EPA 2 Teaching Tips: Working-up and managing patients in the diagnostic imaging setting

EPA2a: Mammographic and sonographic abnormalities in the asymptomatic patient (screening call backs)

EPA2b: Patients presenting with breast symptoms

- Used staged model for case review:
  a. Discuss cases with trainee: why case was recalled/diagnostic, additional images needed, when ultrasound is warranted, appropriate management. This is great opportunity to discuss corollary cases - “If patient presented with palpable/nipple discharge/pain and this was the finding on mammo, I would do this next.” “If patient was less and 30, I would have started with XYZ.” “If patient were male/peds, I would...”
  b. Have trainee review case on own and discuss next steps prior to additional imaging
  c. Have trainee review case, ask for additional imaging, and determine management prior to reviewing with attending (this is fellow level and institution specific)
- Have trainee perform diagnostic ultrasound, review findings with you, prior to determining final management
- Have trainee explain why specific BIRADS was given and appropriate management
- Used a staged model for patient communication of results:
  a. Trainee observes you communicating with patient regarding imaging findings (benign, probably benign, indeterminate, highly suspicious)
  b. You observe trainee giving benign results and give feedback
  c. You observe trainee giving probably benign results and give feedback
  d. You observe trainee giving indeterminate results and give feedback*
  e. You observe trainee giving highly suspicious results and give feedback*

*institution specific when this stage is implemented (residency, mini-fellowship or fellowship)
- Have trainee contact clinician regarding need for biopsy (institution specific)

Once you have been able to observe the trainee work up of a minimum of 20-50 abnormal screening mammograms and 10-30 symptomatic women, totaling 30-80 informal case-based discussions, you are ready to evaluate the trainee on this EPA.