

UNIVERSITY OF ILLINOIS AT CHICAGO PATHOLOGY RESIDENCY
Cytopathology Fellowship

**Competencies, Teaching / Learning Activities, Supervision, Evaluation, Procedural Skills,
Conferences, Call, References**

INTRODUCTION TO SPECIALTY

Cytopathology is a boarded subspecialty of Anatomic Pathology. Broadly defined it is a diagnostic discipline that requires application of distinct and discrete sets of criteria for evaluation of patient samples from diverse anatomic locations. Specific diagnostic criteria are required because the unifying theme of cytology samples is the fact that cells are present outside the context of tissue architecture. That is to say, cells are either smeared onto a slide (conventional Pap test; brushings from airway, bile duct, etc.; fine needle aspiration (FNA) biopsy material) or suspended in a liquid medium and processed by varying techniques as appropriate (eg. Liquid-based Pap test; CSF; effusion fluids; FNA material). Although the primary function of a cytopathologist is to appropriately apply cytopathologic criteria to arrive at an accurate diagnosis, it is essential to understand specimen procurement and specimen processing. It is equally essential to understand when a diagnosis cannot and should not be proffered. It is essential to appreciate the importance of clinical history in the formulation of Differential Diagnoses, and to appreciate the impact of a cytologic diagnosis on patient management. The cytopathologist is a patient advocate that may decide when a procedure may be performed and which ancillary tests may be indicated. A cytopathologist performs FNA biopsies or assesses adequacy of an FNA procedure performed by another practitioner and as such is directly involved in patient care. These are activities in which all six competencies play a role and become particularly interwoven. The cytopathologist must demonstrate professionalism in communicating with both patients and health care providers, competency in performance of procedure and/or specimen interpretation, understanding of the system in which he or she is practicing, and knowledge related to specimen handling and patient management. The cytopathologist must be able to appropriately triage specimens to permit optimal diagnostic evaluation and to avoid the need for repeat procedures. For example, if a specimen appears lymphoid at the time of assessment of adequacy, the cytopathologist should perform or recommend that the practitioner perform, as the case may be,

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an additional pass for flow cytometric analysis. This pass must be rinsed into Hanks' solution. If an infectious process is a diagnostic consideration, an additional pass should be rinsed into appropriate microbiologic culture media. Even when the cytopathologist is not involved in the performance of procedures, appropriate interaction with clinicians is critical in ensuring that patients receive optimal care. Academic activities are also an important component of the cytopathology fellowship and the fellow will be given projects and opportunities for presentation and publication. The structure of the fellowship and assessment modalities are given in detail on the last page of this document.

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EXPECTATIONS RELATED TO SPECIFIC COMPETENCIES ARE LISTED OVER THE FOLLOWING 6 PAGES

Patient Care

The cytopathology fellow must demonstrate a satisfactory level of diagnostic competence and the ability to provide appropriate and effective care in the context of Pathology services. The fellow is expected to:

- Understand specimen collection and processing techniques such that diagnoses are not offered inappropriately (false negative, false positive)
- Develop a diagnosis or differential diagnosis for specimens referred to the service.
- Gather essential and accurate information from the medical record and health care providers (and patients, as appropriate), including patient, family, and clinical histories, clinical findings, medication, occupational and toxin exposures, etc., as necessary for interpretation of specimens.
- Understand role of ancillary testing in patient management, particularly the impact of HPV testing methodologies on patient management algorithms
- Create informed reports and consultations based on up-to-date scientific evidence and clinical judgment.
 - Explain the therapeutic implications of diagnoses rendered and information supplied in reports and consultations.
 - Explain the role of timeliness of reporting in patient management.
 - Demonstrate skill in clearly writing reports, consultations, and other documents.
- Perform competently all invasive procedures considered essential for the practice of Pathology.
- Explain and demonstrate the role of the pathologist in promoting and ensuring patient safety.
- Appreciate the FACT that cytopathologists are patient advocates, and as such, should act as consultants when dealing with patients and clinicians alike rather than feeling like ancillary personnel

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Medical Knowledge

The cytopathology fellow must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to Pathology. The fellow is expected to:

- Demonstrate an investigative and analytic thinking approach to clinical and cytopathologic problems.
- Apply the basic and clinically supportive sciences appropriate to cytopathology.
- Understand cytopathology – specific diagnostic criteria and management implications
Gyn:
 - Bethesda criteria
 - ASCCP guidelines
 - Biology of HPV and HPV testing methodologies including rationales for false positive and false negative test results
 - Demonstrate knowledge via slide test halfway through rotation and then again at end of rotation for new trainees, i.e. first rotation on cytology (see also Evaluation section on page 12)Non-gyn
 - DeMay
 - Other sourcesSpecimens not seen at UIC
 - Supplemental education
- Maintain currency in knowledge and performance of techniques

More Specific Guidelines For Medical Knowledge for Cytopathology Fellowship Training:

(NOTE: These recommendations have been modified by the American Directors of Anatomic and Surgical Pathology with permission from those of the American Society of Cytopathology Taskforce on Training in Cytopathology and adapted for use by the UIC Training Program.)

Skill Level I (Those skills necessary to move from novice to advanced beginner; from basic acquaintance with cytopathology to readiness for independent learning in that discipline) Anticipated after three months.

- Be able to verify that cytopathology requisitions are completed correctly.
- Demonstrate familiarity with the methods of collection, cytopreparatory processing, and turn around times for common cytopathology specimens, in order to be able to answer clinicians' questions concerning expected results from the cytopathology laboratory.
- Demonstrate knowledge of the current Bethesda System terminology for reporting on gynecologic cytopathology specimens, and of the principles and application of human papillomavirus probe analysis.
- Demonstrate knowledge of the elements of adequacy and the current laboratory reporting system (such as negative, inflammatory/reactive, atypical/suspicious, neoplastic or malignant) for fine needle aspiration (FNA) biopsy and exfoliative non-gynecologic cytopathology specimens from the various commonly sampled body sites.
- Demonstrate knowledge of the cytopathologic features of normal, reactive, infectious, dysplastic and neoplastic conditions as seen in common cytopathology specimens.
- Demonstrate knowledge of how common cytopathology specimens are screened.

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-Demonstrate knowledge of how to evaluate common cytopathology specimens comprehensively.

Recommended Readings (current editions or their equivalent):

1. Atkinson B (Ed): *Atlas of Diagnostic Cytopathology*, WB Saunders, Philadelphia, 2nd Edition, 2003.
2. Cibas ES and Ducatman BS: *Cytology: Diagnostic Principles and Clinical Correlates*, WB Saunders, Edinburgh, 2nd Edition, 2003.
3. DeMay RM: *Practical Principles of Cytopathology*, ASCP Press, Chicago, 1999.
4. DeMay RM: *The Art & Science of Cytopathology*, ASCP Press, Chicago, 1996.
5. McKee GT: *Cytopathology*, Mosby-Wolfe, London, 1997.
6. Ramzy I (Ed): *Clinical Cytopathology & Aspiration Biopsy: Fundamental Principles & Practice*, 2nd Edition, Appleton & Lange, Norwalk, CT, 2000.

Skill Level II (Those skills necessary to move from advanced beginner to practitioner; from independent learning of cytopathology to readiness for the competent practice of cytopathology.) Anticipated by the end of the Fellowship.

- Demonstrate knowledge of the application of ancillary techniques including image analysis, immunocytochemistry, flow cytometry, cytogenetics, electron microscopy, and molecular studies (FISH; PCR).
- Demonstrate knowledge of how to rapidly evaluate common FNA biopsy specimens, including determination of specimen adequacy and the need for ancillary techniques, and the appropriate collection of materials for such techniques.
- Demonstrate knowledge of the content of training materials on correct performance of FNA biopsies.
- Demonstrate working familiarity with the instruments and materials needed to perform FNA biopsies.
- Demonstrate correct performance of FNA, including preparation of smears and collection of diagnostic materials with proper handling for ancillary techniques, on appropriate specimens at the surgical pathology gross cutting area.
- Demonstrate competency under supervision of staff cytopathologists in the performance of clinical superficial FNA biopsy, appropriately taking history, correctly obtaining informed consent, competently examining the lesion to be biopsied, preparing the patient and biopsy instruments, physically procuring the specimen, and preparing and staining the smears, with preliminary interpretation of the smears and appropriate after-care of the patient.
- Demonstrate knowledge of how clearly, concisely, and completely to compose a cytopathology report for specimens from various commonly sampled body sites based upon the final diagnostic findings, and of how appropriately to recommend clinical follow-up.
- Demonstrate familiarity with the principles of automated screening for gynecologic cytopathology specimens.
- Demonstrate knowledge of how to perform quality assurance, including the correlation of gynecologic and non-gynecologic cytopathology with surgical pathology, both in aggregate for quality assurance purposes and on a case-by-case basis for diagnostic purposes.
- Demonstrate knowledge of how to apply concepts of quality control, quality improvement, risk management, and of regulatory compliance including correct coding as these pertain to the practice of cytopathology.

Recommended Reading

1. Atkinson B (Ed): *Atlas of Diagnostic Cytopathology*, WB Saunders, Philadelphia, 2nd Edition, 2003.
2. Cibas ES and Ducatman BS: *Cytology: Diagnostic Principles and Clinical Correlates*, WB Saunders, Edinburgh, 2nd Edition, 2003. 11
3. DeMay RM: *Practical Principles of Cytopathology*, ASCP Press, Chicago, 1999.
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6. Ramzy I (Ed): *Clinical Cytopathology & Aspiration Biopsy: Fundamental Principles & Practice*, 2nd Edition, Appleton & Lange, Norwalk, CT, 2000.

The program will also subscribe to the American Society of Cytopathology (ASC) Progressive Evaluation of Competency (PEC) for Cytopathology Fellows Program. The American Society of Cytopathology has launched a new educational initiative to aide Cytopathology Program Directors in monitoring and ensuring competency of the cytology fellows in their Programs. The Progressive Evaluation of Competency (PEC) for Cytopathology Fellows Program offers three online exams over the fellowship year that will track a fellow's baseline, mid-year and final level of knowledge, and overall competency in cytopathology. Topics covered will include: Gynecological, Non-Gynecological, FNA, Ancillary and Laboratory Operations. Each exam will be available for a specified period of time during which each registered fellow will take the exam online. The results will be returned to the Program Director for review with each fellow. General and comparative statistics will be generated with field validation of the questions occurring over time. The Pre Exam is in the middle of July. The Mid Exam is scheduled for the middle of January followed by the Post Exam at the end of May. This is an objective third-party evaluation of fellows. The ASC is taking the lead in developing this stratified comprehensive examination series that will cover all areas of cytopathology including new techniques and laboratory administration. The program is available only to Cytopathology Fellowship Program Directors who are current ASC members and who register all fellows in the program for a fee per fellow

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Practice-based Learning and Improvement

The cytopathology fellow must be able to demonstrate the ability to investigate and evaluate his/her diagnostic and consultative practices, appraise and assimilate scientific evidence, and improve individual care practices. The fellow is expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology.
- Locate, appraise, and assimilate evidence from scientific studies related to Pathology issues / problems.
- Apply knowledge of study designs and statistical methods to the appraisal of clinical and pathologic studies.
- Facilitate the learning of students, other health care professionals, patients, and patients' families.
- Formulate and support patient care decisions, using information technology to:
 - Gather patient data.
 - Find literature support.
 - Document decisions, recommendations, and reports.
- Manage patient information, access on-line medical information, and support education of other health-care providers, patients, students, and self, using information technology.
- Contribute to scholarly activity through involvement in research projects, literature searches/clinical correlation, journal clubs, case studies, etc.

- Specific practice experiences and methods to address:
 - Handling specimens not seen in training program (CLSI)
 - On-site assessment of adequacy and specimen triage: Slide test two to three weeks into secondary, i.e. not first, rotation in cytology to assess adequacy evaluation skills (specific knowledge; applied)
 - Performance of superficial FNA biopsies
 - Appreciating the importance of rendering a diagnosis ONLY when warranted by the specimen, i.e. learning when NOT to render a diagnosis if the specimen is insufficient, suboptimal, hypocellular, etc.
 - End-of-rotation trainee presentations to assess general approach to cytologic diagnosis (journal article review; CheckSample® presentation; interesting case or topical presentation with literature review. See also Evaluation section on page 12)

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Interpersonal and Communication Skills

The cytopathology fellow must be able to demonstrate interpersonal and communication skills that result in effective relationships, information exchange and learning with other health care providers, patients, and patients' families. The fellow is expected to:

- Obtain information using effective nonverbal, explanatory, questioning, and writing techniques.
- Communicate effectively when interacting with others, including communication of test results, reports, and consultations
- Demonstrate caring and respectful behaviors when interacting with health care providers, patients, and patients' families.
- Work effectively with others as a member of a health care team to provide patient-focused care.

Interact appropriately with cytotechnologists and cytoprep technicians (to ensure appropriate processing)

FNA performance: introduction of self to patient; explanation of test to be performed; consent process; procedure; post procedure communication with patient and health care personnel

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Professionalism

The cytopathology fellow must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. The fellow is expected to:

- Demonstrate respect, compassion, and integrity.
- Exhibit responsiveness to the needs of patients and society that supersedes self-interest.
- Display accountability to patients, society, and the profession.
 - Describe the importance of confidentiality, particularly applied to pathology clinical practice and research issues
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- Demonstrate a commitment to excellence and on-going professional development.
- Perform duties consistently in a dependable, responsible manner.
- Demonstrate a commitment to ethical principles in clinical care and business practices.

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Systems-based Practice

The cytopathology fellow must demonstrate an awareness and responsiveness to the larger context and systems of health care and the ability to call on system resources to provide pathology services that are of optimal value. The fellow is expected to:

- Outline the role of the pathologist and other laboratory professionals in the patient management team.
 - Describe how his or her professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice.
- Compare and contrast health care delivery systems.
- Compare and contrast methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Advocate for quality patient care.
- Form effective partnerships with health care managers and health care providers to assess, coordinate, and improve health care.
- Describe how these activities can affect system performance.
- Demonstrate knowledge of institution-specific policies, procedures, and requirements for patient care, e.g. specimen submission and processing and QA/QC activities required for maintenance of Cytopathology Laboratory accreditation

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ROTATION TEACHING AND LEARNING ACTIVITIES

The fellow is expected to develop competence by participating in the following activities.

Familiarity with specimen processing including preanalytical and analytical variables and troubleshooting. A structured orientation with cytoprep techs is required at the beginning of the first rotation at UIC. Written materials including a directory of UIC Cytopathology Laboratory personnel are provided at this orientation and competency is assessed and documented. (See Appendices.)

Review of slides

Non Gyn:

- Collect pertinent patient history prior to review
- Assess specimen adequacy
- Formulate a Differential Diagnosis
- Formulate final diagnosis (advanced)
- Communicate diagnosis

Gyn:

- Specimen collection methods
- Processing
- Interpretation: Bethesda criteria
- Understand ancillary testing, i.e. HPV
- Clinical implications (ASCCP management algorithms)

FNA

- Introduction of self to patient
- Explanation of procedure
- Confirm or obtain consent and complete TimeOut form in PowerChart
- Performance of procedure
- Specimen preparation and assessment of adequacy
- Triage specimen
 - if lymphoid, flow cytometry
 - if abscess or granulomatous, microbiology
- Communication with clinician

Keep current with respect to emerging technologies; new diagnostic entities; new diagnostic criteria; changes in clinical management approaches (i.e. new ASCCP guidelines expected in spring of 2007; HPV vaccines).

Fellow-led Journal Club for all Cytology personnel, two per year

QA/QC activities required for maintenance of Cytopathology Laboratory accreditation

SUPERVISION:

Supervision is provided by all Cytopathology faculty members. As Director of the Cytopathology division, Dr. David has ultimate responsibility for oversight of the fellow in Cytopathology. Fellows are supervised as follow:

- Signout (daily). Fellows sign out all non-gyn and selected gyn cases with the faculty member on service. At this setting there is extensive discussion of the learning activities listed above with particular emphasis on cytopathologic diagnostic criteria, reporting of cytologic findings and implications for patient management. This is particularly germane to GYN cytology

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where HPV biology and testing is extensively discussed in the context of the ASCCP management algorithms, HPV and other testing methodologies and pre-analytical and analytical variables that affect the validity of the test result.

- Adequacy (faculty always supervise although fellows are given increasing responsibility in second and third months such that fellows are allowed to interact directly with clinicians and state their opinions after appropriate training related to specimen preparation and slide interpretation. Fellows may then supervise residents.)
- FNA performance (faculty are always present in the first one to two months or whenever fellow requires assistance subsequent to training. When fellow is deemed competent by observation and by diagnostic yield, fellow may supervise residents.)
- Assistance with presentation preparation (as needed)
- Literature reviews (as needed)

The lines of responsibility are explicit: The director is responsible for supervision of the fellow. When on service with another faculty member, that faculty member oversees the fellow. Dr. David will be the arbiter of any conflicts and will be ultimately responsible for the fellow. The fellow may interact independently with cytotechnologists and cytopreparatory technicians, who are all supervised by Michelle Kanter. Any potential conflicts arising from such interactions will be handled by Dr. David and Ms. Kanter together. These guidelines will be communicated verbally and electronically via this document.

EVALUATION:

- Preparation for signout
 - Clinical information
 - Differential diagnosis
- Around the microscope (active participation encouraged, e.g. discussion of cytopathologic diagnostic criteria, differential diagnosis, and clinical implications of reporting diagnoses).
- Presentation (ASCP Check Sample presentation; literature review of case of interest; journal article). One to occur no later than December of the fellowship year, the other to occur by the end of the fellowship year.
- The program also subscribes to the American Society of Cytopathology (ASC) Progressive Evaluation of Competency (PEC) for Cytopathology Fellows Program. The American Society of Cytopathology has launched a new educational initiative to aide Cytopathology Program Directors in monitoring and ensuring competency of the cytology fellows in their Programs. The Progressive Evaluation of Competency (PEC) for Cytopathology Fellows Program offers three online exams over the fellowship year that will track a fellow's baseline, mid-year and final level of knowledge, and overall competency in cytopathology. Topics covered will include: Gynecological, Non-Gynecological, FNA, Ancillary and Laboratory Operations. Each exam will be available for a specified period of time during which each registered fellow will take the exam online. The results will be returned to the Program Director for review with each fellow. General and comparative statistics will be generated with field validation of the questions occurring over time. The Pre Exam is in the middle of July. The Mid Exam is scheduled for the middle of January followed by the Post Exam at the end of May. This is an objective third-party evaluation of fellows. The ASC is taking the lead in developing this stratified comprehensive examination series that will cover all areas of cytopathology including new techniques and laboratory administration. The program is available only to Cytopathology Fellowship Program Directors who are current ASC members and who register all fellows in the program for a fee per fellow.

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PROCEDURAL SKILLS: (if applicable)

- Adequacy assessment for radiologic guided and endoscopic procedures including specimen triage and communication with clinicians

- FNA performance (see above)

CONFERENCES:

- Core curriculum cytology sessions linked to surgical pathology topics
- Review of CAP PIP Gyne and Non-Gyne slide sets with cytotechnologists and trainees

REFERENCES:

- o Bethesda System 2001
- o DeMay (large or small); other cytopathology textbooks of choice
- o CLSI (FNA and Preparatory techniques) (Available on-line)
- o ASCCP management algorithms (ASCCP website)
- o Journals (Cancer Cytopathology, Clinical Cancer Research, Modern Pathology available on shelves in signout room; Acta Cytologica and Analytic and Quantitative Cytology and Histology available by electronic subscription; other journals including Diagnostic Cytopathology available through UIC library electronically and in print)
- o Teaching sets (Slides with reports available in signout room)
- o ASCP Check-Samples (available in print and on-line)
- o CLIA regulation for Cytopathology Laboratories

Appendices:

**FELLOW/RESIDENT ORIENTATION FOR THE CYTOPREPARATORY LABORATORY AT UIC
(INCLUDES LIST OF ALL UIC CYTOPATHOLOGY DIVISION PERSONNEL)**

**CYTOPATHOLOGY LABORATORY FELLOW/RESIDENT ORIENTATION REVIEW AND
COMPETENCY EVALUATION**

**FELLOW ORIENTATION
FOR THE CYTOPREPARATORY LABORATORY**

- I. INTRODUCTION TO THE CYTO PREP LAB
 - A. Introduction to the cyto prep lab staff
 - B. Overview of equipment used by the cyto prep lab staff
 - a. Automatic stainer for Pap staining
 - b. Centrifuges; Cytospin and floor model
 - c. Thin Prep processor
 - d. Automatic coverslipper
 - e. Diff Quik staining set up
 - C. Overview of specimen processing performed by the cyto prep lab staff
 - a. Gyne Specimens; conventional, Thin Prep, in-house and outreach
 - b. Non-Gyne Specimens; fluids, brushings, etc.
 - c. FNA Specimens; clinician performed, cytopathologist performed, cytopathologist prepared

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II. CYTOLOGY REQUISITION, FORMS, AND REPORTS

- A. The accurate completion of the ***Cytology Requisition Form*** (refer to attached requisition) for FNA procedures **MUST** contain the following information before the specimen can be processed and is needed to assure compliance with billing:
- a. Complete patient information on the requisition must include the full name, medical record number, and date of birth. This can either be handwritten or stamped on the requisition. Both the white and the green copy must have this information
 - b. The name of the attending and/or the ordering physician
 - c. The date and time that the procedure was performed
 - d. The procedure utilized to obtain the FNA, i.e. CT, US, EUS, or cytopathologist performed
 - e. The site of the FNA
 - f. Information on the procedure; the number of passes, the number of Diff Quik slides, the number of alcohol fixed slides, disposition of needle rinse (cell block, cytospins, or flow cytometry)
- B. The accurate completion of the ***Request for Stains/Special Processing Form*** (refer to attached form) **MUST** contain the following information before the request can be processed. To facilitate processing in the cyto prep lab for that day, submit the request form to the prep lab by 3 PM. If the prep lab receives the request after that time, depending on the request, processing may be delayed until the next working day. The cut off times for Histology are as follows: Immuno Stains – 11:30 AM, Special Stains – 1:00 PM, Recuts – 2:00 PM.
- a. Case number
 - b. Patient's name
 - c. Additional processing and/or special stains requested (if additional cytospins are requested please state reason, i.e. teaching, diagnosis, dilution, etc.)
 - d. Person requesting
 - e. Date
- C. The accurate completion of the ***Cytopathology Consultation Request Form*** (refer to attached form) **MUST** contain the following information before the request can be processed. Any specimens submitted for consultation must be identified with the patient's full name and medical record number.
- a. Patient's name
 - b. Patient's medical record number
 - c. Date
 - d. Accession number
 - e. Type of specimen submitted and reason for consult
- D. Signed out reports submitted for typing must include the following information **WRITTEN LEGIBLY**. Place reports ready for typing on the counter to the left of the computer terminal in the cyto prep laboratory.
- a. The specimen source
 - b. The diagnosis (if special stains or cell blocks are pending this must be indicated)
 - c. Correct ICD-9 code(s)

III. POLICIES REGARDING THE PERFORMANCE OF FNA'S

- A. Double identification requires verification of the patient's name and date of birth before you can perform the FNA procedure. This must be done verbally or by verification of the information on the patient's wristband. Time out form must be completed prior to procedure. The white copy should be left with the patient's chart. The yellow copy should be attached to the requisition form and brought back to the cytology lab with the specimen.

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- B. The slides obtained from the FNA procedure **MUST** have the patient's full name and date of birth written in pencil on them.
- C. Samples submitted in tubes from the FNA procedure i.e. Cytolyt or RPMI needle rinses, **MUST** be labeled with the patient's full name and date of birth. A label stamped with the patient's information is used, or written on the tube with a permanent marker.
- D. UIC hospital policy mandates that all personnel in patient care areas wear their **HOSPITAL ID BADGES** such that the identity is clearly visible. (refer to attached UIMCC Management Policy and Procedure no. TX 5.09).

IV. DISPOSITION OF SPECIMENS, SLIDES, AND PAPERWORK AFTER THE FNA PROCEDURE

- A. The alcohol fixed slides are to remain in the collection bottle filled with alcohol and are placed on the counter to the right of the Cytospin for further processing by the cyto prep staff.
- B. The Diff Quik stained slides are put on an egg tray or in a folder and placed on the counter to the right of the Cytospin for further processing by the cyto prep staff.
- C. If a Cyto Lyt needle rinse is obtained from the FNA, it is placed in the rack on the counter to the left of the Thin Prep processor for further processing by the cyto prep staff.
- D. If an RPMI fixative needle rinse is obtained from the FNA, it is placed in the double door refrigerator in room 3110 (Surgical Pathology Receiving Area) on the left side, on the top shelf in a rack for further processing by the cyto prep staff.

V. RESIDENT RESPONSIBILITIES IN THE CYTO PREP LAB

- A. Diff Quik Staining
 - a. Please refer to the attached copy of the Diff Quik staining procedure for detailed instructions.
 - b. After using the water rinse, make sure the faucet is turned off
 - c. The stains used in the Diff Quik staining set up are in the flammable cabinet in the storeroom adjacent to the cyto prep lab
 - d. Additional racks for staining are in the drawer directly below the Diff Quik staining set up
 - e. Egg trays to place the slides on are on the counter directly behind the Diff Quik staining set up
- B. Restocking of FNA supplies used
 - a. The supplies used in the performance of the FNA procedure are to be replaced as soon as you return to the cyto prep lab with the specimen(s)
 - b. Needles and syringes are in the grey cabinet in the cyto prep lab, on the top shelf
 - c. Band-aids, gauze, alcohol pads, and alcohol fixative bottles are in the cabinet directly above the Diff Quik staining set up
 - d. Slides are in the left drawer directly below the Diff Quik set up
 - e. 15 ml tubes filled with Cyto Lyt used for the needle rinse are on the counter to the left of the Thin Prep processor
 - f. RPMI fixative used for the needle rinse is in the Surgical Pathology grossing room (which is directly behind the cyto prep lab) on the shelf above the sink
- C. The cytology pager
 - a. The resident will carry the pager and respond to pages in a timely manner
- D. Assistance in the cyto prep lab
 - a. The residents may be called upon by the cyto prep staff to assist them in situations where there may be questions regarding the processing of

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a sample. In these instances, it may be necessary for the resident to contact the ordering physician or to consult the cytopathologist for clarification if needed

- b. If there is incomplete information on any form submitted by the residents, they are expected to provide that information as requested by the cyto prep staff
- c. If a resident is unclear about a policy/procedure, or anything that is asked of them by the cyto prep staff, they should not hesitate to ask for clarification and assistance
- d. The residents are expected to conduct themselves at all times in a professional manner in all interactions with clients and staff

UIC CYTOPATHOLOGY DIVISION PERSONNEL

Odile David, M.D., Director, Cytopathologist
Robert J. Cabay, M.D., D.D.S., Cytopathologist
John Groth, M.D., Cytopathologist and Surgical Pathologist

Michelle Kanter, ASCP (CT), Cytology Lab Supervisor
Erin Nilson, ASCP (CT), Cytotechnologist
Kristen Wilkins, ASCP (CT), Cytotechnologist
Godfrey Ddungu, ASCP (CT), Cytotechnologist

Austrial Dunbar, Cytopreparatory Technician

CYTOPATHOLOGY LABORATORY
FELLOW/RESIDENT ORIENTATION REVIEW AND COMPETENCY EVALUATION

NAME OF RESIDENT: _____ **DATE:** _____

REVIEWED WITH: _____ **DATE:** _____

ITEMS REVIEWED:

- 1. Accurate completion of cytology requisition
 - a. Patient information
 - b. Specimen labeling
 - c. Specimen/billing information Resident's initials _____

- 2. Accurate completion of Request for Stains/Special Processing Form
 - a. Patient/specimen information
 - b. Processing requested Resident's initials _____

- 3. Accurate completion of Cytopathology Consultation Request Form
 - a. Patient/specimen information
 - b. Consultation reason Resident's initials _____

- 4. Signed out reports
 - a. Specimen information

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- b. Diagnosis
 - c. ICD-9 codes
- Resident's initials _____

5. Hospital policies
- a. Patient identification
 - b. Labeling of specimens
 - c. ID badges
- Resident's initials _____

6. Disposition of specimens within the prep lab
- a. Slides
 - b. Needle rinses
 - c. RPMI samples
- Resident's initials _____

7. Responsibilities in the prep lab
- a. Diff-Quik staining
 - b. Restocking of FNA supplies
 - c. Carrying the pager
 - d. Assistance in the prep lab
- Resident's initials _____

COMPETENCY	ACCEPTABLE	NEEDS IMPROVEMENT	COMMENTS
DIFF QUIK STAINING			
COMPLETION OF CYTOLOGY REQUISITION			
COMPLETION OF REQUEST FOR SPECIAL STAINS/PROCESSING			
COMPLETION OF CYTOPATHOLOGY CONSULTATION FORM			
COMPLETION OF SIGNED OUT REPORTS			