

**INTERDISCIPLINARY BREAST FELLOWSHIP**  
**Program Requirements**

For SSO-Approved Training Programs

# INTERDISCIPLINARY BREAST FELLOWSHIP

## Program Requirements

At the completion of his/her Breast Fellowship training, the fellow should be able to apply an integrated interdisciplinary approach to the management of women with benign and malignant breast diseases in a compassionate manner.

### 1. Program Requirements

**2.1 General Requirements.** The Breast Fellowship consists of a minimum of one year of continuous education and training following successful completion of a residency program leading to board eligibility. The training must include formal rotations or time equivalent experiences on surgical and nonsurgical breast services. A portion of the program must be devoted to clinical or laboratory research. Scholarly activity must be pursued.

2.1.1 There should be adequate opportunity to interact with clinicians in companion breast specialties, primarily medical oncology, radiation oncology, radiology, and plastic and reconstructive surgery and rehabilitation in order to gain experience in these areas. These experiences should be obtained by formal rotations or time equivalent experiences on subspecialty services, as well as participation in structured multidisciplinary conferences, attendance of subspecialty tumor clinics, or inclusion of subspecialty patients on a single breast service.

- A minimum of **2 months** of breast surgery as a formal rotation or time equivalent
- A minimum **1 month** of medical oncology, radiation oncology, radiology and plastic surgery as a formal rotation or time equivalent.
- Sufficient time on formal rotation or time equivalent on pathology, genetics, psycho-oncology, and outreach to achieve case minimums and documented requirements
- Goals and objectives must be developed for each rotation and/or time equivalent experience. These should be specific for each discipline and unique to the institution. An example objective for breast imaging is located in Appendix A.

2.1.2 Initial outpatient assessment, preoperative decision-making, perioperative management, and patient follow-up are essential to the training experience. To the greatest extent possible, fellows should participate in the preoperative evaluation, assessment, treatment planning, and postoperative ambulatory

care of patients in whose surgery they participate. As a guide, fellows should see preoperative and postoperative ambulatory patients at least one full day out of five, or its equivalent.

- 2.1.3 Clinical experience alone is insufficient education in the breast fellowship training. Fellows must participate in regularly scheduled didactic programs, such as conferences, lectures, debate series, journal clubs, present relevant literature at multidisciplinary case conferences or attend educational courses such as SOBO or other comprehensive, multidisciplinary CME meetings.

Didactic lectures should be at least monthly and follow a cyclical schedule that covers the core concepts in breast disease and breast surgery as per the breast curriculum and training requirements. A core reading list must accompany this schedule. These lectures should be administered by core faculty of the program. The cyclical schedule and reading list should be determined at the beginning of the academic year and attendance should be documented. A minimum of 70% attendance is required.

- 2.1.4 The breast fellowship program must not conflict with the regular residency programs at any participating institution. The breast fellows' clinical responsibilities must be in accordance with the guidelines of governing residency review bodies. In institutions with Accreditation Council for Graduate Medical Education-approved training programs, a fellow cannot be responsible for the same patients or for the same service as the chief resident. In other systems, the fellows' experience should not be diluted by, nor should it diminish, the experience of residents in their final year of training. Rather, a Breast fellowship program should complement an institution's residency program by developing a focus of excellence in the management of patients with benign and malignant breast disease, which can be observed, experienced, and participated in by all residents and the attending staff.

- 2.1.5 The fellowship sponsoring institution must be accredited by the responsible national organization overseeing healthcare quality issues (Joint Commission on Accreditation of Healthcare Organizations or equivalent). The residency training programs related to the breast fellowship (i.e. medicine, radiation oncology, pathology etc.) of the sponsoring institution (if applicable) must be fully accredited by the appropriate national governing body charged with oversight of training programs.

- 2.1.6 The institution must provide an appropriate educational environment, ensuring appropriate trainee supervision and responsibility to deliver quality care. Patient support services, work hours, and on-call schedules should be reasonable and allow fellows to participate in scholarly activities such as local, regional, and national meetings. Access to a major library and on-site electronic literature retrieval capabilities are required.
- 2.1.7 The program director or co-director should be board certified and a member of the SSO, and the American Society of Breast Surgeons. The faculty should demonstrate evidence of scholarly activity in breast diseases as evidenced by participation in basic science research; clinical research protocols; or involvement in a substantial manner in cooperative trials organizations; or presentations at local, regional, or national meetings.
- 2.1.8 The program director should have sufficient protected time (a minimum of 10%) for educational activities and program administration. This should include salary support or reduction of clinical duties to facilitate this.
- 2.1.9 To allow for breadth of experience and approach a minimum of 2 surgeons as core faculty are required with no more than 75% of trainee core breast surgery cases coming from a single surgeon's practice.

Each fellow's progress during the program must be formally evaluated in writing and feedback provided to the fellow at least semi-annually by the Breast Fellowship program director and faculty. The fellow should be advised of any deficiencies in time to correct problems prior to completion of the fellowship.

- 2.1.10 Fellows must be given the opportunity to evaluate the program overall, as well as all rotations, conferences, and faculty. These evaluations should be obtained in as confidential a manner as possible. The program director should regularly assess the post-training clinical and research activities of past fellows to determine whether the goals of the training programs are being achieved, namely, the production of effective academic and community-based breast specialists.

## Appendix A

The educational objectives outlined under Breast Imaging, Breast Surgery, Community Service and Outreach, Genetics, Medical Oncology, Pathology, Plastic and Reconstructive Surgery, Psycho- Oncology, Radiation Oncology, and Research are considered important goals and should form the core educational experiences for an interdisciplinary breast cancer fellowship program.

Achievement of each of the objectives will vary depending on the fellow's area of pre-fellowship training.

### 1. Objectives

- 1.1. *Breast Imaging*. At the completion of the training period, the fellow should be able to:
  - 1.1.1. Understand the techniques of diagnostic mammography, including the BI-RADS nomenclature, recommendations for additional views, and identify mammographic characteristics of benign and malignant disease.
  - 1.1.2. Demonstrate experience in the performance of breast sonography and distinguish normal breast sonographic anatomy, sonographic characteristics of simple cysts, complex cysts, well-circumscribed probably benign mass, and solid mass of suspicious nature.
  - 1.1.3. Demonstrate experience in selecting image-guided breast intervention procedures, including but not limited to, ductograms, image-guided (i.e., ultrasound, stereotactic, MRI and others) fine needle aspiration, and core biopsies.
  - 1.1.4. Discuss the evolving breast imaging technologies.
  - 1.1.5. Evaluate the present indications for and possible future applications of MRI in the management of malignant and benign breast disease.
  - 1.1.6. Select, recommend, and interpret the techniques of breast lymphoscintigraphy.
  - 1.1.7. Discuss the complexities, advantages and disadvantages of breast screening trials in women at different age groups.