

## Welcome to Breast Imaging at DHMC

We want your time here to be powerfully instructive, challenging and stress free as possible. We know you are often pressed for time and pulled in many directions. We also know that these rotations are absolutely critical to passing boards and succeeding in the real world. Perfecting your skills in breast imaging interpretation and procedures will make you a marketable radiologist. More importantly you can increase a person's time on earth and decrease disfigurement and stress. It is an incredibly rewarding field.

Helpful Advice:

### **PREPARE**

You are expected to have reviewed the breast imaging manual which provides guidance for both self-study and for clinical rotations.

You have a schedule for success laid out for you by Dr. Lewis that gives rotation goals and a suggestion for dividing your time. Please schedule your month out according to the timeline and stay on top of where you need to be and when. Please don't expect the attending to know what you need to do.

Be ready to answer questions. The attendings on our service want to know you are reading!

### **DAILY**

Our day starts at 0730 hours.

Please hang your coats on the hooks behind each door and stow backpacks and other personal belongings in room 2 under the desk. Minimize clutter and maintain a professional environment.

Please preview interventional cases and enter pre-procedure notes (see separate form) the evening before. Keep the Interventional Planning Sheets together and make sure the attending radiologist has reviewed the form prior to giving it to the technologist.

In addition to preparing for the day's interventional procedures, check the list for any Breast MR studies. This may be the best time for uninterrupted review.

Try to present cases at weekly Wednesday 1200 (noon) Multidisciplinary Tumor Board after you have seen one or two.

"Mini-Tumor Boards" occur each Wed at 0900 and are high speed meetings with individual breast surgeons to discuss their cases. These are valuable windows into patient and surgeon-

focused care that will improve your appreciation of practical issues and hone your reporting. After you have watched one or two you will be expected to present patients some weeks.

## **COMPORMENT**

Please wear a clean white coat when seeing patients. It identifies you as the “clinician” that you are.

Let the patient see you sanitize your hands before shaking their hand.

Enter the room in front of the attending if you are doing the procedure. Always introduce yourself as a physician, and as a resident.

Respect a patient’s modesty at all times. Do not leave a door wide open. Use the privacy screen when exiting the room. Expose the breast as little as possible and do not leave the breast exposed unnecessarily.

Please make sure your name badge is turned around and easily visible around your collar or above your waist.

Be sure hair is pulled back and doesn’t fall on the patient.

Please conduct procedures thoroughly, but without delay. Be efficient when opening gloves and equipment. Time is a valuable commodity. It also minimizes the stress time when a patient is having a procedure. In and out faster = less stress for her, more time for you.

Dispose of your own sharps – except for the caps of the Tc99m syringes. They MUST stay in the leaded box at all times and cannot be discarded.

You have the benefit of training with some of the brightest and most accomplished breast imagers. We each may have different methods and techniques that may differ from instructional videos. The goals are the same! Take in each technique or nuance and take home what works best for you and your patient.

Clean up as you go! Whether you are in a procedure or the reading room- please keep the areas as clean and debris free as possible. You, the attending and the technologist are working in concert making sure all procedures are performed efficiently. Do not leave room clean-ups to technologists. We all work together.

## **REPORTING**

We use centimeters.

We use complete sentences in the body of the report under Findings, not in the Impressions.

Autotext “Start” is a macro that will get you started in proper report format as follows:

Study/Indication/Technique/Comparison/Findings/Impression (include recommendations here)/BIRADS Code

## **PAPERWORK**

We don’t have a lot of papers. The ones we do have are particularly important. “Call Back” and “Interventional Planning” forms are never discarded.

All relevant forms are in the desk drawer vertical file in the Nagy Reading Room. It has protocols, equipment and procedural instructions. Please help us keep the files organized.

“Call Back” forms are prepared – at the direction of the attending radiologist - for Screening Mammogram call backs (including technical), Breast MRI requiring additional imaging, Outside Interpretations (formal second opinions, official charge) and Outside Addenda (informal courtesy reviews of our satellite colleagues) requiring additional imaging.

Do not leave papers lying around. If you have a question about what to do with a requisition or form please ask. We encourage Post-it notes – not paperclips - for communication.

Be honest if you are uncomfortable or need help or further instruction in any aspect. We want you to learn without negative consequences to you or your patients. Finally, thanks for your help. You will be a valued member of a team and we appreciate the work you do.

Welcome!

Rebecca A. Zurbier, M.D., Director of Breast Imaging

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