**RESIDENT LEVELS OF CARE**

**DEPARTMENT of Pathology**

**Cytopathology**

Resident Level: PGY 5 or PGY 6

**Core Competencies**

1. Medical Knowledge
2. Patient Care Skills
3. Practice-based learning
4. Interpersonal and communication skills
5. Systems-based practice
6. Professionalism

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<tr>
<th><strong>Direct Supervision:</strong></th>
<th><strong>Indirect Supervision:</strong></th>
<th><strong>Oversight:</strong></th>
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<tr>
<td>The supervising physician is physically present with the resident and patient.</td>
<td>With direct supervision immediately available—the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.</td>
<td>The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
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<tr>
<td>With direct supervision available—the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.</td>
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**The Resident**

**Consult/FNA Service**

- Perform fine needle aspiration (FNA) of superficial palpable masses using aseptic techniques. (1,2,3,4,5,6)
- Review the Diff Quik stained slides. (1,2,3,4,5,6)
- Determine specimen adequacy and triage specimens when necessary. (1,2,3,4,5,6)
- Make a preliminary interpretation/diagnosis and document it on the consult form and/or in EPIC. (1,2,3,4)
- Communicate clearly the interpretation/diagnosis to the consulting physician. (1,2,3,4,6)

**Consult/FNA Service**

- Perform and document history and physical examination of the mass. (1,2,3,4,6)
- Explain how the procedure will be performed to the patient/caregiver. (1,2,3,4,5,6)
- Obtain informed consent for the procedure. (1,2,3,4,5,6)
- Complete the “Time out Form”. (2,3,4,5,6)
- Develop a differential diagnosis. (1,3)
- Prepare smears and stain slides for rapid interpretation. (1,2,3,4,5,6)
- Place mirror image smears in fixative for the PAP stain. (1,2,3,4,5,6)
- Review the entire case/slides (Diff Quik, Pap stains and cell block) and formulate a diagnosis and determine additional ancillary stains or tests needed. (1,2,3,4,5,6)

**Consult/FNA Service**

- Review the pathology data system for previous biopsies and the hospital data system for relevant laboratory and radiologic data. (1,2,3,5)
- Check the patient post biopsy for bleeding and pain. (1,2,3,4,6)
- Complete the post procedure notes in EPIC and cytology requisition forms. (2,3,4)
- Enter all completed patient related information/forms in the patient’s chart/record. (2,3,4,5,6)
- Submit the procured specimen/sample and the cytology requisition form to the cytology department. (1,2,3,4,5,6)
- Submit specimen for ancillary testing (flow cytometry, molecular) to appropriate sections.
- Record the procedure in the personal and department log book. (3,4,5,6)
Gynecologic Cytology
- Review pre-screened Pap smears (liquid based and conventional) and accurately classify using The Bethesda System. (1,2,3,4,5,6)
- Enter the diagnosis into the pathology data system. (1,2,3,4,5,6)
- QC (10%) of negative pap smears reviewed in second half of the year and diagnosis entered into the pathology data system. (1,2,3,4,5,6)
- Cytology-histology correlation of pap smears and cervical biopsies. (1,2,3,4,5,6)

Non-Gynecologic Cytology
- Non-Gynecologic smear diagnosis are reviewed, discussed, and signed out by the Cytopathology Faculty. (1,2,3,4,5,6)
- Review pre-screened samples / slides from non-gynecologic sites and classify them as negative, atypical or malignant. (1,2,3,4,5,6)
- Enter the diagnosis into the pathology data system. (1,2,3,4,5,6)
- Review cell block and determine if additional ancillary tests (flow cytometry, molecular studies) or stains (histochemical or immunohist/cytochemical) are necessary for a more definite diagnosis or for therapy (EGFR, k-ras). (1,2,3,4,5,6)
- Cytology-histology correlation is performed. (1,2,3,4,5,6)

Teaching
- Present at Radiology Pathology conference. Faculty attends and assists if necessary. (1,2,3,4,5,6)
- Prepare for Book Club, Journal Club. (1,2,3,4,5,6)
- FNA performance, slide preparation and smear staining. (1,2,3,4,5,6)
- Medical student pathology labs. (1,3,4,5)

Research
- Present at the Annual Pathology Resident/Fellow Research Forum. Faculty attends and assists if necessary. (1,2,3,4,5,6)
- Select a research topic early in the year and prepare abstract or paper for presentation at the Annual Pathology/Fellowship Research Forum, national meetings, and/or journal publication. (1,3,4,5,6)
- Select a faculty advisor to mentor the project. (1,3,4,5,6)
- Review slides/cases for the research project. (1,3,4,5,6)
- Prepare abstract or paper for presentation at the Annual Pathology/Fellowship Research Forum.
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<td>▪ Discrepancies in QC reviewed, discussed and signed out by the Cytopathology Faculty. (1,2,3,4,5,6)</td>
<td>▪ Forum, national meeting, and/or journal publication. (1,3,4,5,6)</td>
<td>▪ Understand the work flow and operation of the cytology laboratory. (1,2,3,4,5,6)</td>
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<td>▪ Performance of Quality Assurance of Gyn, Non-Gyn and FNA cases. (1,2,3,4,5,6)</td>
<td>▪ Learn the billing process for Gyn, Non-Gyn and FNA cases (1,2,3,5,6)</td>
<td>▪ Know workload limits for cytotechnologist. (1,2,3,4,5,6)</td>
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* A faculty physician, other than another resident, is physically present during the key portions of the procedure or is immediately available.