Review principles and content of **Communication/Patient Teaching**, including
- Patient satisfaction
- Amount of radiation to patient during mammogram
- Comparing digital and film – lower dose with digital
- Difficulty in positioning small breasts- limited space between bucky and compression paddle
- Instruction to relax and take deep breath to improve image
- Dense breast tissue, possibility of obscuring abnormality

Review principles of **infection prevention**, including
- Handwashing before and after each procedure

Review principles of basic **safety**, including
- Patient identifiers
- Correcting an error on patient screening form
- ALARA principles
- Time, distance, shielding principles
- Common cause for increased radiation to patient, repeat exposures
- Verify patient identity – first task before exam

Review important aspect of **technical mammography knowledge**, such as
- High mAs = lengthy time of exposure
- 2 standard views in routine screening: cranial-caudal and medial-lateral oblique
- Intensity of radiation greatest at chest wall
- Cooper’s ligaments – definition
- Weekly QC check – phantom image
- XCCL to see retro-mammary fat on cranial-caudal view
- Medial aspect on right cranial-caudal view=upper inner quadrant
- Uniform thickness of specimen, excisional biopsy
- Positioning for medial-lateral oblique – cassette holder parallel to pectoralis muscle
- Tall patient, larger than usual angle to obtain proper position of cassette holder
- Cranial-Caudal view to show medial and central structures
- Additional image for breast implants – implant displaced views
- Inflammatory breast Ca, peau d’orange appearance of breast
- Purpose of magnification, evaluate borders of lesion
- Core biopsy, supplies and equipment – wide/large needle
- Maximum visibility most difficult at chest wall
- Large breast, difficult viewing IMF