

**ACGME Program Requirements for Graduate Medical Education
in Forensic Pathology**

Line Number(s):172-173

Requirement Revision (major revisions only):

II.A.3.f). The Program Director must:
devote at least 35% time to include clinical work with fellows, teaching, and fellowship-related administration.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

a. The requirement ensures that adequate time is provided for the program director to teach fellows, observe and assess the fellow's progress and to administer the program.

b. A defined percentage of protected time allows the program director to maintain and implement the program requirements and ensure that the program provides appropriate educational and clinical experiences for the fellow.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

In some programs, some non-fellow oriented clinical and administrative responsibilities will have to be shifted to other faculty members or staff so the program director can meet the 35% time requirement.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A

Line Number(s):202-203

Requirement Revision (major revisions only):

II.B.2.a The faculty must in aggregate devote at least 20 hours per week per fellow for the fellowship-related clinical work and teaching.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

Sufficient faculty supervision and oversight ensures high quality clinical work by the fellow and directly impacts the quality of medical care.

- 2) improves the quality of resident education;
 - a. **Ensuring a minimum amount of time for faculty involvement with fellows allows for improvement or sustained educational quality.**
 - b. **This amount of time for faculty interaction with fellows allows adequate assessment of the fellow's goals, competencies, and milestones.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

For most programs, there will be no impact. In some, however, there may be a need to shift non-fellow oriented service work and administration to other faculty members or staff.
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A
- 6) impacts residency education in other specialties.

N/A

Line Number(s): 308-491

Requirement Revision (major revisions only):

IV.A.2. ACGME Competencies

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

IV.A.2.a) Patient Care

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

IV.A.2.a).(1) must demonstrate competence in performing autopsies.

IV.A.2.a).(1).(a) Each fellow should perform at least 200 and not more than 300 autopsies in a year of approved training during the 12 month program.

IV.A.2.a).(1).(b) Competence must include: At least 200 of the cases must be complete autopsies that include active participation in:

IV.A.2.a).(1).(b).(i) review of reviewing the medical history and circumstances of death;

IV.A.2.a).(1).(b).(ii)	external examination of the body;
IV.A.2.a).(1).(b).(iii)	<u>photographic documentation of injuries and disease processes;</u>
IV.A.2.a).(1).(b).(iv)	gross dissection;
IV.A.2.a).(1).(b).(v)	review of <u>reviewing</u> microscopic and laboratory findings;
IV.A.2.a).(1).(b).(vi)	preparation of <u>preparing</u> written descriptions of the gross and microscopic findings;
IV.A.2.a).(1).(b).(vii)	development of <u>developing</u> an opinion regarding the <u>immediate, intermediate, and underlying (proximate)</u> cause of death;
IV.A.2.a).(1).(b).(viii)	review of <u>reviewing</u> the autopsy report with a member of the <u>faculty teaching staff.</u>
IV.A.2.a).(2)	<u>must demonstrate competence in performing external examinations on cases that do not require an autopsy, including documenting pertinent findings and collecting appropriate biological samples;</u>
IV.A.2.a).(3)	should make <u>demonstrate competence in making</u> decisions about acceptance of <u>accepting</u> cases, performing or not performing an autopsy, <u>and</u> issues pertaining to tissue and organ donations; and determination of manner of death;
IV.A.2.a).(4)	must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective consultation in the context of pathology services.
IV.A.2.a).(5)	<u>must demonstrate competence in methods of death certification.</u>
IV.A.2.b)	Medical Knowledge
	Fellows 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. Fellows:
IV.A.2.b).(1)	<u>must demonstrate expertise in their knowledge of:</u>
IV.A.2.b).(1).(a)	<u>general principles of a medicolegal autopsy and biosafety;</u>
IV.A.2.b).(1).(b)	<u>statutory basis for medicolegal death investigation</u>

	<u>systems and requirements to serve as medical examiner or coroner or forensic pathologist;</u>
IV.A.2.b).(1).(c)	<u>interaction of the medicolegal death investigation system with the criminal and civil legal systems and with public health and safety agencies;</u>
IV.A.2.b).(1).(d)	<u>court standards on the admissibility of forensic techniques and expert testimony;</u>
IV.A.2.b).(1).(e)	<u>the three core elements of a medicolegal autopsy: scene/death investigation, autopsy, and toxicology;</u>
IV.A.2.b).(1).(f)	<u>common injury patterns seen in blunt force trauma, sharp force injury, firearms injury, transportation-related fatalities, asphyxia injuries, temperature and electrical injuries, and suspected child and elder abuse;</u>
IV.A.2.b).(1).(g)	<u>common postmortem changes, including decomposition patterns;</u>
IV.A.2.b).(1).(h)	<u>the causes and autopsy findings in cases of sudden, unexpected natural deaths;</u>
IV.A.2.b).(1).(i)	<u>proper documentation in medicolegal autopsies, including evidence recognition, collection, preservation, transport, storage, analysis, and chain-of-custody; and</u>
IV.A.2.b).(1).(j)	<u>the basic disciplines of forensic science and their relevance to death investigation systems.</u>
IV.A.2.c)	Practice-based Learning and Improvement
	Fellows are expected to develop skills and habits to be able to meet the following goals:
IV.A.2.c).(1)	systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
IV.A.2.c).(2)	locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
IV.A.2.d)	Interpersonal and Communication Skills
	Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health

professionals.

- IV.A.2.d).(1) Fellow must demonstrate professional interactions in providing consultations to families, the public, and other healthcare providers.
- IV.A.2.d).(2) Fellows should demonstrate competence in obtaining consultations from forensic odontologists, anthropologists, entomologists, psychologists/psychiatrists, radiologists, pediatricians, and toxicologists.
- IV.A.2.e) Professionalism**
- Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.**
- IV.A.2.f) Systems-based Practice**
- Fellows 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.**
- IV.A.3. Curriculum Organization and Fellow Experiences
- IV.A.3.a) Fellows must devote four to eight weeks exclusively to laboratory experience in toxicology, physical anthropology, and components of the crime laboratory, ~~such as~~ including firearms, serology, and trace evidence.
- IV.A.3.b) Fellow experiences must include:
- IV.A.3.b).(1) investigations, including examination of the body before it has been disturbed;
- IV.A.3.b).(2) ~~should perform autopsies on~~ for cases that are likely to result in criminal prosecution or civil litigation;
- IV.A.3.b).(2).(a) ~~and it is highly desirable for~~ It is strongly suggested that fellows have opportunities to participate in the legal follow-up of cases if they occur during the course of their ~~year of training~~ education.
- IV.A.3.b).(3) ~~Should~~ accompanying staff pathologists when they testify in court and give depositions.
- IV.A.3.c) Fellows' clinical experience should be augmented through didactic sessions, review of the medical literature in the subspecialty area, and the use of study sets of unusual cases.

IV.A.3.d)	Fellows must keep a log of their experiences, to include autopsies, external examinations, crime scene visits, and opportunities to observe or provide court testimony.
IV.A.3.e)	must have opportunity to assume increasing responsibility_ as they progress through the program.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

By listing areas of diagnostic competency to be attained, medical care and safety will improve by ensuring that fellows develop competency in the areas needed to practice competently as a forensic pathologist.
- 2) improves the quality of resident education;
 - a. **This revision specifies the major areas that the fellow needs to become competent during the fellowship.**
 - b. **This listing of specific competencies allows programs to ensure they are providing adequate training for their fellows that the fellow will need as a forensic pathologist. It will also specify standardization of fellow training in forensic pathology but still allow for each program to develop its own curriculum and rotations.**
 - c. **This listing allows the development of goals for improvement in fellow training and assessment of competency.**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);
 - a. **For some programs that may not provide the full range of clinical services listed, additional educational activities or outside rotations may be required. An alternative would be to develop these services in-house that may require additional faculty, personnel, and financial resources.**
 - b. **For some areas, especially in medical knowledge, print or electronic resources may be required to provide the appropriate education.**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

For some programs that may not provide the full range of services listed, outside rotations may be required.
- 6) impacts residency education in other specialties.

N/A

Line Number(s): 574-576

Requirement Revision (major revisions only):

V.C.3 60% of the programs' graduates from the preceding five years taking the American Board of Pathology certifying examination for forensic pathology for the first time must pass.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

a. The new requirement provides a benchmark to assess the program's educational effectiveness. As subspecialty certification is important, it also provides the program with an objective method to assess how it is helping its fellows attain this goal.

b. The requirement also provides programs with the benchmark that the Review Committee uses when determining accreditation decisions.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

N/A

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A