



Cytology Competency Self Assessment

Directions

Please circle a value for each question to provide us and the interested facilities with an assessment of your clinical experience. These values confirm your strengths within your specialty and assist the facility in the selection process of the healthcare professional.

Frequency		Experience	
1	Observed Only or Never Done	1	No Experience
2	Rarely Done (<6 times/year)	2	Some Experience (Requires Assistance)
3	Occasionally Done (1-2 times/month)	3	Experienced (Performs without Assistance)
4	Frequently Done (daily or weekly)	4	Very Experienced (Performs Well)

Print Name	SS#	Date							
		Frequency				Experience			
Cytology									
Preparation and Interpretative Skills									
Gynecological									
Conventional		1	2	3	4	1	2	3	4
ThinPrep		1	2	3	4	1	2	3	4
SurPath		1	2	3	4	1	2	3	4
Autocyte		1	2	3	4	1	2	3	4
HP DNA test		1	2	3	4	1	2	3	4
Non-gynecological									
Esophageal		1	2	3	4	1	2	3	4
Gastric		1	2	3	4	1	2	3	4
Spinal		1	2	3	4	1	2	3	4
Respiratory tract									
Sputum		1	2	3	4	1	2	3	4
Bronchial		1	2	3	4	1	2	3	4
Broncho alveolar lavage		1	2	3	4	1	2	3	4
Body fluids									
Joint / synovial fluids		1	2	3	4	1	2	3	4
Cerebrospinal fluids		1	2	3	4	1	2	3	4
Effusions		1	2	3	4	1	2	3	4
Urine		1	2	3	4	1	2	3	4
Semen		1	2	3	4	1	2	3	4
Fine needle aspirations									
Thyroid		1	2	3	4	1	2	3	4
Nodes		1	2	3	4	1	2	3	4
Breast		1	2	3	4	1	2	3	4
Lung		1	2	3	4	1	2	3	4
Endoscopic ultrasound assisted procedures		1	2	3	4	1	2	3	4
Fixations									
Saccomono		1	2	3	4	1	2	3	4
Cytolyt		1	2	3	4	1	2	3	4
Carbowax		1	2	3	4	1	2	3	4



Initials _____

Frequency	Experience
1 Observed Only or Never Done	1 No Experience
2 Rarely Done (<6 times/year)	2 Some Experience (Requires Assistance)
3 Occasionally Done (1-2 times/month)	3 Experienced (Performs without Assistance)
4 Frequently Done (daily or weekly)	4 Very Experienced (Performs Well)

Cytology - cont.	Frequency	Experience
95% alcohol	1 2 3 4	1 2 3 4
Filter prep	1 2 3 4	1 2 3 4
Special Stains	1 2 3 4	1 2 3 4

National Patient Safety Goals	Frequency	Experience
Quality control / quality assurance	1 2 3 4	1 2 3 4
Assist with On-site procedures	1 2 3 4	1 2 3 4
Accurate patient identification	1 2 3 4	1 2 3 4
Effective communication	1 2 3 4	1 2 3 4
Interpretation & communication of lab values	1 2 3 4	1 2 3 4
Universal precautions	1 2 3 4	1 2 3 4

Age Specific Competencies	Frequency	Experience
Newborn / neonate (Birth-30 days)	1 2 3 4	1 2 3 4
Infant (31 days-1 year)	1 2 3 4	1 2 3 4
Toddler (2-3 years)	1 2 3 4	1 2 3 4
Preschool (ages 4-5 years)	1 2 3 4	1 2 3 4
School Age (ages 6-12 years)	1 2 3 4	1 2 3 4
Adolescents (ages 13-21 years)	1 2 3 4	1 2 3 4
Young Adult (ages 22-39 years)	1 2 3 4	1 2 3 4
Adults (ages 40-64 years)	1 2 3 4	1 2 3 4
Older Adult (ages 65-79 years)	1 2 3 4	1 2 3 4
Elderly (80+ years)	1 2 3 4	1 2 3 4

Please list any Additional Skills:	
1.	2.
3.	4.
Additional training:	
1.	2.
3.	4.
Additional equipment:	
1.	2.
3.	4.

Fax to: 1-888-298-3146

The information on this and all preceding pages is true and correct.

Signature

Date