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Enhancing Autonomy and Competency in Pathology Residency

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Description

The earliest Liver Transplants (LTs) attempted were in children, despite the fact that LTs in adults exceed those in children. Previously incurable disorders can now be treated *via* pediatric LT. The United States performs 500-600 pediatric LTs annually, including multiorgan recipients and retransplants. Even though they only make up 5.5% of all transplants, pediatric patients' post-LT surveillance poses serious diagnostic difficulties for pathologists. According to the Banff group's recommendations, the diagnostic process for juvenile LT pathology is the same as that for adults, with the same rejection criteria. Due to the nature of children liver problems, pediatric LT monitoring has a reduced recurrence of disease and requires prolonged post-transplant monitoring, which presents special opportunities and challenges for preserving graft health. The lack of options for resident autonomy in pathology residency training has drawn criticism. It will be important to measure competency and grant autonomy for particular activities as graduate medical education shifts to competency-based models. We asked pathology residency directors about a list of routine pathology duties in order to gauge the level of autonomy now offered to residents. We then compared their answers with those from a survey that was conducted. We discovered a wide variety among the 29 programs whose directors answered, with some granting a great deal of authority and others giving very little. The majority of programs did not explain how to assess ability prior to assigning specific tasks.

Pathology residency autonomy

The more lenient programs to see how they can progress in allowing greater freedom. Pathology residency education has long been criticized for granting residents less autonomy and graduated responsibility than other main specialty programs. For instance, residents in surgery, medicine, pediatrics and many other specialties are trained and then credentialed to insert central venous catheters, perform arterial punctures and prescribe a wide range of medications, all within time and with demonstrated competency and radiology residents actually issue preliminary reports into electronic medical records under oversight supervision, before faculty radiologists review the images and provide final interpretation. Surgical residents also participate in operations, are permitted to make and close incisions, have time to perform major parts of surgery, all under direct supervision, indirect supervision. Finally, with supervision alone. However, it appears that most pathology schools only allow residents to undertake a small amount of work under supervision. On the other hand, directors of pathology residency programs are aware that, if they examine their own programs closely, they do permit resident autonomy for at least some of the activities that residents engage in during their educational journey and that supervision by oversight alone is quite typical for certain activities. a few things. execution of particular tasks. As GME shifts from time-based to competency-based educational models in many, if not all, specialties, it is critical for pathology programs to evaluate the graduated responsibilities they allow their residents to take on and to clearly and consistently demonstrate how they evaluate competency in these activities as they offer qualified residents increasing autonomy. Under the direction of the Graduate Medical Education Committee (GMEC) of the Association of Pathology Chairs (APC) (now the Association for Academic Pathology, AAPath), the Residency Curriculum Working Group (RCWG) has been discussing a number of topics pertaining to the improvement of the residency curriculum of particular interest to the group are the interconnected problems of competency-based education and graduated responsibility. During the working group's discussion, it became clear that a deeper comprehension of the duties that residents are now allowed to perform during their residency under supervision alone is a prerequisite for considering and suggesting modifications.

Enhancing pathology residency competency

The RCWG's final members created and distributed a survey to directors of pathology residency programs, inquiring about the attainment of oversight level supervision in 15 typical tasks that pathology residents might complete throughout their training. After learning that a similar poll had been conducted five years earlier among members of the Association of Pathology Chairs (APC) Residency Program Directors' Section (PRODS), the RCWG decided it would be helpful to present the findings of both surveys. The creation of Entrustable Professional Activities (EPAs) during our surgical pathology rotation was just reported. We have fully integrated EPAs into our surgical pathology rotation after a six-month pilot showed that faculty and residents found the forms useful, simple to use and straightforward to comprehend, according to a poll. Thirteen faculty members evaluated a total of 24 residents producing 298

Supervised Observation (SO) EPA forms and 136 Independently Observed Competencies (IOC) forms. Only five electronic forms were submitted most forms were on paper. SO's EPA performance scores went up. However, when residency graduation draws near, residency indicates greater competency uniformity. All things considered, our EPA review approach demonstrated long-term viability, useful tracking tools and ease of use. EPAs are powerful instruments for monitoring residents' advancement toward autonomous surgical pathology practice. They give program and rotation directors important information to evaluate and monitor each resident's EPA skills, pinpoint intervention points and give them a chance to receive quick, useful feedback based on their performance to date.