

RESIDENT SUPERVISION DOCUMENTATION FORM
Yale Pathology Residency Program

Resident: _____

AUTOPSY SERVICE

Direct supervision is required for the resident in their initial three procedures in each of the following categories:

Case Type	Case #	Supervisor	Case #	Supervisor	Case #	Supervisor
Fetal/Neonatal Autopsy						
Adult Autopsy						
Brain Removal (Adult)						

The above named resident has provided documentation that they have been directly supervised in the performance of at least three of each of the listed procedures. At this point, the resident is qualified to progress to performing these procedures with indirect supervision.

Effective date: _____

Approved by: _____
(signature)

(print last name)

I have evaluated this resident's individual technical abilities and have determined them to have met all of the core competencies for this service and thus to be qualified to accept the progressive responsibility of teaching and providing supervision for other residents performing the above procedures.

Effective date: _____

Approved by: _____
(signature)

(print last name)