

## EPA5-BR Worksheet

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

	<input checked="" type="checkbox"/> Practice-Based Learning and Improvement <input checked="" type="checkbox"/> Professionalism <input checked="" type="checkbox"/> Interpersonal and Communication Skills
<b>Competencies within each domain critical to entrustment decisions</b>	PC1: Reporting PC2: Clinical Consultation PC3: Image Interpretation PC4: Competence in Procedures MK4: Imaging Technology and Image Acquisition SBP1: Patient Safety SBP3: System Navigation for Patient-Centered Care SBP4: Physician Role in Health Care Systems SBP6: Radiation Safety SBP8: Informatics 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
<b>Required experience, knowledge, skills, attitude and behavior</b>	Knowledge <ul style="list-style-type: none"> <li>Knowledge of breast and axillary anatomy on imaging and real time</li> <li>Ability to synthesize imaging findings and pathology to understand when deviations from standard one site localization is indicated</li> </ul> Skill <ul style="list-style-type: none"> <li>Skill in using necessary devices for localization</li> <li>Skill in positioning patient appropriately to aide in localization</li> </ul> Attitude and behavior <ul style="list-style-type: none"> <li>Professional communication with patient and surgeon</li> <li>Proactive alertness in case of patient fainting</li> <li>Willingness to ask for assistant from technologist or nurse if needed</li> </ul> Experience <ul style="list-style-type: none"> <li>All measures done at least 5 times</li> </ul>
<b>Assessment Information sources to assess progress and ground summative entrustment decision</b>	Knowledge Assessment: RadExam Breast EPA5: Surgical Localization  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  5-10 Informal case-based discussion with an attending radiologist
<b>Entrustment level of supervision to be reached at which stage of training</b>	Residents: Indirect supervision (level 3) prior to graduation Mini-fellows: Distant supervision (level 4) prior to graduation Fellows: Able to supervise others (level 5) prior to graduation

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<b>Expiration</b>	1 year after graduation
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\*Modified from the work of Olle ten Cate, PhD

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