

**Frequently Asked Questions: Pathology**  
**Review Committee for Pathology**  
**ACGME**

**Duty Hours**

**Can pathology assistants supervise residents?** *[Program Requirement VI.D.1]*

Although pathology assistants are not licensed independent practitioners, they may be authorized by a department to provide supervision or oversight of dissection of surgical specimens and autopsies. The ultimate responsibility for a patient's care, however, lies with the attending physician, and cannot belong to a pathology assistant.

**At what point may the PGY-1 resident be indirectly supervised?**

*[Program Requirement VI.D.5.a).(1)]*

In order for the PGY-1 resident to be indirectly supervised, they must have performed the requisite three procedures in the categories specified in the requirements. *[VI.D.5.a.(1) - autopsies (complete or limited), gross dissection of surgical pathology specimens by organ system, frozen sections, apheresis, fine needle aspirations and interpretation of the aspirate.]*

Example: The resident who has met the requirement for direct supervision may be indirectly supervised by a more senior resident, a fellow, a pathology assistant, or an attending physician. The identified supervisor must be available for consultation and assistance, but does not need to be immediately available or in the hospital.

**What is the optimal clinical workload for residents?** *[Program Requirement VI.E.]*

The program director must make an assessment of the learning environment with input from faculty members and residents. There must be an adequate clinical workload to develop competency in all areas specified in the program requirements. Optimal workload may vary from program to program, and will depend on the patients, patient material, program resources, and testing/consultations/procedures done in the primary and participating sites. Clinical workload should include patients and patient material for testing, as well as study sets and other case-based teaching tools.

**For residents enrolled in 3-year Pathology tracks (*Clinical Pathology, Anatomic Pathology*), or *Anatomic Pathology/Neuropathology* what level residents are considered to be in their final years of education?** *[Program Requirement VI.G.5.c)]*

PGY-2 and PGY-3 level residents in 3-year programs are considered to be in their final years of education and PGY-2 level residents in AP/NP are considered to be in their final years of education.

**Who are qualified to supervise residents in bone marrow biopsies?**

PGY-2 or greater level residents in a CP-only track, PGY-3 or greater level resident in an AP/CP track, hemeonc fellows, hematopathology fellows and attending pathologists may supervise the performance of bone marrow biopsies.

**Who are qualified to supervise residents in apheresis procedures?**

PGY-2 or greater level residents in a CP-only track, PGY-3 or greater level residents in an AP/CP track, Blood Banking/Transfusion Medicine fellows, and attending pathologists. Hematopathology fellows may also supervise apheresis procedures if approved to do so by their respective program directors.

**Who are qualified to supervise residents in gross dissection of surgical path specimens and/or autopsies?**

A PGY-2 or greater level resident in an AP/NP or AP-only track, a PGY-3 or -4 level resident, a fellow, a pathology assistant, or an attending pathologist.

**Are there any circumstances under which residents are permitted to stay on duty or return to the hospital to care for their patients, even if doing so results in fewer than eight hours free of duty between scheduled duty periods? [Program Requirement VI.G.5.c)]**

Intermediate residents and residents in the final years of education may stay on duty or return to the hospital to perform intra-operative consultations, apheresis, emergent autopsies (e.g., when a patient's religion requires rapid burial), fine needle aspirations, immediate evaluation of cytology, transfusion medicine/blood banking emergencies, and hematologic emergencies.

**The revised Common Program Requirements (effective July 1, 2011) preclude PGY-1 residents from taking call. How can Pathology Program Directors provide PGY-1 residents the educational experiences similar to what they are receiving currently during 'on call' assignments? [Program Requirement VI.G.8]**

The 'new' requirements specify the following for PGY-1 residents:

- a maximum 80-hour work week
- duty periods that must not exceed 16 hours
- a 10-hour minimum time off between duty periods (*should be scheduled*) and
- an 8-hour minimum time off between duty periods (*must be scheduled*)

The PGY-1 resident does not need to be 'in house' during a 16-hour duty period. The duty period may include time in the institution/hospital and time outside of the institution/hospital. Expectations are that the PGY-1 resident continues to assume clinical responsibilities assigned, and remains under obligation to the program for the defined duty hour period.

Examples follow:

**ANATOMIC PATHOLOGY**

- A PGY-1 resident on surgical pathology works from 7:00 am to 9:00 pm (14 hours) in-house grossing surgical specimens, conducting intraoperative consultations, and/or previewing cases. This resident would leave the hospital at 9:00 pm and return at 7:00 am the next morning. Another resident, fellow, or attending would be responsible/under obligation to the program for intraoperative consultations between 9:00 pm and 7:00 am the following morning. If the PGY-1 resident was scheduled from 7:00 am to 11:00 pm (16 hours), he/she could not return to work until 9:00 am the next day (10-hour rest period).

Participation in critical cases is important. However, schedules of PGY-1 residents must be organized with flexibility in mind as PGY-1 residents may not under any circumstances be assigned duty hour periods that exceed 16 hours.

- A PGY-1 resident is assigned to the surgical pathology rotation. The duty period is defined as 8:00 am to 10:00 pm. The resident, however, leaves the hospital at 6:00 pm, but remains responsible for clinical activities until 10:00 pm (14 hours). The resident must remain in communication with the laboratory, operating, room, senior resident, fellow, or supervising faculty member. If an intraoperative consultation is requested, the resident is expected to complete the remainder of the duty hour period that ends at 10:00 pm. In this case the duty period can be extended until 12 midnight to maximize the 16-hour shift. Depending on the clinical and didactic needs in the program, it is acceptable for duty hour periods to be scheduled in 16-hour shifts. Time within the duty hour period can be managed accordingly.

It is important to note, however, that once the PGY-1 sixteen-hour shift ends, another resident, fellow, or the attending pathologist will be responsible for any additional consultations. The PGY-1 resident assigned from 8:00 am to 12 midnight will be able to begin another duty period at 8:00 am the next morning, because the requirement states that residents should have 10 hours, but must have 8 hours between duty hour periods. While 10 is the preferred threshold, 8 is the minimal standard.

### **CLINICAL PATHOLOGY**

- A PGY-1 resident is assigned to a blood bank/transfusion medicine rotation. The resident's responsibilities include assignments during the day hours of 8:00 am - 5:00 pm, in-house. The resident leaves the hospital/institution at 5:00 pm but is still responsible for clinical assignments until 10:00 pm. The resident maintains communication with the laboratory, a more senior resident, or a supervising faculty member during the latter 5-hour period. He or she responds to inquiries from the blood bank or from providers. If the resident leaves the hospital for self-study, rest or relaxation, or any other reason approved by the program director, he/she is expected to return to the hospital if needed to complete his/her 16 hour duty period (example: to perform an apheresis procedure).

If a 'critical' patient encounter extends beyond 10:00 pm, (as defined in the specialty-specific language in the requirements - VI.G.5.c.1.) the PGY-1 resident may complete the care of the patient, but then must be released.

Another resident, fellow, or supervising attending will assume responsibilities for any additional patient procedures. The PGY-1 resident assigned from 8:00 am through 10:00 pm will be able to return to the hospital and begin a duty period at 8:00 am the next morning.

**'REDEFINING' Rotations**

- A PGY-1 resident is assigned to an autopsy rotation. The responsibility/obligation of the resident includes: 1) providing expertise for performing autopsies, 2) chart review, 3) review of gross organs, 4) dissection, 5) consultation with referring physicians, 6) slide review, and 7) generation of both PAD and FAD reports daily, Monday - Saturday. Example duty periods during these days: Monday through Friday 8:00 am - 5:00 pm and Saturday, 8:00 am to 3:00 pm. The resident would not have responsibilities/obligations on Sunday in order to meet the 'one-day-in-seven off' duty hour requirement.
- Similarly, a PGY-1 resident is assigned to a surgical pathology rotation. The responsibility/obligation of the resident on this service could include assignments Monday through Saturday or Sunday through Friday (example: 8:00 am to 8:00 pm Monday-Friday; 8:00 am to 3:00 pm Saturday and /or Sunday)

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