**New Application: Pathology**

**(Anatomic and/or Clinical Pathology)**

**Review Committees for Pathology**

**ACGME**

**Oversight**

**Sponsoring Institution**

1. Does the sponsoring institution also sponsor ACGME-accredited residencies in the following areas? [PR 1.2.a.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Diagnostic radiology | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Family medicine | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Internal medicine  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Obstetrics and gynecology  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Pediatrics | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Surgery  | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Resources**

1. Provide the following information for each participating site to which residents are assigned for required rotations. The sites are previously identified and numbered in ADS.

[PRs 1.8.a.1.- 1.8.a.6.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Is a microscope available to each resident? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Is a Personal Computer (PC) or individual Personal Digital Assistant (PDA) available to each resident? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Do residents have access to computer-based literature review services? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Are photography facilities available to pathology at the site? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Is a photograph teaching collection maintained for pathology? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Do residents have access to updated teaching materials (e.g., interesting case files, archived conference materials) or study sets (e.g., glass slides, virtual study sets) encompassing the core curriculum areas of anatomic and/or clinical pathology residency education? | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

**Hospital Data**

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Row Total** |
| --- | --- | --- | --- | --- | --- | --- |
| # of Clinical Pathology Tests (billed procedures)[PR 1.8.c.] | # | # | # | # | # | # |
| Current Accreditation (check all that apply) |
| American Association of Blood Banks | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| College of American Pathologists | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Food & Drug Admin (Blood Bank) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Joint Commission | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| HHS (CLIA, 1988) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Other (State, Military, etc.) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

**Other Learners and Other Care Providers**

1. List other physician learners (not listed as APCP residents) in the Pathology Department who will be associated with the program during the planned first academic year of the program, but who are not part of the core program. Include pathology subspecialty fellows and the graduate medical education (GME) learners from other specialties who are rotating through AP and/or CP. Add rows as needed. [PR 1.11.]

| **Specialty** | **Number of Learners** | **Pathology Assignment** |
| --- | --- | --- |
| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
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| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
 | # | Pathology Assignment |
| 1. Specialty
 | # | Pathology Assignment |

**Non-Physician Learners**

1. Medical Technologists: Provide the following information if program facilities are used for training of medical technologists and/or medical laboratory technicians. List the type of technology program (MLT, 3+1 MT, 2+2 MT, other) and the number of trainees. Add rows as needed. [PR 1.11.]

| **Educational Program Name and Type** | **# of Trainees** |
| --- | --- |
| Program name and type | # |
| Program name and type | # |
| Program name and type | # |
| Program name and type | # |

2. Other educational programs: List other programs using AP/CP facilities (e.g., medical school courses, medical school electives, post-sophomore fellowships, cytotechnologists, pathology assistants, or masters, doctoral, and post-doctoral programs for clinical scientists. Add rows as needed.

| **Educational Program Name and Type** | **# of Trainees** |
| --- | --- |
| Program name and type | # |
| Program name and type | # |
| Program name and type | # |
| Program name and type | # |

**Personnel**

**Program Director**

1. Will the program director have sufficient protected time and support for administrative of the program? [PR 2.4.a.]
 [ ]  YES [ ]  NO

**Educational Program**

**ACGME Competencies**

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; cultural humility; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR 4.3.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Patient Care and Procedural Skills**

1. For residents following the anatomic and clinical pathology (APCP-4) format, indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Interpreting laboratory tests, including hematopathology (e.g. body fluids, bone marrow aspirates and biopsies, and peripheral smears)[PR 4.4.a.2.a.] | Click here to enter text. | Click here to enter text. |
| Interpreting laboratory tests, including molecular pathology[PR 4.4.a.2.b.] | Click here to enter text. | Click here to enter text. |
| All aspects of an autopsy, as appropriate to the case[PR 4.5.a.] | Click here to enter text. | Click here to enter text. |
| Examining and diagnosing surgical pathology specimens[PR 4.5.a.2] | Click here to enter text. | Click here to enter text. |
| Performing and diagnosing intra-operative consultations including frozen sections[PR 4.5.a.3] | Click here to enter text. | Click here to enter text. |
| Examining and diagnosing gynecologic, non-gynecologic, and fine needle aspiration cytology specimens[PR 4.4.b.] | Click here to enter text. | Click here to enter text. |

1. For residents following the anatomic pathology (AP-3) format, indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| All aspects of an autopsy, as appropriate to the case[PR 4.5.a.] | Click here to enter text. | Click here to enter text. |
| Examining and diagnosing surgical pathology specimens[PR 4.5.a.2] | Click here to enter text. | Click here to enter text. |
| Performing and diagnosing intra-operative consultations[PR 4.5.a.3] | Click here to enter text. | Click here to enter text. |
| Examining and diagnosing gynecologic, non-gynecologic, and fine needle aspiration cytology specimens[PR 4.4.b.] | Click here to enter text. | Click here to enter text. |
| Interpreting common laboratory tests, including peripheral smears and bone marrow aspirates and biopsies[PR 4.4.a.2.a.] | Click here to enter text. | Click here to enter text. |

1. For residents following the clinical pathology (CP-3) format, indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Interpreting common laboratory tests, including peripheral smears, body fluids, bone marrow aspirates and biopsies, microbiology and chemistry tests, and transfusion medicine tests[PRs 4.4.a.2.a.; 4.4.c.1.- 4.4.c.] | Click here to enter text. | Click here to enter text. |

1. For residents following any format, indicate the settings and activities in which residents will demonstrate competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| The ability to provide appropriate and effective pathology services consultation[PR 4.4.a.3.] | Click here to enter text. | Click here to enter text. |
| Interpreting laboratory data as part of patient care decision-making[PR 4.4.a.1.] | Click here to enter text. | Click here to enter text. |
| Addressing laboratory quality, safety, and management issues, with appropriate support[PR 4.4.a.] | Click here to enter text. | Click here to enter text. |
| Providing medical advice on the diagnosis and management of diseases, and laboratory test selection and interpretation[PR 4.4.a.4.] | Click here to enter text. | Click here to enter text. |

*Autopsy Pathology, including Forensic Pathology*

1. Provide information for each site/location (including Medical Examiner’s Office) where residents will be assigned rotations in autopsy (including forensic experience). [PR I.B.]

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics: | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in autopsy pathology [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Total # autopsies done past year[PR 4.11.p.] | # | # | # | # | # | # |
| # forensic autopsies in past year[PR 4.11.q.] | # | # | # | # | # | # |
| # pediatric autopsies in past year[PR 4.11.q.] | # | # | # | # | # | # |
| # stillborn autopsies (> 20 weeks gestation) in past year[PR 4.11.q.] | # | # | # | # | # | # |
| % final anatomic diagnosis completed within 30 days | #% | #% | #% | #% | #% | #% |
| % of neuropathology completed within 90 days | #% | #% | #% | #% | #% | #% |
| Average turn-around time for delivery of slides and protocols to residents | # | # | # | # | # | # |
| Will there be faculty member supervision of gross dissections and review of microscopic slides?[PR 6.7.b.6.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |
| Will residents participate in all\* components of the autopsy (as appropriate for the case), including forensic?[PR 4.5.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

\*7 components of the autopsy:

1) Review of the medical history and circumstances of death

2) Performance of external examination of the body as received

3) Gross dissection and review of gross findings with formulation of a gross pathologic diagnosis (GPD)

4) Review of microscopic and laboratory findings

5) Preparation of written descriptions of the gross microscopic findings

6) Development of a list of diagnoses and an opinion regarding the cause of death and clinical pathologic correlations

7) Review of microscopic findings and autopsy report with a member of the teaching staff formulating a final anatomic diagnosis (FAD)

2. Who will be designated as Autopsy Service Director? (Please ensure they are listed in the Faculty Roster in ADS) [PR 2.7.a.]

|  |
| --- |
| Click here to enter text. |

3. If forensic autopsies are not used to fulfill the autopsy requirement, describe how residents will receive education and training in forensic pathology. [PR 4.11.o.5.]

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Resident Experiences**

List the conferences, seminars, journal clubs, etc. in which residents will participate. List required first. Add additional rows as necessary. [PRs 4.11.e., 4.11.g.2.]

| **Name of Conference** | **Type****R=required****SR=required while on subspecialty rotations****O=Optional** | **Frequency:****D=daily****W=weekly****M=monthly** | **Faculty AttendanceYes/No** | **Residents Present****Yes/No** | **Multidisciplinary /Inter-departmental****Yes/No** | **Individual(s) or Department Responsible for Organization of Sessions** |
| --- | --- | --- | --- | --- | --- | --- |
| Surgical Pathology  | Choose a type | Choose a type | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Clinical Pathology  | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Gross Pathology | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Mortality  | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Hematology  | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| On-call Review | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Tumor Board | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Journal Club/ Research  | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Click here to enter text. | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Click here to enter text. | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |
| Click here to enter text. | Choose a type | Choose frequency | [ ] Yes[ ] No | [ ] Yes[ ] No | [ ] Yes[ ] No | Party responsible |

3. Curriculum

1. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO

b) Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO

c) Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO

d) Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

If “NO,” explain.

|  |
| --- |
| Click here to enter text. |

4. Briefly describe how residents interact with health care professionals and other individuals with regard to handling of specimens and/or interpretation of findings/data other than through the generation of formal written reports [PR 6.18.b.].

|  |
| --- |
| Click here to enter text. |

5. How will residents assume progressive responsibility on this service during the rotation? (If this is not applicable, explain.) [PR 6.9.]

|  |
| --- |
| Click here to enter text. |

6. Explain the difference between the roles of residents and fellows on this service. (If this is not applicable, explain.) [PR 6.9.c.]

|  |
| --- |
| Click here to enter text. |

*Cytopathology*

1. Provide information for each site where residents are assigned rotations in cytopathology.

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics: | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in cytopathology [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Length of cytopathology rotation (weeks) | # | # | # | # | # | # |
| Total # accessions | # | # | # | # | # | # |
| # Gynecologic | # | # | # | # | # | # |
| # Non-gynecologic (exclude FNAs) | # | # | # | # | # | # |
| # FNA specimens | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

2. Will residents learn cytopreparatory techniques? [ ]  YES [ ]  NO

3. Will residents have adequate time to preview their cases prior to sign-out? [ ]  YES [ ]  NO

Explain any “NO” responses.

|  |
| --- |
| Click here to enter text. |

4. Curriculum

1. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO

b) Are expectations for residents’ daily activities clearly defined? [PR 4.2.c.] [ ]  YES [ ]  NO

c) Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO

d) Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

|  |
| --- |
| Click here to enter text. |

5. Describe the manner in which residents will be instructed and able to participate in the performance of fine needle aspirations. [PR 4.5.a.1 and 4.6.b.]

|  |
| --- |
| Click here to enter text. |

6. Describe the method of correlative study of surgical and cytological specimens. [PR 4.4.b.1- 4.4.b.2]

|  |
| --- |
| Click here to enter text. |

7. Describe how residents will be involved in the interpretation and diagnosing of cytologic specimens. [PR 4.11.u.]

|  |
| --- |
| Click here to enter text. |

8. Briefly describe how residents interact with health care professionals and other individuals with regard to handling of specimens and/or interpretation of findings/data other than through the generation of formal written reports [PR 6.18.b.].

|  |
| --- |
| Click here to enter text. |

9. How will residents assume progressive responsibility on this service during the rotation? (If this is not applicable, explain.) [PR 6.9.]

|  |
| --- |
| Click here to enter text. |

10. Explain the difference between the roles of residents and fellows on this service. (If this is not applicable, explain.) [PR 1.11.]

|  |
| --- |
| Click here to enter text. |

*Surgical Pathology*

1. Provide information for each site where residents will be assigned rotations in surgical pathology.

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics: | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in surgical pathology [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Length of surgical pathology rotations (weeks) | # | # | # | # | # | # |
| Total # annual surgical pathology accessions |  |  |  |  |  | # |
| # of pathology assistants and staff members that assist in grossing specimens | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will the program provide adequate volume and diversity of surgical pathology specimens? [PR 1.8.c.
 [ ]  YES [ ]  NO

If “NO,” explain.

|  |
| --- |
| Click here to enter text. |

1. Curriculum
	1. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
	 [ ]  YES [ ]  NO
	2. Are expectations for residents’ daily activities clearly defined? [PR 4.2.c.] [ ]  YES [ ]  NO
	3. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
	4. Will residents always be supervised by appropriate personnel? [PR 4.11.s.2.]
	 [ ]  YES [ ]  NO
	5. Will residents always sign out their surgical cases with a member of the staff? [PR 4.11.s.2.]
	 [ ]  YES [ ]  NO
	6. Will residents have adequate time to preview their cases prior to sign-out? [PR 4.11.s.2.]
	 [ ]  YES [ ]  NO

Explain any “NO” responses.

|  |
| --- |
| Click here to enter text. |

1. How will residents assume progressive responsibility on this service during the rotation? (If this is not applicable, explain.) [PR 6.9.]

|  |
| --- |
| Click here to enter text. |

1. Explain the difference between the roles of residents and fellows on this service. (If this is not applicable, explain.) [PR 1.11.]

|  |
| --- |
| Click here to enter text. |

*Blood Banking/Transfusion Medicine*

1. Provide information for each laboratory where residents will be assigned rotations in blood/transfusion medicine (BB/TM).

|  |  |  |
| --- | --- | --- |
| 12-month period covered by statistics: | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in BB/TM [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program? [PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following?

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Donor collection, whole blood | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Donor collection, apheresis | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Blood component manufacturing | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Transfusion service | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Immunohematology reference laboratory | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Histocompatibility testing | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Human progenitor (stem) cell collection and processing laboratory | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Donor selection | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Donor testing | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |
| Therapeutic apheresis | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |

1. Workload (sum all sites)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **# Received from Outside Sources** | **# Prepared on Site** | **# Transfused** |
| Units of blood collected | # | # | # |
| Units prepared and transfused | # | # | # |

1. Will residents have adequate exposure to patients with the following medical problems? [PR 1.8.b.

a) Cardiac surgery [ ]  YES [ ]  NO

b) Trauma [ ]  YES [ ]  NO

c) High-risk obstetrics [ ]  YES [ ]  NO

d) Neonatal intensive care [ ]  YES [ ]  NO

e) Solid organ transplantation [ ]  YES [ ]  NO

f) HPC transplantation [ ]  YES [ ]  NO

g) Pediatric hematology/oncology [ ]  YES [ ]  NO

h) Adult hematology/oncology [ ]  YES [ ]  NO

i) Hemoglobinopathy [ ]  YES [ ]  NO

If any “NO” responses, how do residents receive adequate exposure to these clinical problems?

|  |
| --- |
| Click here to enter text. |

1. Will residents have adequate exposure to the following laboratory activities? (Do not include cases sent to outside laboratories) [PR 1.8.c.
	1. Antibody identification [ ]  YES [ ]  NO
	2. Platelet refractoriness work-ups [ ]  YES [ ]  NO
	3. Therapeutic apheresis work-ups and performance [ ]  YES [ ]  NO
	4. Donor apheresis [ ]  YES [ ]  NO
	5. HPC stem cell donor work-ups [ ]  YES [ ]  NO
	6. Transfusion reactions worked up [ ]  YES [ ]  NO
	7. Transfusion medicine consultations [ ]  YES [ ]  NO
	8. Peripheral stem cell harvesting [ ]  YES [ ]  NO

If any “NO” responses, how do residents receive adequate exposure to these laboratory activities?

|  |
| --- |
| Click here to enter text. |

1. Curriculum
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds. [PR 4.11.g.]

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1. How will residents assume progressive responsibility on this service during the rotation? (If this is not applicable, explain.) [PR 6.9.]

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1. Explain the difference between the roles of residents and fellows on this service. (If this is not applicable, explain.) [PR 1.11.]

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*Medical Microbiology*

1. Provide the following information for each site where residents will be assigned rotations in medical microbiology (MM).

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| 12-month period covered by statistics: | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in medical microbiology[PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following laboratory activities? [PR 4.11.v.7.]
2. Bacteriology [ ]  YES [ ]  NO
3. Mycobacteriology [ ]  YES [ ]  NO
4. Mycology [ ]  YES [ ]  NO
5. Parasitology [ ]  YES [ ]  NO
6. Virology [ ]  YES [ ]  NO
7. Molecular methods [ ]  YES [ ]  NO
8. Immunological tests - serology [ ]  YES [ ]  NO
9. Immunological tests - for antigens [ ]  YES [ ]  NO

If any “NO” responses, how will residents receive adequate exposure to these laboratory activities?

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1. Curriculum:
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular formal clinical and teaching rounds including the Infection Control Committee. [PR 4.11.g.]

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1. In what laboratory administrative activities (e.g., QA/QC, test validation, etc.) will residents be involved during this rotation? [PRs 4.4.a. and 4.6.a.2.]

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1. How will residents assume progressive responsibility on this service during the rotation? (If this is not applicable, explain.) [PR 6.6.]

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1. Explain the difference between the roles of residents and fellows on this service. (If this is not applicable, explain.) [PR 1.11.]

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*Chemical Pathology*

1. Provide the following information for each site where residents will be assigned rotations in chemical pathology.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in chemical pathology [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Curriculum
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular formal clinical and teaching rounds. [PR 4.11.g.]

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1. Will residents have adequate exposure to the following laboratory activities? [PR 1.8.c.]
2. Endocrinology [ ]  YES [ ]  NO
3. Obstetrics [ ]  YES [ ]  NO
4. Pediatrics [ ]  YES [ ]  NO
5. Toxicology [ ]  YES [ ]  NO
6. Therapeutic drug monitoring [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. How will residents assume progressive responsibility on this service during the rotation? [PR 6.6.]

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1. Explain the difference between the roles of residents and fellows on this service. [PR 1.11.]

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*Hematology*

1. Provide information for each laboratory where residents will be assigned rotations in hematology.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in hematopathology[PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| # BM accessions | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to and opportunities for the following laboratory activities? [PR I.D.4.b)]
2. Peripheral blood smears [ ]  YES [ ]  NO
3. Bone marrow smears and biopsies [ ]  YES [ ]  NO
4. Hemoglobinopathies [ ]  YES [ ]  NO
5. Concurrent sign-out of peripheral blood smears, bone marrow aspirates and biopsies
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Curriculum
	1. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
	 [ ]  YES [ ]  NO
	2. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
	3. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
	4. Will residents always be supervised by appropriate personnel? [PR 6.6.]
	 [ ]  YES [ ]  NO
	5. Will residents always sign out their surgical cases with a member of the staff? [PR 4.11.s.2.]
	 [ ]  YES [ ]  NO
	6. Will residents have adequate time to preview their cases prior to sign-out [PR 4.11.s.2.]
	 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Will residents perform bone marrow biopsies and aspirates? [PRs 4.11.v.1., 4.4.a.2.a., and 4.6.c.1.] [ ]  YES [ ]  NO

If “NO,” how are residents educated in bone marrow aspiration and biopsy techniques?

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1. Briefly describe how residents participate in regular formal clinical and teaching rounds. [PR 4.11.g.]

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1. How will residents assume progressive responsibility on this service during the rotation? [PR 6.9.]

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1. Explain the difference between the roles of residents and fellows on this service. [PR 1.11.]

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*Coagulation/Hemostasis*

1. Provide information for each laboratory where residents will be assigned rotations in coagulation.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in coagulation and hemostasis [PR 1.2.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following? [PR 1.8.b.]
2. Routine coagulation testing [ ]  YES [ ]  NO
3. Hemophilia [ ]  YES [ ]  NO
4. Bleeding disorders [ ]  YES [ ]  NO
5. Thrombotic disorders [ ]  YES [ ]  NO
6. Platelet function studies [ ]  YES [ ]  NO
7. Curriculum:
8. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
9. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
10. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
11. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds. [PR 4.11.g.]

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1. How will residents assume progressive responsibility on this service during the rotation? [PR 6.9.]

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1. Explain the difference between the roles of residents and fellows on this service. [PR 1.11.]

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*Cytogenetics*

1. Provide the following data for each site where residents will be assigned rotations in cytogenetics.

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| 12-month period covered by statistics: | From: Click here to enter a date. | To: Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in cytogenetics [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following? [PR 1.8.b.]
2. Cytogenetic techniques [ ]  YES [ ]  NO
3. Karyotypic techniques [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Curriculum
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. How will residents learn about the procedures for preparation of cytogenetic specimens from different services? [PR 4.11.h.2.]

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1. How will cytogenetic studies be correlated with anatomic and clinical pathology data [PR 4.4.b.2]?

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds. [PR 4.11.g.]

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*Flow Cytometry*

1. Provide the following information for each site where residents will be assigned rotations in flow cytometry.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in flow cytometry [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following? [PR 1.8.c.]
2. Immunodeficiency work-ups [ ]  YES [ ]  NO
3. Leukemia work-ups [ ]  YES [ ]  NO
4. Lymphoma work-ups [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Curriculum
2. Will residents provided with goals and objectives for this rotation? [PR 4.2.b.]
. [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Are residents always supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds. [PR 4.11.g.]

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1. Explain the difference between the roles of residents and fellows on this service. [PR 1.11.]

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*Immunology/Serology*

1. Provide the following information for each site where residents will be assigned rotations in immunology/serology.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in immunology and serology [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following [PR 1.8.c.]
2. Immunologic/serologic work-ups [ ]  YES [ ]  NO
3. Hepatitis and other infectious disease work-ups [ ]  YES [ ]  NO
4. Autoimmune work-ups [ ]  YES [ ]  NO

Explain any “NO” responses.

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| Click here to enter text. |

1. Curriculum
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds? [PR 4.11.g.]

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*Urinalysis and Medical Microscopy*

1. Provide the following information for each site where residents will be assigned rotations in urinalysis and medical microscopy.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in urinalysis and microscopy [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | # | # | # | # | # | # |
| Is there clerical, administrative, and qualified laboratory technical personnel to support the clinical, teaching, educational, and research activities of the program?[PR 2.13.a.] | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the evaluation of the following? [PR I1.8.c.]
2. Urine sediments [ ]  YES [ ]  NO
3. Crystal analysis [ ]  YES [ ]  NO
4. Pleural fluids [ ]  YES [ ]  NO
5. Peritoneal fluids [ ]  YES [ ]  NO
6. Cerebrospinal fluids [ ]  YES [ ]  NO
7. Synovial fluids [ ]  YES [ ]  NO

Explain any “NO” responses.

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| Click here to enter text. |

1. Curriculum
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds. [PR 4.11.g.]

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*Molecular Biologic Techniques and Human Leukocyte Antigen (HLA)*

1. Provide the following information for each site where residents will be assigned rotations in molecular pathology.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in molecular pathology [PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Rotation length (weeks) | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N | [ ]  Y [ ]  N |  |

1. Will residents have adequate exposure to the following activities/techniques in a molecular diagnostic laboratory? [PR 1.8.c.]
2. Specimen preparation [ ]  YES [ ]  NO
3. QA/QC [ ]  YES [ ]  NO
4. FISH [ ]  YES [ ]  NO
5. PCR [ ]  YES [ ]  NO
6. DNA sequencing [ ]  YES [ ]  NO
7. Microarray techniques [ ]  YES [ ]  NO
8. Histocompatability testing [ ]  YES [ ]  NO

If any “NO” responses, how do residents gain exposure to these areas/techniques?

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| Click here to enter text. |

1. Curriculum
2. Will residents be provided with goals and objectives for this rotation? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Are expectations for residents’ daily activities clearly defined? [ ]  YES [ ]  NO
4. Will resident performance be formally assessed on this rotation, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO
5. Will residents always be supervised by appropriate personnel? [PR 6.6.]
 [ ]  YES [ ]  NO
6. Will residents be instructed in verification of informed consent? [PR 4.8.]
 [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Briefly describe how residents participate in the generation of consultation reports in this laboratory section [PR 4.8.i.].

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1. Briefly describe how residents participate in regular, formal clinical and teaching rounds. [PR 4.11.g.]

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1. Explain the difference between the roles of residents and fellows on this service. [PR 1.11.]

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**Medical Knowledge**

*Laboratory Management and Information Systems*

1. Provide the following information for each site where residents will be assigned rotations in laboratory management and information systems.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| Name(s) of faculty member(s) responsible for resident education in laboratory management[PR 2.7.] | Name | Name | Name | Name | Name | N/A |
| Name(s) of faculty member(s) responsible for resident education in information systems[PR 2.7.] | Name | Name | Name | Name | Name | N/A |

a) Is laboratory management a separate rotation? [PR 4.11.h.6.] [ ]  YES [ ]  NO

If “YES,” how many weeks (#)

b) Is pathology information systems a separate rotation [PR 4.11.h.13.]? [ ]  YES [ ]  NO

If “YES,” how many weeks (#)

1. Curriculum
2. Will residents be provided with goals and objectives for these topics? [PR 4.2.b.]
 [ ]  YES [ ]  NO
3. Will resident performance be formally assessed in this topic, and will feedback be provided in a timely manner? [PR 5.1.] [ ]  YES [ ]  NO

Explain any “NO” responses.

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1. Summarize structured resident education in laboratory management. How will residents be educated with regard to cost-effective use of the laboratory? How do they share this knowledge as a consultant to the clinical staff? How will residents be acquainted with management issues in the areas of personnel, budget preparation, equipment purchasing, human resources, regulatory agencies (CAP, HCFA, CLIA, AABB, FDA, OSHA, JCAHO), risk management, and laboratory safety? How will residents be involved in quality assurance activities? [PR 4.11.h.]

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1. Summarize resident experience with pathology laboratory information systems, database management techniques, etc. Describe resident education in medical informatics, and how residents will apply this knowledge in support of laboratory management and patient care. Give specific examples. [PR 4.11.m.]

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**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents 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. [PR 4.7.] (Limit response to 400 words)

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1. Briefly describe one planned learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR 4.7.a.- 4.7.c.] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate the ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR 4.7.d.] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the site visitor.) [PR 4.7.e.] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR 4.7.f.] (Limit response to 400 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care
* Conducting a comprehensive literature search

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1. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals. [PR 4.8.d.] (Limit response to 400 words)

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1. Briefly describe how residents will participate in quality improvement projects. [PR 4.7.g.] (Limit response to 400 words)

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1. Briefly describe how residents will evaluate personal practice using an individualized learning plan and portfolio. [PR 4.7.h.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PRs 4.8.a.- 4.8.b.] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents develop their skills and habits to work effectively as members or leaders of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR 4.8.c.] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR 4.8.e.] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [PR 4.8.f.] (Limit response to 400 words)

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1. Briefly describe how residents will demonstrate competence in effective verbal and written communication. [PR 4.8.h.] (Limit response to 400 words)

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1. Briefly describe how residents will demonstrate competence in generating comprehensive pathology and consultation reports. [PR 4.8.i.] (Limit response to 400 words)

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| Click here to enter text. |

**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents 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. [PR 4.9.] (Limit response to 400 words)

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1. Briefly describe the learning activity(ies) through which residents achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR 4.9.a. -4.9.f.] (Limit response to 400 words)

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1. Briefly describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR 4.9.d.] (Limit response to 400 words)

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**Residents’ Scholarly Activities**

1. Will residents be instructed on the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care? [PR 4.13.a.]
 [ ]  YES [ ]  NO

If “NO,” explain.

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1. Will the program provide an environment that promotes research and scholarly activity by the residents? [PR 4.13.a.1.] [ ]  YES [ ]  NO
2. Will each resident participate in the following (select at least one) [PR IV.D.3.a).(1)]:
3. Research [PR 4.15.a.] [ ]  YES [ ]  NO
4. Evidence-based presentations at journal club or meetings (local, regional, or national) [PR 4.15.a.] [ ]  YES [ ]  NO
5. Preparation/submission of articles for peer-reviewed publication [PR 4.15.a.]
 [ ]  YES [ ]  NO

**General Information**

1. Describe the manner in which residents will take call. How is faculty back-up for this experience structured? How will call activities reviewed by faculty members, and how will feedback be given to residents regarding their decisions while on call? How will residents exercise graduated responsibility with regard to call? [PR 6.27.-6.28.]

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1. How will residents be involved in hospital and local, regional, and/or national activities related to the practice of pathology? Give specific examples (e.g., list hospital committees on which residents serve, CAP inspections in which residents have participated and the area which they inspected, etc.)

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1. Describe examples of test/instrument evaluation procedures in which residents will participate. [PR 4.11.h.12.]

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1. Describe how residents will gain exposure to statistical concepts used in the evaluation of testing procedures and test results (sensitivity, specificity, predictive value, correlation studies, reference range determination, etc.). [PRs 4.6.a.1. and 4.11.b.]

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1. Describe the strengths of the program.

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| Click here to enter text. |

1. Describe those areas of the program that could be strengthened. What plans are there to address these areas?

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**Educational Experience of Residents**

Define your “core” curriculum [PR 4.10]

| **Rotations** | **AP/CP weeks** | **AP only weeks** | **CP only weeks** |
| --- | --- | --- | --- |
| Autopsy | # | # | # |
| Surgical pathology | # | # | # |
| Cytopathology | # | # | # |
| Chemistry | # | # | # |
| Microbiology | # | # | # |
| Blood banking/ transfusion medicine | # | # | # |
| Hematopathology | # | # | # |
| Flow cytometry | # | # | # |
| Coagulation | # | # | # |
| Immunology | # | # | # |
| Molecular pathology | # | # | # |
| Cytogenetics | # | # | # |
| Tissue typing/HLA | # | # | # |
| Urinalysis/serology | # | # | # |
| Lab management and Informatics | # | # | # |
| Other | # | # | # |