EPA1b-BR Worksheet

Title	Identifying and managing abnormalities on screening examinations - EPA1b: Ultrasound
Description of Activity	A radiologist involved in breast imaging must be able to identify abnormalities on screening examinations while adhering to MQSA standards and determine the next steps in patient management. The key function which define this EPA in regards to all breast screening examinations include: ❏ Lists indications for each screening modality[1] ❏ Understand technique, patient positioning, standard imaging views and study protocol[1,4,5,7] ❏ Differentiate technically adequate and inadequate studies[1,4,5] ❏ Differentiate benign findings from those that warrant additional work-up[C,2,3,4,5] ❏ Identify imaging artifacts and explain methods for correction[4,5] ❏ Identify the normal and abnormal appearance of the breast after surgical procedures (reduction, augmentation, implants, breast conserving therapy, or mastectomy)[D,E] ❏ Demonstrate the correct use of the BI-RADS lexicon terminology pertinent to the examination including assessment/management categories[A,1] ❏ Report and communicate results with the patient, referring physician (including primary physician, oncologist, surgeon), and staff when indicated[F,H] The key functions in regards to screening ultrasound include: ● Recognize the 3 different background parenchymal echotextures[C,1,4] ● Differentiate benign findings from those that warrant diagnostic ultrasound work-up (cyst, mass)[C,E,3,4,7] ● Correlate ultrasound findings with mammography[4,7] ● Demonstrate understanding of ultrasound settings to optimize image quality[4,5] ● Identify imaging artifacts and explain methods for correction[5] Superscript indicate resources below which address the key function **Context:** Outpatient imaging center **Targeted transition point:** Depending on the institution - First month for screening mammography, second month for ultrasound, third month for MRI. Items marked * may be more

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Breast **R**adiology **E**ntrustable **A**ctivity **S**upervision **T**ool

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	suitable for by month 3 of mini-fellowship or fellowship for some programs
Mapping to Domains of Competence	X Patient Care X Medical Knowledge X Systems-Based Practice X Practice-Based Learning and Improvement X Professionalism X Interpersonal and Communication Skills
Competencies within each domain critical to entrustment decisions	PC1: Reporting PC2: Clinical Consultation PC3: Image Interpretation MK1: Diagnostic Knowledge MK2: Physics MK3: Protocol Selection and Contrast Agent Selection/Dosing MK4: Imaging Technology and Image Acquisition SBP3: System Navigation for Patient-Centered Care SBP6: Radiation Safety SBP8: Informatics PBLI1: Evidenced-Based and Informed Practice PBLI2: Reflective Practice and Commitment to Professional Growth P1: Professional Behavior and Ethical Principles P2: Accountability/Conscientiousness ICS1: Patient- and Family-Centered Communication ICS2: Interprofessional and Team Communication ICS3: Communication with Health Care Systems
Suggested Resources (A) Article (B) Book Chapter (D) Document (S) Slides (W) Widget - interactive powerpoint (V) Video	All A. A Pictorial Review of Changes in BI-RADS 5th Edition (A) B. Update on Imaging of the Postsurgical Breast (A) C. Hormonal Effects on Breast Density, Fibroglandular Tissue, and Background Parenchymal Enhancement (A) D. Imaging of Breast Implant-associated Complications and Pathologic Conditions: Breast Imaging (A) E. Breast Reconstruction: Review of Surgical Methods and Spectrum of Imaging Findings (A) F. Maximizing Value Through Innovations in Radiologist-Driven Communications in Breast Imaging (A) G. Training and Standards for Performance, Interpretation, and Structured Reporting for Supplemental Breast Cancer Screening (A) H. Communication in Breast Imaging: Lessons Learned at Diagnostic Evaluation (A) Ultrasound 1. ACR Practice Guideline for Breast Ultrasound (A) 2. US Evaluation of Abnormal Axillary Lymph Nodes (S) 3. Distinguishing Breast Skin Lesions from Superficial Breast Parenchymal Lesions: Diagnostic Criteria, Imaging Characteristics, and

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	Pitfalls (A) 4. Breast Ultrasonography: State of the Art (A) 5. Artifacts and Pitfalls in Sonographic Imaging of the Breast (A) 6. Screening Breast Ultrasound: Past, Present, and Future (A) 7. Approach to Ultrasound (S)
Required knowledge, skills, attitude and behavior, and experience	Knowledge ● Knowledge of imaging abnormalities on ultrasound. ● Knowledge of correct BI-RADS terminology to describe imaging findings. ● Knowledge of markers of image quality. Skills ● Skill in identifying abnormalities on breast screening exams. ● Skill in discussing results of imaging exams with patients, referring physicians, and staff Attitude and Behavior ● Professional communication of screening exam results with patients, referring physicians, and staff. Experience ● Screening ultrasound: 10-50 screening ultrasounds
Assessment Information sources to assess progress and ground summative entrustment decision	Knowledge Assessment: In process of creation Review of interpretation of screening ultrasound 5-10 informal Case-based discussions per modality with attending radiologist
Entrustment level of supervision to be reached at which stage of training	*Imaging studies should always be overread by an attending physician Residents: Indirect supervision (level 3) prior to graduation - ability to identify at least 50% of the abnormalities identified by the attending radiologist Mini-fellows: Distant supervision (level 4) prior to graduation - ability to identify 50-75% of the abnormalities identified by the attending radiologist Fellows: Trust to perform unsupervised (level 5) or to supervise others (level 6) prior to graduation (ability to identify 75-100% of abnormalities identified by the attending radiologist and ability to teach concepts to residents)
Expiration	1 year after graduation

*Modified from the work of Olle ten Cate

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