**New Application: Cytopathology**

**Review Committee for Pathology**

**ACGME**

**Oversight**

**Resources**

1. Describe the office space, meeting rooms, and laboratory space available to support patient care-related teaching, educational, research activities, and clinical service work. [PR I.D.1.b)]

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| Click here to enter text. |

2. Provide the following data for each participating site for the most recent 12-month period available. [PR I.D.1.c)]

|  | | | **Site #1** | **Site #2** | **Site #3** | **Total** |
| --- | --- | --- | --- | --- | --- | --- |
| # of Cytology Accessions | Total | | # | # | # | # |
| GYN | Total # | # | # | # | # |
| with correlating biopsy | # | # | # | # |
| % thin layer preparation | # | # | # | # |
| % abnormal pap smears | # | # | # | # |
| Non-GYN (specify categories) | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| FNAs | Total # | # | # | # | # |
| % Superficial/palpable lesions | # | # | # | # |
| % Deep, non-palpable lesions | # | # | # | # |
| Outside Consultations | | Total # | # | # | # | # |
| Total cytopathology | # | # | # | # |
| FNA | # | # | # | # |
| Other cytopathology | | Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Click here to enter text. | # | # | # | # |
| Surgical pathology | | # of accessions | # | # | # | # |
| # of OR consultations | # | # | # | # |

1. Will the laboratories be equipped to perform all tests required for the education of fellows? [PR I.D.1.d)]  YES  NO
2. Indicate the equipment listed below that is available for fellow education at each participating site. [PR I.D.1.d).(1)]

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** |
| # of multi-headed microscopes | # | # | # |
| # of individual fellow microscopes | # | # | # |
| # of data handling systems | # | # | # |
| Square feet of cytopathology laboratory space | # | # | # |
| Do fellows have individual work stations? (Yes or No) | Choose an item. | Choose an item. | Choose an item. |

1. Indicate the total number of case study sets (with patient history, cytology slides, histology slides, if available, and diagnosis) for each type and the total number of other materials that are available to the program for fellow education. Use the following rating scale for quality of slides: 0=Unsatisfactory; 1=Satisfactory; 2=Excellent. [PR I.D.1.d)]

| **Site #1** | | | **How frequently are your slides updated?** | **Quality** |
| --- | --- | --- | --- | --- |
| Exfoliative Cytology | Female genital tract | | Frequency | Choose an item. |
| Urinary tract | | Frequency | Choose an item. |
| Respiratory tract | | Frequency | Choose an item. |
| FNAs | Liver | | Frequency | Choose an item. |
| GI tract | | Frequency | Choose an item. |
| Kidney | | Frequency | Choose an item. |
| Lung | | Frequency | Choose an item. |
| Thyroid | | Frequency | Choose an item. |
| Breast | | Frequency | Choose an item. |
| Head and neck | | Frequency | Choose an item. |
| Male GU | | Frequency | Choose an item. |
| Lymph nodes | | Frequency | Choose an item. |
| Deep lesions | | Frequency | Choose an item. |
| Body cavity fluid | | Frequency | Choose an item. |
| Cerebrospinal fluid | | Frequency | Choose an item. |
| Others (Specify) | Click here to enter text. | Frequency | Choose an item. |
| Click here to enter text. | Frequency | Choose an item. |
| Click here to enter text. | Frequency | Choose an item. |
| List other significant teaching materials and describe the opportunities fellows will have to review slide sets of cytologic changes.  Click here to enter text. | | | | |

**Other Learners and Other Care Providers**

1. Provide the following information for other educational programs (e.g., other GME programs from this and other sites, residency/fellowship programs for medical technologists, masters and doctoral programs, or post-doctoral programs for clinical scientists) that use program facilities for educational experiences in pathology. Add additional rows as necessary. [PR I.E.]

| **Name of Site and Type of Program** | **Length of rotation**  **(in weeks)** | **Maximum number of learners per year** | **Maximum number of learners present at the same time** |
| --- | --- | --- | --- |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |
| Site name and program type | Length of rotation | # | # |

**Personnel**

**Other Program Personnel**

1. Briefly describe the qualified laboratory technical personnel that will provide support for the clinical, teaching, educational, and research activities of the fellowship. [PR II.D.1.; II.C.]

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| Click here to enter text. |

**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

1. Indicate the settings and activities in which fellows will demonstrate competence in the following. Also indicate the method(s) that will be used to assess competence. [PR IV.B.1.b).(2); PR IV.B.1.b).(2).(e)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Performance of specimen screening, specimen collection, and cytopreparation, including liquid-based preparation  [PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Application of additional diagnostic adjuncts, including flow cytometric analysis, immunocytochemistry, and molecular testing  [PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Performance of FNA procedures in a variety of organ sites  [PR IV.B.1.b).(2).(c)] | Click here to enter text. | Click here to enter text. |
| Obtaining cellular diagnostic material, defined as well-preserved material that is ultimately diagnosed as malignant by cytologic sampling  [PR IV.B.1.b).(2).(c).(i)] | Click here to enter text. | Click here to enter text. |
| Immediate assessment of image-guided FNA specimens from a variety of organ sites as demonstrated by the degree of agreement between immediate evaluation and final diagnosis  [PR IV.B.1.b).(2).(d)] | Click here to enter text. | Click here to enter text. |
| Diagnostic proficiency  [PR IV.B.1.b).(2).(e)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess knowledge. [PR IV.B.1.c)]

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Pathogenesis, diagnostic techniques, and prognostic factors for disease processes commonly sampled by cytologic methods  [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Cervical cancer screening, cervical cancer screening follow-up guidelines, and laboratory regulations related to cytopathology tests  [PR IV.B.1.c).(2)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one planned quality improvement activity or project that will allow fellows to demonstrate an ability to evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care. [PR IV.B.1.d)] (Limit response to 400 words)

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| Click here to enter text. |

**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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| Click here to enter text. |

**Systems-based Practice**

1. Describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, Including the structural and social determinants of health. [PR IV.B.1.f)] (Limit response to 400 words)

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| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Describe how fellows gain clinical experience that includes supervision of trainees and/or laboratory personnel, and graded responsibility, including independent diagnosis and decision-making.   
   [PR IV.C.3.a)]

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| Click here to enter text. |

1. Describe the clinical experience for fellows in all aspects of cytopathology. Outline the educational activities specific to cytopathology, review of the medical literature in the subspecialty area, and use of study sets of unusual cases. [PR IV.C.3.b)]

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| Click here to enter text. |

1. List the planned conference schedule for fellows. Add additional rows as necessary. [PR IV.C.4.]

| **Name of Conference** | **Frequency** | **Responsible Department** | **Required? (Yes/No)** | **Attendance Taken? (Yes/No)** |
| --- | --- | --- | --- | --- |
| Conference name | Conference name | Conference name | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |
| Conference name | Frequency | Department | Yes  No | Yes  No |

1. Describe fellow participation in these conferences. How much responsibility will they have for their preparation and presentation? [PR IV.C.4.a)]

|  |
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| Click here to enter text. |

1. Will fellows participate in laboratory inspections? [PR IV.C.5.]  YES  NO

If “NO,” explain.

|  |
| --- |
| Click here to enter text. |

**The Learning and Working Environment**

**Clinical Responsibilities, Teamwork, and Transitions of Care**

1. Briefly describe how the fellow will work in interprofessional teams. [PR VI.E.2.a)-b)]

|  |
| --- |
| Click here to enter text. |