PATHOLOGY RESIDENCY PROGRAM

PROGRAM STATEMENT

Department of Pathology
Saint Louis University School of Medicine
1402 South Grand Blvd.
St. Louis, Missouri 63104

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SAINT LOUIS UNIVERSITY
Department of Pathology Residency Program

EDUCATIONAL GOALS AND PHILOSOPHY

Objectives and Organization of the Training Program

The goal of the Saint Louis University Residency in Pathology is to prepare physicians for the practice of pathology in any setting—academic or community hospital or laboratory.

The Saint Louis University School of Medicine Department of Pathology provides a broad curriculum in diagnostic, consultative, investigative and administrative aspects of clinical and anatomic pathology. Training and experience in techniques and methods used in diagnostic, consultative, administrative and experimental pathology emphasize hospital-based pathology, clinical correlative experience and the role of the pathologist in patient care decision making. Multiple educational methods are employed; apprenticeship is a key teaching technique as residents work alongside practicing pathologists. Faculty provides supervision and instruction at all levels of training, and resident responsibility increases with demonstrated ability.

Residents are members of the Department of Pathology and participate in department activities, including scholarly activity. At completion of the residency, the resident will be qualified for combined certification in AP/CP and will have demonstrated competency expected of a new practitioner in patient care, interpersonal and communication skills, professionalism, medical knowledge, practice-based learning and improvement and systems based practice. The program reinforces the concept of life-long learning.

Core Curriculum

The four year program in anatomic and clinical pathology (APCP-4) is divided into structured AP and CP training (see Appendix 6) and electives for research or for additional experience in a specialized area. Most resident training occurs at Saint Louis University Hospital. Cardinal Glennon Children's Hospital, John Cochran Veterans Hospital, City and County Medical Examiner's Offices, St. Mary's Health Center, Quest Laboratory, and Belleville Memorial Hospital also sponsor rotations.

Learner-centered objectives that include competencies and outcomes are established for each rotation; at the beginning of each rotation residents review these objectives and meet with the service director to review the objectives and procedures unique to that rotation. The resident should complete objectives for the rotation by the end of the rotation.

First year residents are introduced to AP on the autopsy service and residents do at least 40 autopsies during their training. Autopsies include forensic cases and perinatal/stillbirths. Autopsies must be completed in a timely fashion. After the introduction to autopsy pathology, residents train in surgical pathology and subspecialties of AP. Gynecologic pathology, dermatopathology, neuropathology, cytopathology, immunopathology, electron microscopy and
pediatric pathology are included in core rotations. Increasing diagnostic expertise is required to advance in training, and residents are given increasing responsibility as they gain experience. Qualified senior residents serve as “junior resident attendings” (JRA), staffing more junior residents and PSF’s. Each resident will examine/sign-out a minimum of 2,000 surgical specimens, 1,500 cytologic specimens including exfoliative and aspiration specimens, and 200 operating room consultations during the residency.

The CP curriculum emphasizes the pathologist’s role as laboratorian, consultant and administrator and is accomplished by a series of laboratory rotations. Residents, supervised and instructed by laboratory directors, interpret data, participate in laboratory administration, attend clinical rounds and accept increasing responsibility as they progress through each rotation. Medical information and data management for the laboratories are stressed.

**Elective Opportunities**

Elective rotations are approved and monitored by the Program Director. Electives are generally taken during the third and fourth year. Research or intensive training in AP, CP, subspecialty training in Neuropathology, Pediatric Pathology, Immunopathology, Transfusion Medicine, Microbiology, Chemistry, Gynecologic Pathology, Surgical Pathology, Liver Pathology, Dermatopathology, Renal Pathology, Cardiac Pathology, Pulmonary Pathology, Forensic Pathology, and Experimental Pathology are available. Rotation objectives describe each elective.

**Conferences/Clinical Rounds**

The Department of Pathology sponsors many conferences; Residents are expected to regularly attend and participate in these conferences even when on rotations away from the University Hospital (except when at St. Mary's or Quest Laboratory. When on these rotations, the resident attends the pathology conferences held at these locations).

1. Clinical Pathology/Anatomic Pathology Resident Lecture Series/Monthly Resident Meeting/Journal Club, Monday 8:15-9:15 AM
2. Chairman's Rounds, Monday, Noon
3. Laboratory Medicine Rounds, Tuesday, Noon
4. Autopsy QA/Autopsy Gross/Forensics/Medicine CPC, Forensic Path CheckSample, Wednesday, Noon
5. Surgical Pathology Gross Conference, Thursday, 8:00 AM
6. Cytology Conference, Cytology CheckSample, alternate Wednesdays, 8:00 AM
7. Surgical Pathology/Frozen Section Unknown Conference, Friday, 8:15 AM
8. On-Call Check-Out Rounds, Monday and Friday, 8:00-8:15 AM
9. Clinical Pathology Conference, alternate Wednesdays, 8:00 AM
10. Surgical Pathology Specialty Conference, 4th Thursday Monthly, 5:30 PM
11. Director’s Meeting, Wednesday, 9:15 AM (required for residents on CP)
12. Pathology Interest Group, Quarterly
13. Additional conferences as listed in Appendix 9.

Residents learn by presenting at didactic and teaching sessions and clinical conferences. Residents present their cases at Autopsy and Surgical Pathology Conferences. They also present
their CP, Surgical Pathology, and Autopsy findings at clinical correlation conferences, including Internal Medicine CPC, and Surgical and Medical Service Conferences. Each rotation also has conferences unique to that service that residents attend and present at while on the rotation. In CP, residents participate in the clinical and teaching rounds corresponding to the laboratory services to which they are assigned (e.g., Infectious Disease Plate Rounds while on Microbiology). Each year residents give a ten minute presentation that is videotaped and critiqued by Dr. Brink. This critique is part of the annual review. By the fourth year, residents should be competent to present.

Residents present at Pathology Chairman's Rounds once a year. Residents are required to work with a faculty member with expertise on their topic as they prepare for the presentation, obtaining advice regarding the presentation. Residents are critiqued on their performance by the faculty and residents (see Appendix 7). Residents must notify the Program Coordinator two weeks before their Chairman’s Rounds presentation of who their faculty advisor is for their presentation.

Teaching Opportunities

Senior Residents are actively involved in instruction and education of their more junior colleagues, including junior residents, post-sophomore fellows and students on pathology clerkships. Residents teach in Pathology laboratory sessions for first and second year medical students. Residents coordinate their medical student laboratory teaching schedule and the Chief Resident assures all laboratories are covered. Residents teaching a laboratory attend the lab preparatory sessions held prior to the lab. If a resident is unable to teach a laboratory session, it is that resident's responsibility to assure that the alternate laboratory instructor is identified. Senior Residents give lectures to the dental students at SIU-Edwardsville Dental School (evaluation form Appendix 12). All residents give in-services to medical technologists.

Research

Research training is important for all residents and resident participation in research is expected. Residents can do applied clinical, disease pathology, or translational research, with AP or CP faculty. In addition, residents may join in on work ongoing or in investigations related to work in the established basic science pathology laboratories in the department. The department will support these research efforts, with approval of the sponsoring faculty, Director of the Training Program and Chairman as appropriate. Resident research may be related to methods development, clinical or basic research or literature surveys.

During their first year all residents must complete the course for biomedical research as included on the web site: www.slu.edu/research/irb (Enter the web site, click on general and a drop down box will appear and then select education mode—read the instructions and then go to the web site it lists to register and take the test.) At the end of the first year of residency, each resident must have a certificate from the educational program by printing a CITI completion report. This is part of the resident’s annual review.
Residents present their scholarly work once each year at Chairman's Rounds (see above). Resident’s abstracts are presented at national meetings with the approval of the Residency Training Program Director and the Chairman. (See Meeting Attendance below.) Residents are expected to submit at least one manuscript for publication during their residency.

The Pathology Residency Training Program Committee: Composition and Function

The Residency Program Director and a committee appointed by the Chair from department faculty direct postgraduate resident training. Representatives from each major service and from each hospital are committee members. Two residents (Chief Resident and a resident selected by the Chief Resident and program director) are also committee members. The Director of the Residency Training Program chairs the Committee. The Committee is responsible for regular evaluation of the program, including both long-term educational goals and objectives and educational progress of residents, effectiveness of the program in achieving its goals, coordination of the training program in affiliated hospitals and the School of Medicine and for assignment of residents to rotations at hospitals and laboratories participating in the program. The Committee selects and evaluates residents, reviews resident competencies and their progress in the program, utilization of resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, the quality of resident supervision, the compiled rotation evaluations, and resident performance on outcome assessment, including the yearly portfolio and performance on The American Board of Pathology exam, and the ASCP RISE (resident inservice exam).

The Committee meets twice yearly: 1) to review the educational effectiveness of the program and 2) make the rank order list for the Match. Other meetings are held on an ad hoc basis.

Criteria for Ranking Resident Applicants for the Match Program

All residency applicants must be graduates of medical schools in the US or Canada or ECFMG certified foreign medical school graduates. Passing scores on USMLE I & II are required for licensure. Letters of reference, specifically from US faculty, must be evaluated. Applications are accepted through the Electronic Residency Application Service (ERAS).

Resident applicants selected for interview meet with faculty and residents, who complete an applicant evaluation. The Residency Training Committee reviews the application, documents supplied by the applicant, experience, interest in pathology, and by the interview score. The Residency Training Committee makes the decision regarding the applicant’s rank on the Match list.

Promotion/Reappointment of Residents

Promotion/reappointment of a resident is based upon the resident meeting or exceeding standards of performance as defined in the rotation evaluations and in the residency portfolio and with the recommendation of the Residency Program Director and Department Chair (Appendix 15).
Resident Performance Evaluation and Competency Portfolio

The evaluation of residents occurs regularly. At completion of a rotation (or every 3 months for rotations longer than 3 months), the resident is evaluated (see Appendix 1-A thru 1-H, and 2). The faculty member(s) best able to assess the resident’s rotation performance completes the form. If the resident worked with several faculty during the rotation, the evaluation represents a consensus of the faculty. The evaluation is based on observation of performance and objective tests and skill checklists administered during the rotation. The responsible faculty reviews the evaluation with the resident and both sign the evaluation. The evaluation is then forwarded to the Residency Program office. The resident receives a copy of the evaluation. The Residency Training Program Director discusses any less than satisfactory performance evaluation with the faculty and resident, and identifies ways to address and resolve deficiencies in conjunction with the Residency Training Committee. Consistent less than satisfactory rotation evaluations may indicate the need for remediation and/or dismissal from the program. Such adverse action is taken by the Residency Training Committee as necessary, following GMEC guidelines. At least one 360-degree evaluation (Appendix 1-I) is completed two times a year (December and June) on each resident by laboratory staff and supervisors within the resident’s circle of influence at the University Hospital and Cardinal Glennon Children’s Hospital and also by medical student rotators and post-sophomore fellows who have worked with the resident. The 360-degree evaluation is used to provide feedback to the resident on performance and skills in several areas and is used as a tool for performance improvement and an evaluation tool to assess professionalism, communication skills, and systems-based practice.

Resident promotion is dependent on satisfactory completion of rotations. The resident uses the evaluation as a guide for identifying areas of strength and weakness. The Training Program Director reviews the resident’s overall progress regularly and counseling regarding career development occurs regularly. Residents meet with the Program Director twice per year.

All residents take the ASCP RISE (Resident In-Service Examination) and are expected to score at or above the 50th percentile for their year. A resident scoring less than the 50th percentile for their year will identify areas of weakness and address these deficiencies. Fourth year resident score is expected to be 500 or better.

At the end of each year, each resident will review his or her performance for that year with the Program Director, using the yearly competency portfolio (Appendix 19), review of records (eg., logs, patient records, portfolios, tracking), surveys (e.g., evaluations), yearly evaluations, the results of cognitive tests (e.g., RISE exam) and objective assessments from rotations. Objective standards are established for each item on the portfolio. Failure to meet an objective standard will be discussed with the Program Director; specific remediation will be determined to correct the deficiency. (See portfolio.) These provide objective outcome measures of each of the competencies. The ASCP CheckSample testing for cytopathology and forensic pathology will be taken by each resident up to 12 times throughout the year and the results of each individual’s tests will be kept in a file for review with the Program Director at the yearly review. The residency training committee will also review this portfolio. In January, each resident will meet with the Program Director for an interim review of their performance. This interim review will utilize Appendix 22. At the end of the training at Saint Louis University, the Program Director completes the Final Confidential Evaluation Form (Appendix 14) based on a review of the
evaluations in the resident’s file and with the residents review. This final evaluation form is included in the resident’s permanent file.

The American Board of Pathology submits an evaluation form for each candidate to the program director for completion. (Appendix 20).

**Training Program Evaluation**

Evaluations are used to improve the quality of the resident's educational experience. At the end of each rotation, the resident is asked to evaluate the rotation and faculty they worked with using the anonymous resident evaluation form (see Appendix 3 and 4). The Training Program Director reviews the completed form. The evaluations are compiled yearly, distributed to the chair, directors of each service, and Residency Training Committee members. Any rotations in need of improvement based on resident performance on the RISE examination or compiled rotation evaluations are discussed with the Service Director. If the resident identifies a significant deficiency or other problem with the rotation that needs immediate attention, the evaluation will be discussed with the Department Chairman, or Chief of Service. The Program Director meets regularly with residents to review the adequacy of the rotations.

Residents evaluate each faculty member they have worked with during the year using the Evaluation of Pathology Faculty Members by Residents form (Appendix 24).

**Methods of Supervision**

All patient care is supervised by qualified faculty and faculty schedules are structured to provide residents with continuous supervision and consultation. The program director ensures, directs, and documents adequate supervision of residents at all times. Residents have rapid reliable systems for communicating with supervising faculty, including direct conversations and contact by phone. Faculty expert in the area in which the resident is working supervises residents throughout training. The level of supervision varies with the resident's skills and experience (see rotation objectives and VA policy appendix 16). In general, daily work is reviewed with a supervising faculty and critiqued. Faculty is readily available for consultation on all services, at all times, including patient care services, for teaching and research. On AP services, the resident works directly with the attending faculty on each service. On CP services, the director of the service is the resident supervisor (see Appendix 23 for lines of supervision). The program director also provides supervision of residents as they train and care for patients.

**Meeting Attendance**

Residents are expected to attend professional meetings, courses and seminars in the Saint Louis area. Residents may take up to five professional leave days per year for meetings, courses, or examinations. Professional leave days cannot be carried over to the next year. Residents use the Resident Leave Request (Appendix 5) to schedule any leave including professional leave. The biweekly Vacation/Sick Leave form (Appendix 10) must also be completed for professional leave.

The department pays residents dues for The Wagih Bari Society of St. Louis Pathologists and residents are encouraged to attend this society's quarterly meetings. Other local meetings include
the Death Investigator Course and the Forensics Masters Course offered by the Medical Examiner's Office and the Heartland of America Blood Bank Association meeting.

If a resident is presenting an abstract or has a poster accepted for exhibit at a national meeting, the Pathology Department is committed to support their presentation by providing financial help if funds are available. Upon approval by the Chairman and based on available funds, the Department will fund the registration fee, transportation, two nights hotel, and three days per diem up to a maximum of $1,500 per year. Additional hotel and per diem costs may be funded at the discretion of the Program Director up to the $1,500/year maximum. Residents must notify the Director of the Residency Training Program at least 4 weeks before the meeting for approval and must provide estimated expenses and the letter of acceptance of the abstract or poster. See Appendix 11 for travel policy. The Chairman, Program Director, and the Director of the service the resident is on must approve travel.

Also, residents have a $500 annual meeting allowance and a $300 annual book allowance. This allowance can be rolled over to subsequent years.

**Hospital Regulations**

Residents are to comply with regulations and rules related to parking, physical facilities, paychecks, lunch tickets, security clearances, and call rotation of Saint Louis University School of Medicine and each hospital or service to which they are assigned. Residents must have either a temporary or permanent license. Strict adherence to requirements of temporary licensure is necessary. Failure to obtain a temporary license will result in the resident not receiving pay until the license to practice medicine is available.

Residents are not to engage in any remunerative professional work (“moonlighting”) or to accept fees for services rendered in the course of the training program. Any violation of this Saint Louis University School of Medicine policy shall be cause for dismissal from the program. (SLU GME Guide Section 3.4)

**Infectious Disease Exposure**

For work related illnesses/injuries, the SLUCare Employee Health Program policy and procedures must be followed. The resident reports immediately to the supervisor (faculty or program director) and then to Employee Health if treatment is needed or requested. An Employee’s Report of Injury is completed. If the injury is severe or if injury occurs outside of normal business hours, the resident is to go directly to St. Louis University Hospital (SLUH) Emergency Room. The resident must follow up at Employee Health on the next business day. If the injury occurs while on rotation at another health facility, the resident should go to SLUH Employee Health or the ER as defined above.

**Call Schedules and Duty Hours**

Pathology residents are assigned to specific rotations to meet their educational needs and The American Board of Pathology and the ACGME’s requirements. Duty hours are specific for each service and reflect the fact that responsibilities for continuing patient care are not automatically
discharged at any given hour of the day or any particular day of the week. Call is in part designed to assure rational use of the laboratory. In general, residents are expected to be in the hospital at a minimum from 8:00 a.m. to 5:00 p.m., Monday through Friday. Duty hours are defined as all clinical and academic activities related to the residency program. Duty hours do not include reading and preparation time spent away from the duty site.

**Specifics regarding Duty Hours**

Duty hours are limited to 80 hours per week, averaged over a 4-week period, inclusive of all in-house call activities.

The maximum number of continuous hours that a resident may be at the hospital (i.e., at work) is 30 hours (24 + 6 hours). Residents must never work more than 30 continuous hours in-house.

Residents must be provided with 1 day out of 7 free of all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period.

A 10-hour time period for rest and personal activities must be provided between all daily duty periods. If, for example, a resident must be present in the hospital by 8AM, then they must leave the hospital no later than 10PM the night before. If this is not possible, for any reason (e.g., because of patient care needs), the resident must notify the chief resident and the program director that evening or the following morning that they have not had the required 10 hour rest period and they will not be allowed to come to work that day, until they have had their 10 hour rest period. Duty hours regulations must be adhered to on all services, including rotations on other clinical services.

Faculty monitors resident duty hour assignments and residents are monitored for symptoms of sleep deprivation on each service, at the biweekly check out rounds, and using a standard reporting form, at monthly resident meetings. Resident duty hours are monitored on a regular basis using this form to assure that no resident is in violation of ACGME duty hour standards (Appendix 21).

Residents take at home call (pager call) defined as call taken from outside of the assigned institution. Call must not preclude rest and reasonable personal time. If a resident is called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

Prior to taking call, all residents must demonstrate adequate proficiency to handle the routine procedures and consultations for call. The Pathology Resident On-Call responsibility form is used to document resident’s medical knowledge and ability to deliver good patient care while on call (Appendix 17). The necessary orientation for taking call is presented by faculty and residents during the new resident orientation at the beginning of each year. Residents take call at the University Hospital using the on-call beeper. During the day residents are available on their own beeper. If a resident loses their beeper, the department will replace it once. Subsequent losses are the responsibility of the resident.
The Program Director ensures residents are given reasonable duty/call assignments. Back-up support is provided for residents when patient care responsibilities are especially difficult or prolonged. This is monitored by the faculty at biweekly rounds and at monthly residents' meetings.

The pathology residents take evening and weekend AP/CP call at the University Hospital for one week in rotation. The Chief Resident assigns call. At the UH, residents are on-call approximately one week out of eight. All on-call consultations are documented using the UH Resident On-Call guide (appendix 18). A senior resident may be on-call along with a post-sophomore fellow or junior resident. The post-sophomore fellow will cover frozen sections with Surgical Pathology staff and perform and sign out autopsies under the supervision of the senior resident. The senior resident will cover CP call. Faculty call schedules are published each month and are distributed to residents and posted throughout the laboratory at the University Hospital.

St. Mary's and Cardinal Glennon have separate call and work schedules and residents should not have service and call responsibilities at two institutions simultaneously. At St. Mary's and Cardinal Glennon, residents take call approximately once every three weeks. Residents are required to wear their beeper and call is taken from home but residents may come to the hospital for an emergency or an autopsy.

On call decision making in the laboratory is the direct responsibility of the resident, with appropriate faculty supervision. The resident's faculty backup is available, as is the Chief Resident, for supervision and to assist in any problem or if patient care responsibilities are especially difficult or prolonged.

A confidential Duty Hour Hotline is available at 314-977-1066 to report any issues or concerns residents have regarding duty hours.

Rotation Schedules

The Residency Program Director and Chief Resident prepare rotation schedules. The schedule is determined by residents' educational needs and the positions available in the teaching hospitals. If specific rotations are desired, or if extended leave is necessary, the resident should inform the Training Program Director and the Chief Resident. Autopsies should be completed within 2 weeks of a change in service. Completion of autopsies and other work is required to receive credit for a rotation.

Residents have a beeper, desk space, telephone access, library, and computer resources. A Meditech (laboratory information system) computer terminal is available to the resident on every service.

ACGME Case Log System

All residents in accredited residency programs are required to use the ACGME Case Log System to document resident experience in three areas: autopsy, fine needle aspiration, and bone marrow aspiration and biopsy. Residents are required to document these experiences by
accessing the ACGME web site:  www.acgme.org from any computer with internet access. Instructions and passwords are reviewed annually with the residents. The Case Log is part of the Resident Competency Portfolio, evaluated yearly.

Chief Resident

The Director of the Residency Training Program appoints a senior resident as Chief Resident. The Chief Resident is a member of the Residency Training Committee and schedules rotations, conferences, on-call schedule, lab teaching, resident candidate luncheons, and educational programs and coordinates vacation schedules for the residents with the Director of the Residency Program. The chief resident is a liaison between faculty and residents and a resident leader. The Chief resident is an advocate for the resident staff and promotes resident interests in conjunction with the director. The Chief Resident schedules new resident orientation, to assure that all new residents are trained in basic skills necessary to take call at the University Hospital.

Fellows

Fellowship opportunities are offered in pediatric pathology, cytopathology, forensic pathology, hematopathology, and surgical pathology. These one-year fellowships are described in detail in their respective program statements. The program director for each residency/fellowship, along with the AP/CP residency director, are responsible for assuring that the fellows do not dilute or detract from the educational opportunities of the AP/CP residents.

Vacations and Leave

Residents have three weeks vacation per year. Vacation time must be requested 6-8 weeks in advance by notifying the Chief of Service during whose service the vacation will fall and the Chief Resident. A Resident Leave Request must be completed (see Appendix 5) and the completed form given to the Training Program Director. The biweekly Vacation/Sick Leave form (see Appendix 10) must also be completed and returned to the Residency Coordinator. Vacation time will not be granted on short notice without the approval of the Director of the Service. Residents are encouraged whenever possible to split their vacation periods into one week periods rather than taking more than one week during one rotation. Vacation may not be allowed on 4 week rotations. Vacations can be scheduled as a block when the rotation schedule is made. Any "non-vacation" time during this month will be spent on the preceding or subsequent rotation service.

Residents are expected to use all of their vacation time during the year. A maximum of 5 days of vacation can be carried over from one year to the next, with the written approval of the program director. Residents may take up to 5 days of professional leave per year (see meetings above).

Illness

Residents who are ill and unable to work should follow this procedure:

1. Notify both the Residency Coordinator at 577-8694 and the Anatomic Pathology Office at 577-8782 that they are ill and will not be in to work. The Coordinator will notify the
Program Director, the Director of Service or the laboratory the Resident is working with at the time, and the Chief Resident that the resident is not able to come to work.

2. Call an attending physician or a resident to discuss any pending clinical cases or clinical issues. If there are no pending clinical issues, tell the Coordinator that there are no issues to be taken care of during this absence.

3. If a resident has teaching responsibilities scheduled for the day that he/she is sick, it is the resident’s responsibility to arrange for an alternate to teach or to notify the Chief Resident personally about their absence from their teaching responsibility.

4. The resident must leave a number where he/she can be reached or be available by beeper.

5. Sick time must be reported on the Vacation/Sick Leave form (see Appendix 10).

### Resident Leave Report Form

Residents complete a Payroll Vacation/Sick/Other Leave Form (Appendix 10) bi-weekly. The payroll form is turned into the Residency Coordinator by the due date. Failure to complete and return this form may result in delay in receiving a paycheck.

Residents taking excessive leave time for illness or caregiver days may need to extend their residency training based on The American Board of Pathology regulation that one year of training must equal at least 48 weeks.

### New Innovations Online System

Residents will be required to use the New Innovations web-based system when it is instituted by the Pathology Department. This system can be accessed from any computer with internet capability. Rotation evaluations will be completed using this system. Residents will be required to assure that the director of each monthly rotation completes an evaluation in the New Innovations system.

### Maternity Leave

The University allows up to 30 days for maternity leave and up to 5 days paternity leave paid (from the resident’s sick leave time available). Residents should consult with the Chief of service during whose service the leave is to be taken to ensure that service requirements are met. The VA Hospital does not permit maternity leave. The American Board of Pathology does not give credit for maternity leave.

### John Cochran VA Hospital Payroll Procedure

As of October, 2006, all residents rotating at the VA Medical Center must complete the VA forms for Security and go through fingerprinting and be cleared to work at the VA. This process can take a month to process. Therefore, residents should go to the Security Department at the VA Medical Center at least one month prior to the start of their rotation at the VA to complete this process.

Pathology Residents rotation at the VA Medical Center are required to sign in daily at the Laboratory Office, Room D248 where is a sign in sheet for each resident. Failure to complete
this sign in procedure will result in denial of pay. If you have any payroll problems at John Cochran VA Medical Center, contact the Pathology Office at 289-6342.

Residents complete the four-page application for V.A. Personnel Office early in their training, or at least three to four weeks in advance of the initial V.A. rotation. Missouri Medical License Number will be necessary for the V.A. forms. All other paperwork can be done the day before or the day the rotation starts. The Laboratory/Pathology Department staff will initiate the necessary forms for payroll prior to the rotation start date. After the initial V.A. Hospital rotation, a yearly update and PGY level change are needed.

Specific Requirements for Foreign Medical Graduate Service at the VA Hospital

1. Foreign medical graduates, who are non-citizens with immigrant status require: (a) 10-2850B in duplicate; (b) copy of Visa or have Trace Factor of personnel (Ext. 222) look at Visa; (c) ECFMG; (d) J-94 form.

2. FMG with citizenship requires: (a) 10-2850b in duplicate; (b) ECFMG.

3. U.S. citizen educated outside the U.S. requires: (a) letter or certificate to certify 5th Pathway.

4. Exchange student requires: (a) 10-2850B in duplicate; (b) ECFMG; (c) DSP-66.

Copying Policy for Residents

Residents may make copies at the Medical Center Library using the library copy card kept in the Resident Room. At University Hospital and Cardinal Glennon Children's Hospital, residents may use copy machines in the hospital to reproduce material.

Licensing and USMLE III

It is the responsibility of each resident to obtain medical licensing in the state of Missouri before beginning the Residency Program. A resident cannot be paid if he/she does not have a temporary or permanent Missouri license to practice medicine. A temporary license can be used only to practice medicine within the University Hospital Group setting.

USMLE Step III is required for permanent licensure in the US. All residents must take USMLE Step III prior to the end of their second year of residency. If a resident fails the exam, they are required to keep taking the exam on a regular basis, as frequently as possible, until they pass the exam. Failure to pass the USMLE Step III examination before the beginning of the fourth year of pathology residency may result in a mandatory leave of absence.

Problems

If a problem arises during a rotation, whether personal or professional, the resident should consult the Chief of Service or the Director of the Residency Program. In addition, the Chief Resident or members of the Residency Training Committee are all available to provide counsel.
and guidance at any time. The program director, all faculty, and the chief resident monitor resident stress, including mental or emotional conditions that inhibit performance or learning. Confidential counseling and psychology support services are available to residents.

Academic Discipline, Resident Complaints and Grievances

A resident may be placed on probation only by decision of the Residency Training Committee if there are persistent performance issues that cannot be addressed by less formal action. The following procedures will be used in establishing probation:

1. Deficiencies in performance will be documented in writing on the Resident Performance Evaluation Form. A deficiency is considered any less than satisfactory overall performance evaluation. The training program director will discuss performance with the resident.

2. At the time a deficiency is brought to the attention of the resident, specific suggestions will be offered for correction of the deficiency and the Residency Training Committee is informed of the performance issues. The committee will make recommendations for remediation, which will be given in writing to the resident.

3. If deficiencies are not remedied in a specific period or are repeated, the Residency Training Committee has the option of terminating a resident's contract at the conclusion of a probationary period established by the Residency Training Committee, according to the GMEC and University guidelines.

4. Any probationary action can be appealed to the Residency Training Committee and to the Associate Dean for Graduate Medical Education.

Violation of professional ethics, serious criminal acts, or actions likely to compromise the care of patients is grounds for contract termination without a prior probationary period.

If a resident believes that any problem has not been handled reasonably, recourse is available thru the administration of the School of Medicine thru the Dean's Office as defined in the Procedure Guide for Physician Graduate Medical Education Programs.

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Handbook Program Statement
(Appendix 8 deleted 7/99; Appendix 13 deleted 6/2003)