**Form Approved**

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**Cytotechnologist Section**

***This section should be completed separately by each cytotechnologist listed in Workload Practices Survey, question 18.***

***See the Glossary at the end of this questionnaire for abbreviations.***

**Enter your cytotechnologist letter designation from Survey, question 18** \_\_\_\_\_\_\_\_\_\_\_

1. **What is your pay classification?**

* Salary
* Hourly

1. **On average, how many hours do you work in the laboratory per day?**
   * Less than 4
   * 4
   * 5
   * 6
   * 7
   * 8
   * 9
   * 10
   * More than 10
2. **According to your laboratory practice, which of the activities (where you are free from work related activities) are included in your paid hours?**

* Breaks Number per day ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ Length of time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lunch Length of time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Continuing education activities
* Able to leave when maximum number of slides are screened (paid for a full day if less hours are worked)

1. **How do you record your daily workload? Workload recording may include any combination of the following: Check all that are recorded separately in your laboratory.**

* Total of all slides screened (GYN + Non-GYN)
  + Gyn total slides only
  + Non-Gyn slides only
  + Total of slides screened by image assisted – FOV only
  + Total of slides screened by image assisted – FMR

1. **For the most recent month of complete data, provide an estimate of the average number of slides you screen per day.**

|  |  |
| --- | --- |
| **Slide type** | **Number of Slides** |
| **Total (GYN & non-GYN)** |  |
| **GYN slides – Image-Assisted FOV** |  |
| **GYN slides – FMR** |  |
| **GYN slides – Standard Microscope** |  |

1. **For workload recording, how does your laboratory count a GYN slide? Select all that apply.**

* Each slide screened for FOV is counted as one half (0.5) slide
* Each slide (FOV or FMR) is counted as 1 slide
* Each slide that is screened for FOV and a FMR is performed, count as 1 slide
* Each slide that is screened for FOV and a FMR is performed, count as1.5 slides
* Other **–** Describe policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **For workload recording, how does your laboratory count a NON-GYN slide? Select all that apply.**

* Each case counts as 1 slide
* Each slide counts as 1 slide
* Each slide prepared by Cytospin**®** counts as 1 slide
* Each slide prepared by Cytospin**®** counts as 0.5 slide
* Each slide prepared by automated methods (other than Cytospin**®**) counts as 1 slide
* Each slide prepared by automated methods (other than Cytospin**®**) counts as 0.5 slide
* Each cell block slide counts as 1 slide
* Each cell block slide counts as 0.5 slide
* Each smear counts as 1 slide
* Each smear counts as 0.5 slide

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What criteria are used for INCREASING a CT’s workload maximum? Select all that apply.**

* CT consistently screens their workload maximum in less than 8 hours
* CT states they are able or want to screen more than their maximum
* Technical Supervisor determines that the CT is qualified to screen more
  + Review of at least 10% rescreen
  + Comparison of CT interpretation with technical supervisor’s confirmation
* Other **–** Describe your criteria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **What criteria are used for DECREASING a CT’s workload maximum? Select all that apply.**

* CT consistently is unable to screen their workload maximum
* CT states they are unable to screen at their maximum
* Technical Supervisor determines that the CT should screen less
  + Review of at least 10% rescreen
  + Comparison of CT interpretation with technical supervisor’s confirmation
* Other **–** Describe your criteria: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Which method best describes your workflow process for Field of View (FOV) screening and Full Manual Review (FMR)?**

* I screen the FOVs on all of my slides using the semi-automated screening device. I flag cells where a FMR is indicated. A different CT performs the FMR.
* I screen the FOVs on all of my slides using the semi-automated screening device. I flag cells where a FMR is indicated. A pathologist performs the FMR using a standard microscope.
* I screen the FOVs and perform an immediate FMR when indicated. Both reviews are performed using the semi-automated screening device
* I screen the FOVs on all of my slides using the semi-automated screening device. I flag cells where a FMR is indicated and I perform the FMR using a standard microscope.
* I only perform the FMR on slides where a different CT has flagged cells indicating a FMR is required. I perform the FMR using the semi-automated screening device.
* I only perform the FMR on slides where a different CT has flagged cells indicating a FMR is required. I perform the FMR using a standard microscope.
* Other \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please use your personal workload recording data from the most recent month of complete data to provide an average number of HOURS spent on both screening and non-screening tasks**

**Note:** For the purposes of this survey, **SCREENING** includes any or all of the following tasks:

1. calibrating the microscope
2. matching a slide with a requisition and/or barcode scan
3. loading a slide onto a microscope stage and focusing
4. review a patient history and noting specific instructions
5. screening a slide
6. reviewing FOVs
7. performing FMR when required
8. marking cells, or “dotting” a slide
9. record results of the test

**NON-SCREENING** activities include everything else.

|  |  |
| --- | --- |
| **Slide Type** | **Average Number of**  **SCREENING HOURS per day** |
| **Total GYN plus NON-GYN** |  |
| **GYN slides – Image-Assisted FOV** |  |
| **GYN slides –FMR** |  |
| **GYN slides – Standard Microscope** |  |
| **Activities** | **Average number of**  **NON-SCREENING HOURS per day** |
| **Non-Screening** |  |

1. **Does your laboratory have a written policy that defines when a FMR is required?**

* No written policy
* Yes, reasons listed in the policy include: (check all that apply)
  + Reactive cells seen in the FOVs
  + Abnormal cells seen in the FOVs
  + Patients with a history of being high risk
  + No endocervical component seen in the FOVs
  + Scant cellularity seen in the FOVs
  + Evidence of infection is seen in the FOVs

* + Discretion of CT, Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Are you comfortable with your current workload maximum? Which best describes how you feel about your workload maximum?**
   * Guideline
   * Expected productivity target

**Glossary**

**Abbreviation** **Definition\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ASC-H Atypical squamous cells – cannot exclude HSIL

ASC-US Atypical squamous cells – of undetermined significance

CIN2 Cervical intraepithelial neoplasia

CT Cytotechnologist

Cytospin**®** Thermo Scientific - Shandon Cytospin**®** non-gyn thin layer centrifuge

FMR Full manual review

FN False negative interpretation

FNA Fine needle aspiration

FOV Field-of-view

FP False positive interpretation

GYN Gynecological cytology

HPV Human papilloma virus

HSIL High-grade squamous intraepithelial lesion

LSIL Low-grade squamous intraepithelial lesion

NILM Negative for Intraepithelial Lesion or Malignancy

Non-GYN Nongynecological cytology

TP True positive interpretation