

HEMATOPATHOLOGY FACULTY, FELLOW, AND RESIDENT EXPECTATIONS

Service expectations:

1. Residents and Fellow will preview cases in morning before afternoon sign-out with faculty. Sign-out will begin no later than 1:30 PM and will occur in the multi-headed scope room (not at individual offices). It is expected that the residents will have previewed and have their cases ready for presenting to attending by sign-out time.
2. After bone marrow aspirates are previewed, pertinent findings of aspirates should be communicated with hematology/oncology fellow/faculty at that time.
3. Complete bone marrows (peripheral blood smears, bone marrow touch preps, bone marrow aspirates, and bone marrow biopsies) are reviewed at sign-out time. Cases should be completed for attending to sign out expediently unless additional testing (IHC, etc.) is needed on the case. In these situations, the case should be previewed with the attending.
4. Flow cytometry cases should be completed and signed out by attending within 48 hours of the arrival of the slides from flow lab.

Hematopathology Service Responsibilities:

1. Hematopathology 1 faculty are responsible for all bone UCD accessioned (“HM”) marrows, all flow cytometry cases, all hematopathology surgical pathology and lymphoma work-up cases, and peripheral blood smears. Heme 1 service is the primary fellow/resident teaching service. Heme 1 faculty also must be available for consultation from other (surgical pathology and cytopathology) faculty, fellows, and residents.
2. Hematopathology 2 faculty are responsible for all bone marrow and lymph node consult (“OS”) cases, SPEP/IFE, body fluids, hemoglobin electrophoresis, and coagulation cases. Fellow and residents on hematopathology service are available for reviewing and writing up “OS” cases. The faculty need to communicate with the fellow/resident; the fellow/resident will not be aware of “OS” cases unless the cases are discussed with them.

Faculty:

1. Hematopathology (1 and 2) faculty are expected to be available to fellow and resident during working day (Monday – Friday, 8 am to 5 pm). Faculty should be available by pager/phone within 15 minutes of being paged. Faculty should be available for review of slides with the fellow/residents until 5 pm while on service during the day.

2. Hematopathology 1 faculty also must be available for review of slides during the working day for consultation from surgical pathology and cytopathology faculty/fellows/residents.
3. On-call Hematopathology (1 and 2) faculty are expected to be available by pager while on call. Pages must be returned within 15 minutes. Ensure call schedules have accurate pager/cell phone numbers. Faculty must be available to come to the hospital/department for nights and weekends when on call.
4. Hematopathology 1 faculty are expected to review all cases with resident and fellows. Resident and fellows may not work up all cases, but are expected to review cases with faculty.
5. Cases with newly diagnosed malignancies (including leukemias, myelomas, etc.) require a review/concur from another hematopathology faculty.
6. Heme 1 teaching and sign-out with residents/fellows should occur daily, ideally at same time daily but not later than 1:30 PM. ACGME has requirement of 20 hours/week for teaching and sign-out. One day per week, topical discussion should be led by marrow (heme 1) faculty and fellow. On the current calendar, this time has been set for Thursday pm, after sign-out (approximately 3-4 pm).
7. Hematopathology 2 faculty are expected to review all cases with resident when there is a resident on hemepath 2 service (typically 3-4 months of the year). Sign-out will occur in the afternoon. Residents are in the labs in the mornings.
8. Faculty are expected to present cases at tumor boards when fellow is not available to present cases.
9. It is mandatory that the faculty on service attend tumor boards for that week they are on service/call.
10. Faculty are expected to attend hematopathology, CP, and department meetings. Department has expectations of 50% attendance at meetings. For resident meetings where hematopathology is presented, at least one hematopathology faculty must attend. Faculty should consult monthly resident calendar and hematopathology/CP calendars. All meetings are on one or both of the calendars.

Fellow:

1. Fellow is expected to triage all cases when the cases arrive in hematopathology area in the morning.
2. Fellow is expected to divide the workload with resident (if any on service) so all cases are previewed and ready to present at attending sign-out. Resident limits on number of cases are listed in the resident section. Fellows generally will take cases over the maximum number allowed for residents. General guidelines for number of cases for the fellow are 5 bone marrows (“HM” and “OS” cases).

3. Fellow is expected to provide guidance and teaching residents, as needed, before attending sign-out.
4. Fellow is expected to communicate results of marrows and lymph nodes promptly to clinicians, especially if final sign-out is delayed by ancillary testing.
5. Fellow is on call by pager Monday 8 am to Friday 5 pm while on bone marrow/lymph node service (heme 1). Fellow is not on call weekends or holidays. The fellow is expected to field questions from clinicians and laboratory staff during these hours.
6. If no resident is available, fellow is expected to triage and gross in specimens for lymphoma work-ups.
7. Fellow is expected to participate in weekly teaching sessions, currently scheduled for Thursday pm after sign-out (approximately 3-4 pm).
8. Fellow is expected to present at bimonthly hematology tumor boards and megarounds. If fellow cannot present case, fellow will communicate with attending to have attending present cases (in general, faculty will present cases that are assigned to them).
9. Fellow is expected to sign out heme 2 lab tests (coagulation, body fluids, hemoglobin analysis, etc.) when rotating through those labs. For example, when on coagulation, all coagulation tests should be reviewed by fellow.
10. Generally, outside (consultation) cases are to be written up by the fellow. If fellow or senior (3rd or 4th year) resident on heme 1 is unable to write up the case in a timely manner, the fellow or resident needs to communicate this to the heme 2 attending so the case is not delayed.
11. Fellow is expected to attend required department conferences (e.g., grand rounds), hematology tumor boards, megarounds, and 50% of hematopathology administrative meetings (QA/QC ACGME requirement). Fellow should consult monthly resident calendar and hematopathology/CP calendars. All meetings are on one or both of the calendars.
12. The Pathology Department requires the fellow to present at grand rounds during their fellowship. Presenting at one to two journal clubs per year is expected. Teaching resident didactic lectures during hematopathology didactic sessions is encouraged.
13. Attendance and presentation at a national or regional hematopathology/immunology meeting is strongly encouraged. Attendance at a regional or national meeting is required.
14. Fellow is required to be involved in quality assurance/quality control involving the hematopathology service. Minimally, the fellow is required to attend QA/QC administrative meetings. If a QC issue needs addressing, the fellow will be expected to be involved in the resolution of the issue.

Resident on Hematopathology Rotation:

1. Resident is expected to work with fellow in triage of cases in the morning.
2. Resident is expected to preview cases and begin writing up cases before sign-out with attending. Fellow is available for assistance if needed. The resident is expected to complete cases assigned to him/her. If a resident cannot complete a case before leaving service/going on vacation, the case should be given to a fellow resident. If no resident is available, handling of the case should be discussed with the faculty on service.
3. Maximum number of cases per resident per day:
 - a. PGY1 - no more than 1 bone marrow per day, no more than 3 flows per day, no more than 1 surgical pathology case per day, no outside cases.
 - b. PGY2 - no more than 2 bone marrows per day, no more than 5 flows per day, no more than 1 surgical pathology case per day, no outside cases.
 - c. PGY3 - no more than 3 bone marrows per day, no more than 5 flows per day, no more than 2 surgical pathology cases per day, no more than 3 outside cases per day.
 - d. PGY4 - no more than 4 bone marrows per day, no more than 6 flows per day, no more than 3 surgical pathology cases per day, no more than 5 outside cases per day.
4. Resident is expected to assist fellow in fielding of hematology related questions occurring during the day or at night/weekends when on call.
5. Resident is expected to triage and gross in lymphoma work-ups. The fellow is a back-up.
6. Resident is expected to communicate results of their cases with clinicians promptly after review with the attending.
7. Senior residents (3rd or 4th year) on heme 1 are encouraged to work up outside consult cases with heme 2 attending. Cases should not be delayed, however, if resident cannot complete the cases.
8. Residents on heme 2 rotation are expected to work up all laboratory tests that are received. The resident is expected to sign the tests out with the heme 2 attending in the afternoon. The sign-out will typically be between 1-2 pm when at SESP. Sign-out may occur later if resident is at STC.
9. Residents are expected to attend all resident-related conferences. Residents are expected to attend hematology tumor boards, hematopathology administrative meetings, and other hematopathology teaching sessions unless they interfere with other resident conferences.