## **EPA4: Attending Supervision Tool**

Date						
Trainee Name						
R level	OR1	□R2	□R3	□R4	□Mini-fellow	□Fellow

EPA Supervision scale: Trainee is trusted to

- 1. Observe only
- 2. Execute with direct supervision and coaching
- 3. Execute with reactive supervision, i.e., on request, quickly available
- 4. Execute with indirect supervision, at a distance or post hoc
- 5. Execute without supervision
- 6. Supervise and train junior colleagues to perform task NYA Not Yet Assessable

Items marked \* may be more suitable for by month 3 of mini-fellowship or fellowship for some programs

Task		Level of supervision						
		1	2	3	4	5	6	NYA
contralater lder mai  *De indi to M Rec of s corr Eva	reast MRI scans for multifocal, multicentric, ral or locally recurrent disease ntify signs of lymphadenopathy (internal mmary and axillary) etermine when second-look ultrasound is icated versus short interval follow up or direct MRI guided biopsy commend the appropriate modality for biopsy suspicious findings (MR, US, MG) including relation to recent imaging aluate the effects of neoadjuvant emotherapy							
nodal disea □ Red	trasound evaluation of the axilla for metastatic ase <sup>3,4</sup> cognize signs of abnormal lymphadenopathy termine when tissue sampling is indicated							

	*Identifies key changes in tumor size, node involvement, and metastasis that change stage of cancer (using NCCN and ACS guidelines)				
	Differentiate typical appearance of post surgical/radiation changes from recurrent disease on mammography				
	Differentiate typical appearance of post surgical/radiation changes from recurrent disease on ultrasound				
	Differentiate typical appearance of post surgical/radiation changes from recurrent disease on MRI				
	Review, interpret and present imaging findings to multidisciplinary teams				
	Display professional and compassionate communication with the patient				
	Clearly communicates findings with surgeons, radiation therapists, oncologists, pathologists and other specialists involved with the care of the breast cancer patient to define appropriate problem solving imaging strategies				
Comm	nents:				