

Image-Assisted Cytology Workload Survey

Thank you for taking the time to complete this survey. The Centers for Disease Control and Prevention (CDC) has contracted with ASCT Services (American Society for Cytotechnology Services) to conduct this survey.

Your feedback is important for assessing cytotechnologist workload and individual workload maximums. Please note that all responses will remain completely anonymous.

Form Approved

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As you complete the survey questions, please refer to the following abbreviations and their definitions.

Abbreviation (Definition)

ASC-H (Atypical squamous cells – cannot exclude HSIL)

ASC-US (Atypical squamous cells- of undetermined significance)

CIN2 (Cervical intraepithelial neoplasia)

CT (Cytotechnologist, includes SCTs)

Cytospin® (Thermo Scientific - Shandon Cytospin® non-gyn thin layer centrifuge)

FMR (Full manual review)

FNA (Fine needle aspiration)

FOV (Field-of-view)

FTE (Full-time equivalent)

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)

Image-Assisted Cytology Workload Survey

1. Where is your laboratory located?

State:

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2. Please select the option that best describes your laboratory.

- Non-profit hospital
- For-profit hospital
- City/County/State hospital
- University hospital/academic medical center
- Public health, non-hospital
- Veteran's Administration hospital
- Department of Defense hospital
- Regional/local independent laboratory; group practice/clinic/physician office
- National/corporate laboratory (owned by a national corporation)
- Don't Know

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4. Please enter the 10-digit CLIA number for your laboratory as indicated on the CLIA certificate.

Please note: this information will be used to describe the demographics of survey respondents. No government agency (local, state or federal) will have the ability to identify any individual laboratory nor have access to responses submitted.

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5. What is the name of your laboratory?

Please note: this information will be used to describe the demographics of survey respondents. No government agency (local, state or federal) will have the ability to identify any individual laboratory nor have access to responses submitted.

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6. Which accrediting body inspects your laboratory for CLIA certification purposes?

- College of American Pathologists
- The Joint Commission
- State surveyors for CMS (Centers for Medicare & Medicaid Services)
- Don't Know

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7. Are you male or female?

- Male
- Female

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8. Which category lists your age?

- 21-29
- 30-39
- 40-49
- 50-59
- 60 or older

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9. What is your position?

- Cytology Supervisor or Cytology Technical Supervisor
- Cytotechnologist (CT, SCT)
- I no longer perform cytology testing
- Other (please specify)

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Supervisor Questions

10. Please provide current information on your laboratory's cytology personnel.

Number of Full Time Equivalents (FTE)

Cytotechnologists (Total)	<input type="text"/>	▼
Cytotechnologists who screen ONLY gynecologic slides	<input type="text"/>	▼
Cytotechnologists who screen ONLY non-gynecologic slides	<input type="text"/>	▼
Cytotechnologists who screen BOTH GYN and non-GYN slides	<input type="text"/>	▼
Pathologists who practice gynecologic cytopathology	<input type="text"/>	▼
Pathologists who perform primary screening of GYN slides	<input type="text"/>	▼

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11. What were your laboratory's annual cytology test volumes for 2013?

Total	<input type="text"/>
GYN ThinPrep®	<input type="text"/>
GYN SurePath™	<input type="text"/>
GYN Conventional	<input type="text"/>
Non-GYN/FNA	<input type="text"/>

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12. How many cases did your laboratory screen by computer-assisted screening in 2013?

Total

ThinPrep® Imaging

Focal Point™ GS Imaging System

GYN Focal Point™ Slide Profiler

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13. What percent of your imaged assisted GYN cytology cases required Full Manual Review (FMR) in 2013?

% FMR

% required FMR

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14. Does your laboratory include a MINIMUM % of slides that a CT screens for Full Manual Review (FMR)?

- No minimum % for FMR
- Yes, there is a minimum % for FMR
- Don't Know

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15. How is the MINIMUM Full Manual Review (FMR) determined?

- Equal the % of abnormal cases in our laboratory
- Double the % of abnormal cases in our laboratory
- Depends on the ability of the CT
- Don't Know
- Other (please specify)

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16. Does your laboratory include a MAXIMUM % of slides that a CT screens for Full Manual Review (FMR)?

- No maximum % for FMR
- Yes, there is a maximum % for FMR
- Don't Know

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17. How is the MAXIMUM Full Manual Review (FMR) based?

- Accuracy of CT interpretation
- Productivity of total cases interpreted
- Don't Know
- Other (please specify)

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18. What percent of the total number ASC-US cases also tested positive for high risk HPV in 2013?

Percentage

% ASC-US cases

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19. What percent of the total number of NILM slides were rescreened for quality assessment in 2013? (Includes random 10% cases and patients that are high risk per laboratory defined criteria)

%

% of NILM slides rescreened

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20. What is the number of cases in each of the following interpretation categories that your laboratory reported in 2013?

Total unsatisfactory cases	<input type="text"/>
Total number of NILM cases	<input type="text"/>
Total number of ASC-US cases	<input type="text"/>
Total number of ASC-H cases	<input type="text"/>
Total number of LSIL cases	<input type="text"/>
Total number of HSIL+ cases	<input type="text"/>

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21. What percent of the negative cases were reclassified on review into the following diagnostic categories in 2013?

% negative reclassified

ASC-US cases	<input type="text"/>
ASC-H cases	<input type="text"/>
LSIL cases	<input type="text"/>
HSIL+ cases	<input type="text"/>

22. Number of cases with corresponding LSIL+ or (CIN2) biopsy within 6 months of PAP?

ASC-US cases	<input type="text"/>
ASC-H cases	<input type="text"/>
LSIL cases	<input type="text"/>
HSIL+ cases	<input type="text"/>

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23. Please provide the following information for each CT working in the laboratory. (Each response should correspond to one CT who screens/interprets cytological preparations)

	What is the maximum workload per 8 hours?	What is the HOURLY Maximum? (per hour)	Has the workload maximum been altered in the last 2 years?
Cytotechnologist #1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #6	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #7	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #8	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #9	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #10	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #11	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #12	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #13	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #14	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #15	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #16	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #17	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #18	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #19	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #20	<input type="text"/>	<input type="text"/>	<input type="text"/>

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24. Please continue to provide the following information for each CT working in the laboratory.

(Each response should correspond to one CT who screens/interprets cytological preparations)

	What is the maximum workload per 8 hours?	What is the HOURLY Maximum? (per hour)	Has the workload maximum been altered in the last 2 years?
Cytotechnologist #21	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #22	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #23	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #24	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #25	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #26	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #27	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #28	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #29	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #30	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #31	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #32	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #33	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #34	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #35	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #36	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #37	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #38	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #39	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #40	<input type="text"/>	<input type="text"/>	<input type="text"/>

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25. Please continue to provide the following information for each CT working in the laboratory.

(Each response should correspond to one CT who screens/interprets cytological preparations)

	What is the maximum workload per 8 hours?	What is the HOURLY Maximum? (per hour)	Has the workload maximum been altered in the last 2 years?
Cytotechnologist #41	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #42	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #43	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #44	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #45	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #46	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #47	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #48	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #49	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #50	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #51	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #52	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #53	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #54	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #55	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #56	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #57	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #58	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #59	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cytotechnologist #60	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Cytotechnologist Questions

26. What is your pay classification?

- Salary
- Hourly

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27. 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

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28. According to your laboratory practice, is lunch included in your paid hours?

Is lunch included in paid hours?

How long is your lunch break?

Lunch



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29. According to your laboratory practice, are breaks included in your paid hours?

Included?

How many breaks are included
in your paid hours?

How long is EACH break?

Breaks	Included?	How many breaks are included in your paid hours?	How long is EACH break?
	<input type="text"/>	<input type="text"/>	<input type="text"/>

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30. According to your laboratory practice, are the following activities (where you are free from work related activities) included in your paid hours?

	Yes	No	Don't Know
Continuing Education Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to leave when maximum number of slides are screened (paid for a full day if less hours are worked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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31. How do you record your daily workload? Workload recording may include any combination of the following (select 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
- Don't Know
- Other (please specify)

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

Number of slides

Total (GYN & non-GYN)	<input type="text"/>
GYN slides – Image-Assisted FOV only	<input type="text"/>
GYN slides – Full Manual Review	<input type="text"/>
Non-GYN/FNA	<input type="text"/>

33. 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 and I perform the FMR using a manual or non-automated 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. 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 manual or non-automated 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 manual or non-automated microscope.
- I do not use a semi-automated screening device and perform a FMR on all of my slides using a manual or non-automated microscope.

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34. How are screening activities defined by your laboratory? Please select all activities that are considered screening activities.

	Yes	No	Don't Know
Calibrating the microscope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching a slide with a requisition and/or barcode scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading a slide onto a microscope stage and focusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review a patient history and noting specific instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening a slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reviewing FOVS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing FMR when required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marking cells, or "dotting" a slide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record results of the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other screening activities (please specify)

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35. Please use your personal workload recording data from the most recent month of complete data to provide an average number of HOURS PER DAY 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.

Average Number of SCREENING HOURS per day

Total (GYN plus NON-GYN)	<input type="text"/>
GYN slides – Image-Assisted FOV only	<input type="text"/>
GYN slides –Full Manual Review	<input type="text"/>
Non-GYN/FNA	<input type="text"/>

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36. What is your maximum workload limit?

Per 8 hours?

Hourly Maximum?

Has the workload maximum been altered in the last 2 years?

Max Workload Limit

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37. How would you describe your current workload maximum? Check all that apply.

- Guideline
- Expected productivity target
- Don't Know

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38. How do you feel about your current workload maximum?

- Comfortable
- Uncomfortable
- No opinion

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Asked of Supervisor and Cytotechnologists

39. 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 (either 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
- Don't Know
- Other (please specify)

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40. 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
- Don't Know
- Other (please specify)

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

- Yes, there is a written policy
- No written policy
- Don't Know

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42. Which of the following are reasons listed in the policy that defines when a FMR is required? Select 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
- Don't Know
- Discretion of CT. Please explain:

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43. Does your laboratory have a process that describes how the Technical Supervisor determines a CT's individual workload maximum?

- No process to determine individual workload maximum
- Yes, there is a process to determine individual workload maximum
- Don't Know

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44. 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, based on rescreening of at least 10% of negative cases interpreted as NILM
- Technical Supervisor determines that the CT is qualified to screen more, based on comparison of CT interpretation with technical supervisor's confirmation
- Don't Know

Other. Please describe your criteria:

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45. 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, based on rescreening of at least 10% of negative cases interpreted as NILM
- Technical Supervisor determines that the CT should screen less, based on comparison of CT interpretation with technical supervisor's confirmation
- Don't Know

Other. Please describe your criteria:

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46. Would you be willing to participate in a study to measure the amount of time spent screening Pap test slides and workload assessment? This study will take place in 2014 and 2015.

- Yes
- No
- Maybe

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47. Please provide an email address to contact you about the upcoming study. This email address will not be used for any other purposes.

Email Address:

Image-Assisted Cytology Workload Survey

48. In appreciation of your time in completing this survey, you will be entered into a drawing selecting 50 individuals to WIN a variety of prizes. Prizes include educational materials.

If you haven't already, please provide your email below to be contacted if you win a PRIZE. As noted previously, email addresses will remain completely anonymous.

Email Address:

Image-Assisted Cytology Workload Survey

49. Please provide any additional comments about cytology workload or this survey.

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Final Screen

THANK YOU for completing the survey. We appreciate your time.

Please forward the survey link (<http://www.surveymonkey.com/s/WorkloadSurveyPilot>) to other cytotechnologists and supervisors so that we collect as much valuable information as possible about cytology workload.

Please direct any specific questions to workloadsurvey@asctservices.com