopsies, and 500,000 clinical pathology specimens a year.
- All residents receive a basic experience in pediatric anatomical and clinical pathology.

## Forensic Pathology



- The Arkansas Medical Examiner's Office conducts approximately 1,000 forensic autopsies a year, including 150 homicide cases and over 100 pediatric cases, the latter primarily cases of child abuse, SIDS ("crib death") and other commonly encountered conditions.
- Specialized techniques are available in toxicology, serology, anthropology and other disciplines.
- A rotation in forensic pathology for all residents includes on-scene investigation of traumatic deaths and court attendance during expert medical testimony.
- Research programs are pursued in collaboration with UAMS affiliated hospitals and with the National Center for Toxicological Research near Pine Bluff, Arkansas.

## Laboratory Hematology and Hematopathology



- Therapy of hematopoietic malignancies, especially multiple myeloma, is a major clinical program at UAMS, and the UAMS hematopathology program is one of the largest such services in the nation. Approximately 125 autologous/allogeneic bone marrow transplants, 450 CD34-enriched peripheral blood harvests, and 6,000 bone marrow biopsies are processed each year.

- A new T cell-depleted bone marrow transplantation program is in place. Bone marrow procedures are performed by Department of Pathology staff and residents.
- Specialized training is available in molecular diagnostics, flow cytometric techniques, cytogenetics and immunohistochemistry.

### Laboratory Practice Management

- Provides an awareness and responsiveness to the larger context and system of healthcare and the ability to effectively call on system resources to provide care that is of optional value.
- Includes CAP Virtual Management College teleconferences
- Didactic component including a management project for presentation, past topics have included new laboratory test design, denial research, billing inquiries, quality assurance activities, outreach, and laboratory management manual/policy reviews.
- Mentoring in the rotation provided by medical and business professionals

### Blood Banking and Apheresis

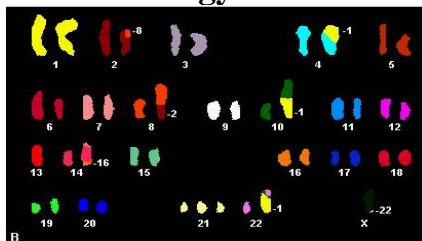


- The blood bank of the University Hospital offers the pathology resident an integrated educational experience in clinical and laboratory transfusion medicine.
- The blood bank draws 10,000 donors per year, of which 2,500 are platelet apheresis donors.
- 20,000 crossmatches support 2,300 transfusion events per year.
- Over 250 therapeutic procedures per year treat patients with hematologic and neurologic disorders.
- We are the largest autologous transplant program in the country. We are one of the few apheresis units to have private rooms.

### Special Coagulation

- A wide variety of clinical problems involving either hypocoagulable or hypercoagulable states are referred to the laboratory.
- The clinical pathology residents are intimately involved in correlating laboratory and clinical findings and preparing consultative reports.
- Research topics include hemostasis and coagulation.

### Cytogenetics and Molecular Pathology



- Chromosomal analysis of blood, bone marrow, amniotic fluid, chorionic villi, products of conception, solid tissue and solid tumors is performed in a modern state-of-the-art laboratory located at Arkansas Children's Hospital.
- 12 full-time cytogenetic technologists process over 2,900 specimens annually. This volume of material yields many rare and unusual cases, as well as ample examples of common cytogenetic aberrations. Modern image-analysis and computer karyotyping systems are used to interpret results.
- Fluorescent in situ hybridization, an advanced research-oriented technique, is available for the identification of low level chromosomal mosaicism related to minimal residual disease, identification of gene rearrangements and gene amplification.
- A variety of tests using molecular biological techniques, such as PCR, are in use for the diagnosis of viral diseases, other genetic diseases, and for classifying certain malignancies.