

Attachment D: Image-Assisted Cytology Workload Assessment Survey - Cytotechnologist

Form Approved

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Image-Assisted Cytology Workload Assessment 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

2. **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

3. **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)

4. **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

5. **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	

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6. 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 as 1.5 slides

- Other – Describe policy _____

7. 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 _____

8. 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 _____

9. 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: _____

10. 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 _____
-
-

11. 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:

- a. calibrating the microscope
- b. matching a slide with a requisition and/or barcode scan
- c. loading a slide onto a microscope stage and focusing
- d. review a patient history and noting specific instructions
- e. screening a slide
- f. reviewing FOVs
- g. performing FMR when required
- h. marking cells, or “dotting” a slide
- i. 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	

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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 _____
-
-

2. 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