

Volume 10 - Issue 5, 2010 - Editorial

Managing Patient Communication

Dear Readers,

The focus of this edition is on patient management topics in medical imaging: we cover the ins and outs of informed consent in interventional radiology, the decreasing visibility of radiologists to their patients and referring clinicians and the issues surrounding this, as well as ways to reduce patient anxiety and the role of nurses in improving and facilitating communication. Patient questionnaires can reasonably easily assess their satisfaction with a service that has been provided. However, these will only address the narrow issues of the ease and timeliness of arranging appointments, the efficiency of the examination, the quality of the changing facilities and the care and consideration of the radiographic and support staff in the department. The actual quality of the examination will not be appreciated by the patient and although they will be informed of the result of the study by the referring doctor, in most cases they will not know the pivotal role of the radiologist in the interpretation of the examination, the relevance of the findings to their clinical condition and the overall management of the whole patient pathway.

Obviously those examinations with considerable direct radiologist contact with the patient such as ultrasound studies or interventional procedures will be exceptions but even in these areas, in some countries the ultrasound studies are performed by others and in interventional cases the contact may be limited to the procedure itself or the consent process.

This lack of awareness of the role of radiologists and often radiographers by patients has increased significantly due to digital imaging systems such as CT and MR and is compounded by the growth of teleradiology, which may even excise the contact between clinicians and radiologists and in mobile units with radiographers. In many cases where patients are undergoing computerised exams the radiologists may not be in the same building. The vast increase in workload and throughput required by modern high capital cost imaging systems has reduced further the contact with patients in the imaging departments and often presents an impersonal environment for the patient. The importance of recognising patient concern and stress of an unknown diagnosis must be recognised and addressed.

Radiologists have often spent time in direct clinical patient care prior to specialising in radiology. They should be confident to deal directly with patients and ensure they are available to discuss patients' symptoms and concerns prior to the exam and to make it clear that they will be reporting the exam. Where appropriate they should be willing to communicate the results of examinations directly to the patient while bearing in mind that breaking bad news must be undertaken only in the right circumstances.

Radiologists should also ensure that they involve themselves in multidisciplinary discussions and clinical meetings and be available to discuss findings and manage individual patients' imaging pathway. Radiologists undertaking interventional procedures must take a full part in the clinical care of their patients and should be prepared to be responsible for cases in hospital and outpatient departments where appropriate. Managers must ensure they have access to the necessary hospital resources on equal terms with other clinicians.

In essence, despite the pressure of reporting examinations and the analysis of multiple images and computer based reconstructions they must get out and communicate with the patient and maintain a close dialogue with all clinicians.

Published on : Mon, 20 Dec 2010