

**ACGME Program Requirements for Graduate Medical Education
in Cytopathology**

Line Number(s): 186-187

II.A.3.f. The program director must *devote at least 35% time to include clinical work with fellows, teaching, and fellowship-related administration.*

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

a) The proposed revision will ensure that adequate time is provided to the program director to teach fellows, observe and assess fellow progress, and to administer the program.

b) A defined percentage of protected time will allow the director to implement the program requirements and ensure that the program is providing the appropriate depth and breadth of educational and clinical experiences for the fellow.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Some of the program director's clinical and administrative responsibilities may need to be shifted to other faculty members to allow the program director to meet the 35% time requirement. In rare cases, institutions may need to hire additional faculty or staff.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A

Line Number(s): 206-207

II.B.2.a: The faculty must in aggregate devote at least 20 hours per week for the fellowship-related clinical work and teaching

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

Sufficient faculty supervision and oversight ensures a high quality of fellow clinical work, and directly impacts the quality and safety of patient care.

- 2) improves the quality of resident education;

The RRC believes that ensuring a minimum amount of time for faculty involvement with and teaching of fellows should allow for improvement in

resident education quality. This amount of time for faculty interaction with fellows will allow for adequate assessment to determine whether fellows are meeting goals, competencies, and milestones.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

For most programs, there will be no impact. In some, however, there may be a need to shift non-fellow oriented service work, research, and administration to other faculty members.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A

Line Number(s):317-451

IV.A.2. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

IV.A.2.a) Patient Care

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

IV.A.2.a).(1) must demonstrate competence in performing specimen ~~develop knowledge and skills in the techniques of~~ screening, specimen collection, and cytopreparation (including ~~thin layer~~ liquid-based preparation); ~~management, quality assurance, and informatics.~~

IV.A.2.a).(2) ~~The fellow should understand~~ must demonstrate competence in the application of additional diagnostic adjuncts, ~~such as~~ including flow cytometric analysis, immunocytochemistry, and molecular testing; ~~in situ hybridization, hormone receptor assessment, cytogenetic testing, and other new immunological and molecular techniques as they become applicable to the study of cells;~~ ~~the performance of these techniques, however, is not an on-site requirement;~~

IV.A.2.a).(3) ~~must focus on (emphasize?) diagnosis, pathogenesis, clinical correlation, consultative skills, and prognostic~~

	<u>significance throughout the program must demonstrate competence in performing fine needle aspiration (FNA) procedures in a variety of organ sites;</u>
IV.A.2.a).(3).(a)	<p><u>Fellows should demonstrate competence in obtaining cellular diagnostic material, defined as well-preserved material that is ultimately diagnosed as malignant by cytologic sampling.</u></p> <p><u>Fellows must document all fine needle aspiration procedures they perform using the ACGME caselog system.</u></p>
IV.A.2.a).(4)	<u>must demonstrate competence in 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;</u>
IV.A.2.a).(5)	<u>must be instructed and involved in correlating cytologic and histopathologic specimens;</u>
IV.A.2.a).(6)	<u>must demonstrate a satisfactory level of diagnostic proficiency, competence and the ability to provide appropriate and effective consultation in the context of pathology services.</u>
IV.A.2.a).(6).(a)	<u>Fellows must evaluate at least 2000 cytology specimens, to include at least 500 gynecologic, 500 non gynecologic, and 500 FNAs and that must represent a variety of organs and significant pathology.</u>
IV.A.2.b)	Medical Knowledge
	Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:
IV.A.2.b).(1)	<u>must demonstrate knowledge of pathogenesis, diagnostic techniques, and prognostic factors for disease processes commonly sampled by cytologic methods;</u>
IV.A.2.b).(2)	<u>must demonstrate knowledge of cervical cancer screening, cervical cancer screening follow-up guidelines, and laboratory regulations related to cytopathology tests.</u>
IV.A.2.b).(3)	<u>must have educational opportunities to support training. These should include, but not be limited to:</u>
IV.A.2.b).(3).(a)	<u>regularly scheduled lectures, seminars, and</u>

~~conferences with clinical services;~~

IV.A.2.b).(3).(b)

~~study sets of usual and unusual cases.~~

IV.A.2.c)

Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

IV.A.2.c).(1)

systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;

IV.A.2.c).(2)

locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.

IV.A.2.c).(3)

must demonstrate competence in laboratory management and use of quality assurance/improvement methods, including cytologic-histologic correlations;

IV.A.2.c).(4)

must demonstrate competence in using computers and laboratory information systems for cytopathology reporting, data management, and quality control/assurance.

IV.A.2.d)

Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

IV.A.2.d).(1)

Fellows must demonstrate competence in providing appropriate and effective consultations to other physicians and health professionals, both intra- and inter-departmental.

Consultations should include providing medical advice on diagnosis and management of organ sites and diseases sampled by cytologic methods.

IV.A.2.e)

Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

IV.A.2.f)

Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health

care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

IV.A.2.g)

Fellows must demonstrate the ability to participate in identifying system errors and implementing potential systems solutions.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

By listing more specific diagnostic competency goals, patient care and safety will improve by ensuring that fellows develop competency in the areas needed to be able to practice independently. The proposed changes will improve patient care by emphasizing competence in performance of fine needle aspiration procedures and diagnostic competence. There is new emphasis on laboratory management, quality improvement activities, identification of system errors, and implementing potential systems solutions, all of these contributing to quality and safety.

- 2) improves the quality of resident education;

The proposed changes provide more specific information on all of the competencies, including both patient care and medical knowledge, that will promote higher quality education. This listing of specific competencies will allow programs to ensure they are providing the full breadth and depth of training for their fellows so that they can practice as cytopathologists. The requirements specify the minimum standards for educational experiences that must be provided, but still allow for each program to develop its own curriculum.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

The proposed changes provide more specific information on several competencies including systems based practice, quality improvement activities, and communication skills that should result in improved patient care.

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

For some programs that may not provide the full range of technologies and specimen types, outside rotations may be required. For areas of medical knowledge, additional electronic or print resources may be required.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

Minimal impact in most programs. For programs that do not have sufficient numbers of fine needle aspiration procedures or other specimen types, outside rotations may be required.

- 6) impacts residency education in other specialties.

The new requirements place more emphasis on effective consultation with other physicians and health-care providers.

Line Number(s):453-470

IV.A.3. Curriculum Organization and Fellow Experiences

IV.A.3.a) Fellows' clinical experience should be augmented through didactic sessions, review of the medical literature in the subspecialty area, and the use of study sets of unusual cases.

IV.A.3.b) The didactic curriculum must include teaching conferences in cytopathology, journal clubs, and joint conferences with the pathology department as well as with clinical services involved in the diagnosis and management of patient care utilizing cytopathology.

IV.A.3.b).(1) Fellows should participate in conferences on average at least once per month and should give a minimum of two presentations per year, including formal presentations (tumor boards, journal clubs, educational conferences).

IV.A.3.c) Fellows should participate in laboratory inspections.

IV.B. Fellows' Scholarly Activities

IV.B.3. Each fellow should participate in scholarly activity, including at least one of the following:

IV.B.3.a) research;

IV.B.3.b) evidence-based presentations at journal club or meetings (local, regional or national);

IV.B.3.c) or preparation/submission of articles for peer-reviewed publications.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

The RRC believes that the increased emphasis on evidence-based medicine and participation in laboratory inspections may improve quality and patient care.

- 2) improves the quality of resident education;

The RRC believes that the emphasis on joint conferences with clinical services and the greater specificity in the didactic curriculum may improve resident education in some programs. The expectations for scholarly activity are specified now and were vague before.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

The emphasis on interdisciplinary care may help improve patient care.

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

Some programs may need to establish additional conferences including interdisciplinary conferences to meet the requirements.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

The proposed changes may improve residency education in other specialties as there is emphasis on joint conferences with other departments involved in diagnosis and management of patients.

Line Number(s):549-551

V.C.3 60% of the programs' graduates from the preceding five years taking the American Board of Pathology certifying examination for cytopathology for the first time must pass

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;

N/A

- 2) improves the quality of resident education;

The new requirement provides a benchmark for programs to use to assess the educational effectiveness of their program. The requirement also provides the program with a way to assess how the program is helping its fellows attain this goal. The Review Committee will also use this information when determining accreditation decisions.

- 3) affects the way the resident, the service, and the staff provide patients with continuing care;

N/A

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact);

No impact for most programs. Programs that report a low pass rate for fellows may need to provide additional educational resources in focused areas.

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and

N/A

- 6) impacts residency education in other specialties.

N/A