

Patient-Centered Radiology: How to Communicate Effectively

Communication in Academic Departments (Changing the Culture of Radiology One Resident at a Time)

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AT HOUSTON

Learning Objectives

- Define the challenges of promoting a culture of patient-centered care in academic radiology departments.
- Develop processes and learning opportunities that will help residents and faculty engage in more meaningful and personal communications with patients.

Why Should Radiologists Be Patient-Centered?



IOM. Crossing the quality chasm: a new health system for the 21st 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

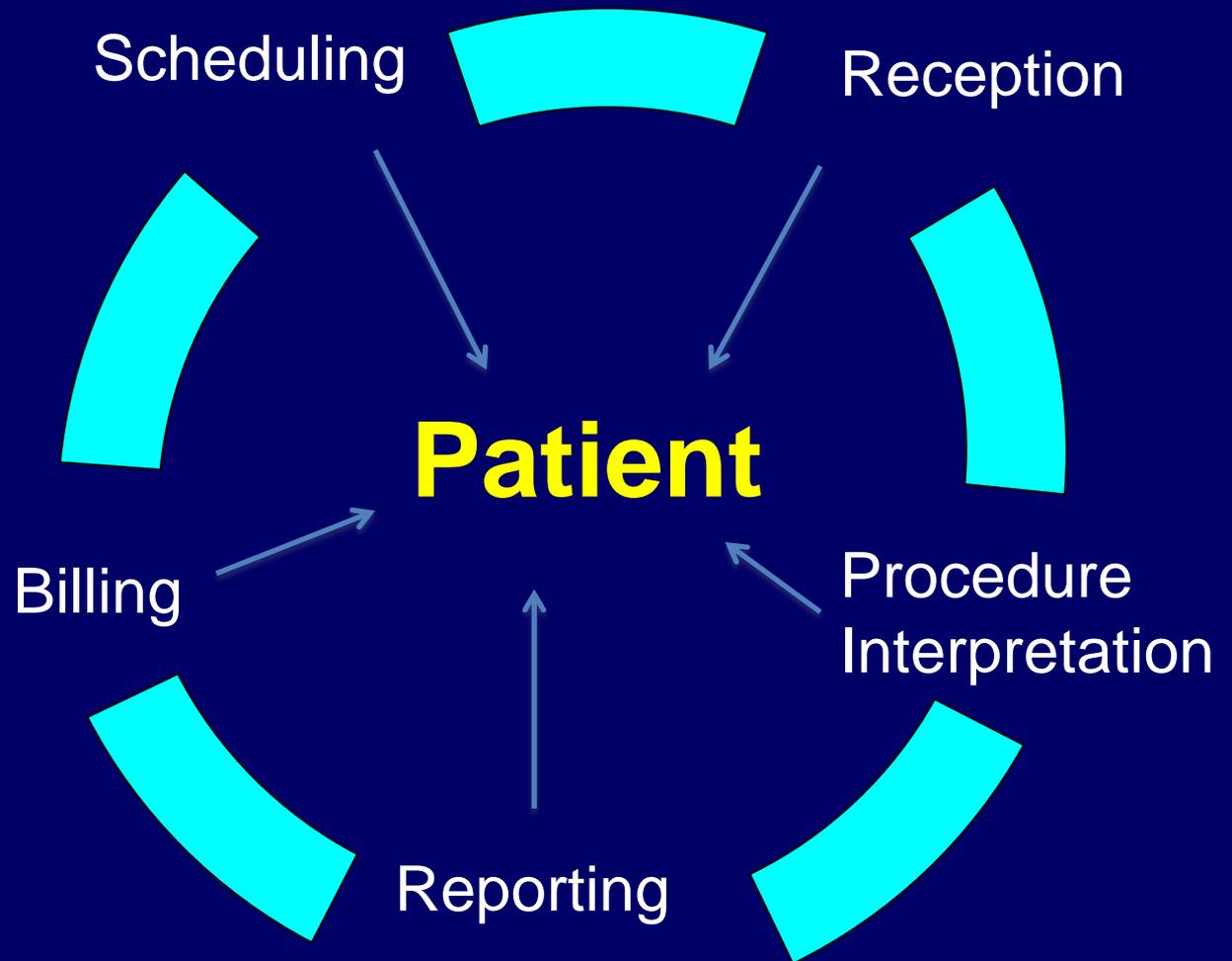


What Does It Mean to Be Focused on Our Patients?



Patient-Centered Radiology

All components of our work require effective communication



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
- Promotes clear, empathetic communication 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



Changes in Radiology Resident Education

- New curriculum
 - More compressed time for teaching core curriculum
 - Increasing subspecialization
 - More medical knowledge to gain
- Increased scrutiny of duty hour rules and resident supervision
- Increasing prevalence of 24 hour in-house faculty coverage
 - Decrease opportunities for independent resident function

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?



Promoting Effective Communications and Patient-Centered Practices

- Must be an integral part of departmental culture
 - Stated clearly in mission statement
 - Repeated often in many settings
 - Included in faculty and resident evaluations
 - Rewarded
 - Recognition/compensation

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

Develop a Program

Donnelly, Strife, Radiology
2006; 238:773-779

- Professionalism in Radiology booklet
 - Defines and explains dept. standards
- Patient satisfaction surveys
 - Specific questions about physician interactions
- Department scorecard (Donnelly et al, Radiographics 2010;30:2029-2038)
 - Based on surveys, resident/fellow evaluations, complaints
- Guidelines for conduct in conferences
- Faculty evaluations emphasizing professionalism and communication

Multisource (360 degree) Feedback

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

	Excellent	Very Good
Patient Care		
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		
Interpersonal and Communication Skills		
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		
Professionalism		
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		
Accepts responsibility for own actions		

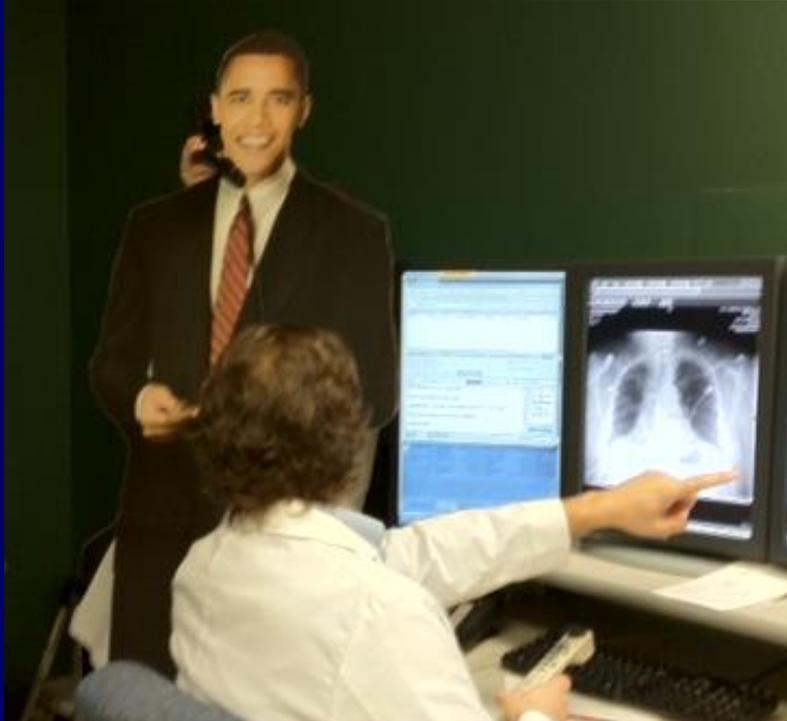
Lockyer, Radiology 2008; 247:771-778
 Wood, Acad Radiol 2004; 931-938

Good Communication Skills Require Practice

- Resident workload may need to be adjusted to allow time for patient interactions



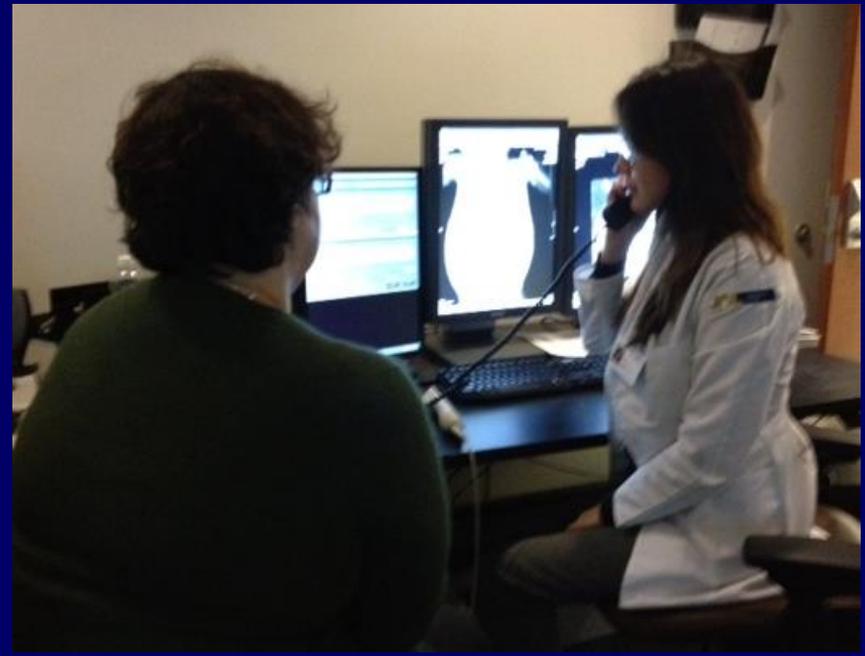
Emphasize Active Communication



- 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.

Resident Feedback

- Rotation evaluations
 - Mid rotation
 - End of rotation
- Immediate feedback on observations

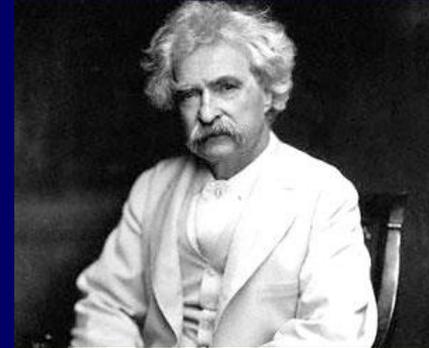


Patient Simulations and Role Playing

- 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

- 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

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

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

Patient-Centered Radiology

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