

EPA5-BR Worksheet

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| EPA Title | Performing presurgical localization using ultrasound or mammographic guidance |
| Description of Activity | <p>A breast imaging radiologist should be able to accurately perform presurgical localization of breast pathology using modality specific imaging guidance prior to surgical management.</p> <p>The key functions which define this EPA include:</p> <ul style="list-style-type: none"> ● List indications for pre-surgical localization¹ ● Determine appropriate localization modality, needle length and localization approach^{1,2} ● Obtain informed consent⁵ ● Display technical skill to perform localization procedure using the locally available methods (Needle/wire, radioactive seed, magnetic seed, savi scout)^{1,2,3,4,6,8} ● Label post localization images¹ ● Determine adequacy of specimen radiography¹ ● Report and communicate results with the surgeon^{1,6} ● Display professional and compassionate communication with the patient, ordering physician, and ancillary staff and document in medical record when appropriate⁶ <p>Superscript indicate resources below which address the key function</p> <p>Context: Ambulatory surgery, operating room, or outpatient center Targeted transition point: second or third month rotation on breast imaging (institution specific)</p> |
| Suggested Resources (A) Article (B) Book Chapter (D) Document (S) Slides (W) Widget - interactive powerpoint (V) Video | <ol style="list-style-type: none"> 1. Mammographically guided needle localization 2. Ultrasound guided needle localization 3. Savi Scout Reflector Placement 4. The Wire and Beyond: Recent Advances in Breast Imaging Pre-operative Localization 5. Obtaining informed consent 6. ACR Radiology Communication Skills training module & Breast Imaging video 1 and videos 2 7. Preoperative Radioactive Seed Localization for Nonpalpable Breast Lesions: Technique, Pitfalls, and Solutions 8. Beyond Wires and Seeds: Reflector-guided Breast Lesion Localization and Excision |
| Mapping to Domains of Competence | <input checked="" type="checkbox"/> Patient Care <input checked="" type="checkbox"/> Medical Knowledge <input checked="" type="checkbox"/> Systems-Based Practice |

This is from:

Breast Radiology Entrustable Activity Supervision Tool

Monica Sheth, MD; S; Ryan Woods, MD; Katherine Klein, MD Priscilla Slanetz, MD; Alice Fornari, EdD;
 Petra Lewis, MBBS, 2019

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| | <p><u>X</u> Practice-Based Learning and Improvement</p> <p><u>X</u> Professionalism</p> <p><u>X</u> Interpersonal and Communication Skills</p> |
| Competencies within each domain critical to entrustment decisions | <p>PC1: Reporting</p> <p>PC2: Clinical Consultation</p> <p>PC3: Image Interpretation</p> <p>PC4: Competence in Procedures</p> <p>MK4: Imaging Technology and Image Acquisition</p> <p>SBP1: Patient Safety</p> <p>SBP3: System Navigation for Patient-Centered Care</p> <p>SBP4: Physician Role in Health Care Systems</p> <p>SBP6: Radiation Safety</p> <p>SBP8: Informatics</p> <p>PBLI2: Reflective Practice and Commitment to Professional Growth</p> <p>P1: Professional Behavior and Ethical Principles</p> <p>P2: Accountability/Conscientiousness</p> <p>ICS1: Patient- and Family-Centered Communication</p> <p>ICS2: Interprofessional and Team Communication</p> <p>ICS3: Communication with Health Care Systems</p> |
| Required experience, knowledge, skills, attitude and behavior | <p>Knowledge</p> <ul style="list-style-type: none"> ● Knowledge of breast and axillary anatomy on imaging and real time ● Ability to synthesize imaging findings and pathology to understand when deviations from standard one site localization is indicated <p>Skill</p> <ul style="list-style-type: none"> ● Skill in using necessary devices for localization ● Skill in positioning patient appropriately to aide in localization <p>Attitude and behavior</p> <ul style="list-style-type: none"> ● Professional communication with patient and surgeon ● Proactive alertness in case of patient fainting ● Willingness to ask for assistant from technologist or nurse if needed <p>Experience</p> <ul style="list-style-type: none"> ● All measures done at least 5 times |
| Assessment Information sources to assess progress and ground summative entrustment decision | <p><u>Knowledge Assessment:</u></p> <p>RadExam Breast EPA5: Surgical Localization</p> <p>Observation (Attending Checklist): satisfactory observation of technical procedure from start (informed consent) to finish (post localization image labelling) at least 5-10 times and specimen radiography evaluation 5-10 times</p> <p>5-10 Informal case-based discussion with an attending radiologist</p> |
| Entrustment level of supervision to be reached at which stage of training | <p>Residents: Indirect supervision (level 3) prior to graduation</p> <p>Mini-fellows: Distant supervision (level 4) prior to graduation</p> <p>Fellows: Able to supervise others (level 5) prior to graduation</p> |

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| Expiration | 1 year after graduation |
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*Modified from the work of Olle ten Cate, PhD

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