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Susan D. John, M.D.

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THE UNIVERSITY *of* TEXAS  
HEALTH SCIENCE CENTER  
AT HOUSTON

# Learning Objectives

- Understand the value of direct communication with patients in radiology practice
- Define the challenges of promoting a culture of patient-centered care in radiology departments.
- Create opportunities to make a positive impact on patients before, during, and after imaging

# Why Should Radiologists Be Patient-Centered?



IOM. Crossing the quality chasm: a new health system for the 21<sup>st</sup> century. Washington DC: National Academy Press, 2001

- Institute of Medicine goals for the healthcare system
  - Should be:
    - Safe
    - Effective
    - Patient-centered
    - Timely
    - Efficient
    - Equitable

# Professionalism in Medicine

- Pertinent domains of professionalism
  - Creating supportive environment conducive to effective communication
  - Effectively communicating with patient, family, healthcare team
  - Treating patients with empathy, compassion, and respect
  - Eliciting and addressing patient's understanding, concerns and fears
  - Behaving in an ethical, responsible, reliable, respectful manner
  - Working effectively with the healthcare team to facilitate patient care
  - Projecting a professional image in interpersonal relationships, manner, and dress

Christianson, *From Traditional to Patient-Centered Learning*.  
*Acad Med* 2007; 82(11):1079-1088

# New Educational Mandates

- ACGME 2002
  - Introduced the core competencies for medical education
    - Medical knowledge
    - Patient care
    - Interpersonal and communication skills
    - Professionalism
    - Practice-based learning and improvement
    - Systems-based learning
- Maintenance of certification – based on same competencies

# ACGME Milestones

- Key dimensions of the elements of physician competency
  - To be used as a framework for assessing resident development during training
- 2 of the 12 Radiology Milestones groups
  - Effective communication with patients, families, and caregivers
  - Effective communication with members of the healthcare team



# The Doctor-Patient Relationship



- The foundation of the place and influence of physicians in society
- Traditionally built on familiarity and trust
- Weak to non-existent in radiology

Ruiz, Glazer. The state of radiology in 2006: **Very high spatial resolution but no visibility**. *Radiology* 2006; 241, 11-16

# Definition of Patient-Centered Care

- “Care that honors and responds to individual patient preferences, needs, values, and goals.”

Greene, A Framework for Making Patient-Centered Care Front and Center. *The Permanente Journal* 2012 Summer; 16(3):49-53





# Patient-Centered Care: It Takes a System

- Multi-dimensional concept, goes beyond the physician-patient relationship
  - Communication
  - High functioning teams
  - Clinical decision support
  - Access to care
  - Supportive information technology
  - Patient friendly environment



# What Patients Want

- Easy access
- Information content of study
- “Face Time” with doctor
- Rapid feedback
- Reassurance or rapid triage
- Cost flexibility
- Transparent pricing and billing
- Self-reliance



...greater degree of control!

# What Patients (and Others) Want

- Patient-centered care promoted by CMS and many others
- CAHPS Survey (Consumer Assessment of Healthcare Providers and Systems)
  - Survey of patient's perspectives on hospital care
  - Questions relevant to imaging
    - Communication with doctors
    - Communication with nurses
    - Responsiveness of staff
    - Discharge information
- Practice performance is a matter of public record
  - Public reporting of data began in 2008

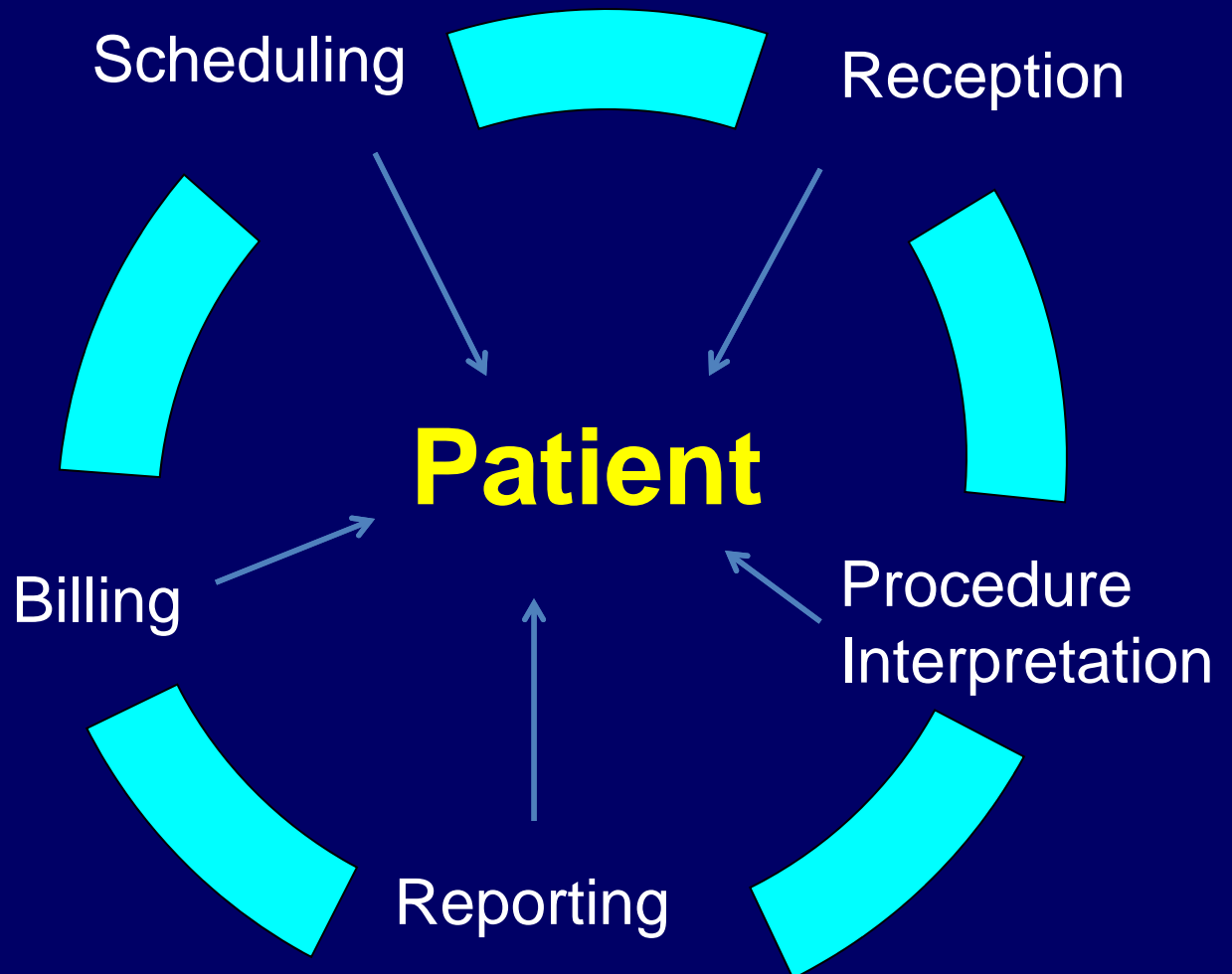


# What Does It Mean to Be Focused on Our Patients?



# Patient-Centered Radiology

All components of our work require effective communication and attention to patient needs



# Accuracy of Appointment

- Correct exam scheduled?
- Preparation given to patient?
- Arrival time and exam time explained?



# Accurate and Readable Reports

- Not just for physician consumption any more
  - Remember that patients will be able to see your report
- Voice recognition
  - Fast
  - Needs careful editing
  - Be careful with templates
- Must be prepared to discuss findings/exams with patient

# Communication in Academics

- Traditionally, academic radiologists spend much of their day “communicating”:
  - Teaching residents and medical students
  - Consulting with services
  - Team rounds
  - Departmental and multidisciplinary conferences
  - Medical school and hospital meetings
- Tend to be focused on medical diagnostics and therapeutics
  - Patient needs can get lost



# Features of Effective Communication

- Begins with listening
- Creates a fabric of trust
  - Honesty
  - Consistency
  - Privacy
- Clear, empathetic, tailored to patient's needs and abilities
- Welcomes participation of families, friends, and caregivers

# Face-to-Face Patient Interactions

Some types of radiology practice have greater opportunities for communicating directly with patients

- Interventional radiologists
- Breast imagers
- Pediatric radiologists
- Radiation oncologists



## Enhancing Patient's Radiology Experience

- 307 patients surveyed (34% met with radiologist **before** their exam) – meeting lasted about 3 minutes
- My name is Dr.\_\_\_\_\_. I am a radiology resident. A radiologist is a physician specialized at reading and interpreting your x-rays, CT scans, MRIs, ultrasounds, etc. Similar to other physicians, we complete college and medical school. After medical school we spend an additional 5 to 7 years learning how to interpret images and how to perform minimally invasive nonsurgical procedures that aid in diagnosis and treatment of diseases. After our meeting a technologist will take images of you. I will then look at the images with a board- certified staff radiologist and make a diagnosis. My findings will be reported to your physician within 24 hours. Your physician, guided by my report, will formulate a plan for your continued care.

# Enhancing Patient's Radiology Experience

- 307 patients surveyed (34% met with radiologist **before** their exam) – meeting lasted about 3 minutes
  - Before meeting, 54% knew we are physicians
  - After meeting, 100% said it was a positive experience, 91% had better understanding of radiology, 52% said it had improved the quality of their care
  - 12% didn't know they had met the radiologist

# Lessons Patients Learn from Talking with Radiologists

- Radiologist as Imaging Expert, Knowledgeable Physician
- Radiologist as Patient Advocate
- Radiologist as Gatekeeper
- Radiologist as Referring Physician

# Define the Expectations

- Define desirable professional behaviors
  - Introducing oneself to patient
  - Using language that patients can understand
  - Allowing opportunities to ask questions
  - Treating patients and families with courtesy
  - Performing follow-up contact after procedures
- Describe undesirable behaviors
  - Speaking negatively about other services
  - Telling patient how busy you are
  - Saying “I can’t help you”, without helping to find someone who can

# Multisource (360 degree) Feedback

- Questionnaires submitted to multiple evaluators:
  - Residents
    - Fellow residents
    - Supervising radiologists
    - Technologists
    - Patients
  - Faculty
    - Colleagues
    - Referring physicians
    - Patients

	Excellent	Very Good	Good	Fair	Poor
<b>Patient Care</b>					
Washes hands before touching patient					
Conducts "procedural time-out" before a case begins					
Provides emergent treatment of a contrast or other reaction					
Demonstrates proper planning and technique performing studies					
<b>Interpersonal and Communication Skills</b>					
Introduces self to patients and families					
Explains procedures appropriately					
Answers patient's questions clearly					
Shows sensitivity to and communicates effectively with all members of the health care team					
Consistently demonstrates willingness to listen to nursing and technical staff					
Consistently explains information to patients and families using clear terms					
<b>Professionalism</b>					
Interacts well with co-workers and staff					
Accepts responsibility (does not blame others or the system)					
Never misrepresents / falsifies actions or information					
Provides equitable care regardless of patient's race, ethnicity, gender, or beliefs					
Does more work than just to get by					
Treats others with respect, does not demean or make others feel inferior					
Helps others when needed without being prompted					
Completes and fulfills responsibilities					

Lockyer, Radiology 2008; 247:771-778  
 Wood, Acad Radiol 2004; 931-938



# Good Communication Skills Require Practice

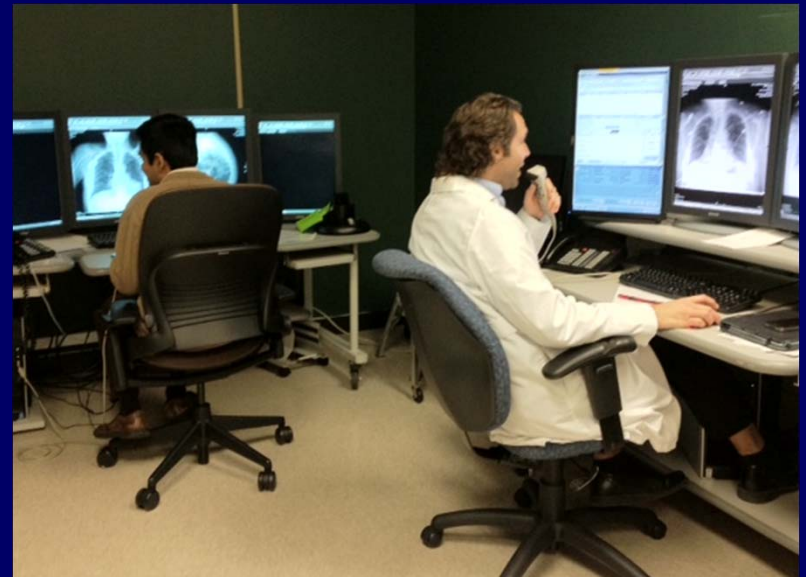
- Resident workload may need to be adjusted to allow time for patient interactions
- J Gen Intern Med. 2012 April; 27(4): 473–477
  - Resident patient load cut in half
  - Better professional learning, patients more satisfied, medical knowledge did not suffer



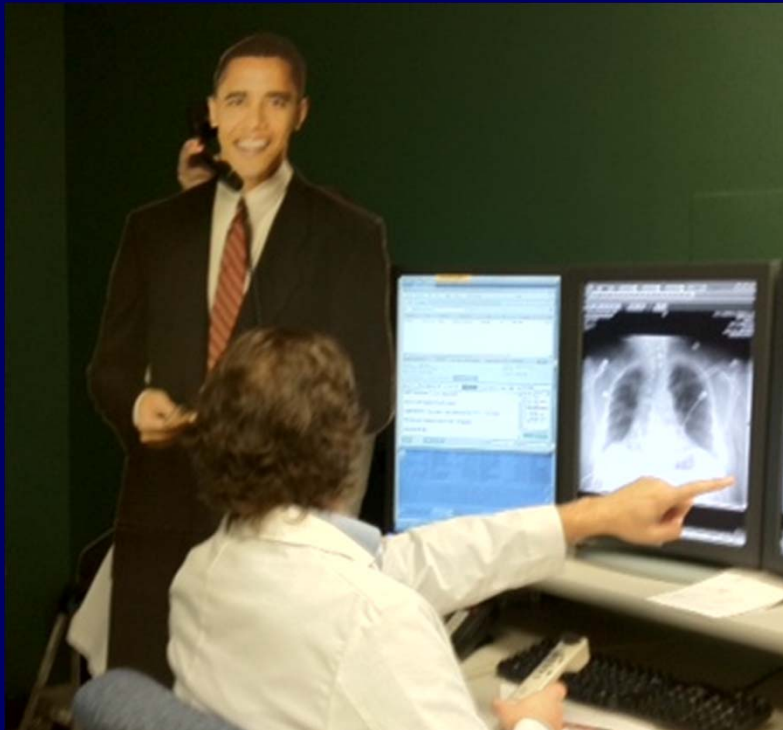


# Technology in Education

- More computer-based teaching
- PACS
  - Decreased need to “visit” the patient care areas
  - Reading rooms can be remote
- Improved electronic communication tools
- Faster communication, but is it still effective?



# Emphasize Active Communication



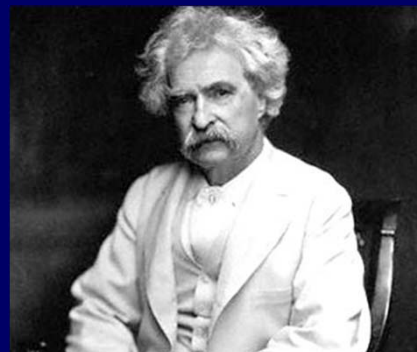
- Phone calls to referring physicians for important urgent findings or procedural events
- Communication with patient or referring physicians before procedures to clarify diagnoses/clinical questions
- Use Tumor Boards/interdisciplinary conferences/ICU rounds to embed as an essential member of team.

# Patient Simulations and Role Playing

- Patient care scenarios requiring communication
- Feedback from patient and from peers
- Example: A scenario where a complex medical issue needs to be explained to a patient or family without sophisticated medical knowledge



# Storytelling



- Professionalism rounds, where residents tell the stories of observed good and bad examples of physician and staff interactions with patients.
- Share scenarios where interaction between a radiologist and a patient resulted in a better outcome.
- Invite **patients** to talk with residents and faculty about how their experience in Radiology affected them.

# The New York Times

## Sick and Scared, and Waiting, Waiting, Waiting

By Gina Kolata

Published: August 20, 2005

“Freddie Odlum spent two terrible days waiting by the phone for her doctor to call. She had had a CT scan to investigate a suspicious mass in her lungs and Ms. Odlum, a Los Angeles breast cancer patient, was all too aware that if the cancer had spread, her prognosis would not be good. . . .

But her doctor did not call [for several weeks]. . . . The scan did not show cancer, but she could not forgive her doctor. ‘This internist had been my family doctor for years,’ Ms. Odlum said. . . . ‘I never spoke to him again.’”

# Giving Bad News

- An uncomfortable role for many radiologists
  - Survey of 261 patients:
    - 92% wanted to be told of normal results
    - 87% wanted to be told of abnormal result
    - 94% felt entitled to explanation of results by the radiologist

Schreiber, et al. *American Journal of Radiology* 1995; 165, 467-469

- Survey of 86 patients undergoing CT, US exams
  - 91% preferred hearing results from both radiologist and ordering provider
  - Anxiety of patients decreased in 48% after consulting with radiologist

Pahade, et al. *AJR* 2012; 199(4):844-851

# Disclosing Errors

- Limited experience in direct patient communication may further impede effective communication about errors.
- If radiologists remain reliant on other physicians to disclose their errors, they will have little input into whether or how errors are communicated to their patients.

Stephen Brown, Radiology 2012; 262:381-386

# Errors

- We all make them
- The response to a radiologist error is very different when the patient or the referring physician “knows” the radiologist





# Create Patient Experience Teams

- Academic environment is well-situated for multidisciplinary teams to improve the patient experience
  - Physicians
  - Technologists
  - Residents
  - Staff
  - Patients
- Each team member provides different views of the patient and their needs

# Differentiating Your Practice

- Provide personal service
  - Tailored to needs of patient
  - Helpful to the referring physician
- Be visible and available
  - Also true for teleradiology
- Always remain aware that these are your patients

# Getting to Know the Patient

- “There is a whole human dimension to the patient that, if we are aware of it and take the time to get to know it, enhances our sense of dedication and our sense that we have a real opportunity to impact a patient's healthcare and life.”

Richard Gunderman

# Thoughts?

- Should radiologists take more direct responsibility for their patients?
- How can we improve our visibility and communication with patients?
- What resources/training do we need to do this better?

# Patient-Centered Radiology

## Presentation Contributors

- Philip O. Alderson, M.D.
- Michael Brant-Zawadzki, M.D.
- Marcy A. Brown, A.R.R.T
- Carol M. Rumack, M.D.
- Eric J. Stern, M.D.
- Joseph H. Tashjian, M.D.
- Harvey L. Neiman, M.D.

## Steering Committee

- Mary Mahoney, M.D, Chair
- James Brink, M.D.
- Stephen Brown, M.D.
- Brian Funaki, M.D.
- Jennifer Kemp, M.D.
- Vincent Mathews, M.D.
- Volney Van Dalsem III, M.D.
- William Thorwarth Jr., M.D.,  
RSNA Liaison

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