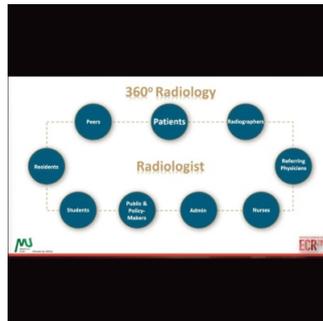


ECR 2024 Day 3: Good Communication Practices Is Beneficial To Radiologists And Patients



Carlo Catalano, President of the European Society of Radiology, insisted in his opening address on the aspect that radiologists have to change the way they approach their profession. Next Generation Radiology means taking a step forward in different ways. Taking the time to better communicate with patients is one of these steps, and was the focus of a dedicated session.

As stated by Carlo Catalano (Italy) in the first lecture, radiology departments are living a technological revolution, but the development and use of new equipment increased the daily workload and resulted in a loss of contact with patients and referrals. Radiologists became invisible. Now AI is the latest kind of innovation, and it is changing the future of radiology and medicine in the way that it supports clinical radiologists in many activities and can give them back some time, allowing them to have an active role in making the diagnosis, defining the therapy and predict the response. AI empowers radiologists to a leading position in multidisciplinary medicine and can allow for more targeted and value-based radiology and care.

The ESR Patient Advocacy Group (PAG) set out objectives to enhance patient care while optimising the workflow and costs, including involvement in multidisciplinary communication and clinical trials, targeted screening for a more personalised treatment, and paraverbal communication making information accessible in a way that is understandable for non-professionals communication to raise awareness. ESR plays an essential role in increasing the visibility of the radiologist and their important role on all levels and supporting exchange, progress and building bridges at congresses. An often overlooked opportunity for radiologists is to "Be accepted" as a communication tool to enhance the visibility and identity on a multidisciplinary level and among patients and the non-medical world.

In the changing world of radiology, it is important to shift the mind of radiologist from being the one who delivers bad news to being the one who opens the treatment chain for patients. All that is possible starts with the radiologist, and communication is the cornerstone of that paradigm shift.

360-degree approach radiology: communication best practices from the "Be Accepted" program

Michael Fuchsjäger (Austria) offered insights on how "Be accepted" is used in practice and what are the benefits of a 360-degree approach to radiology on a multidisciplinary level. Age of digitalisation in radiology led to radiologists becoming invisible. Value-base healthcare is also a recent concept, and it posed a challenge in the way that it takes correct diagnosis for granted and sees it as a commodity. Efforts were made to define and research on value-based radiology, including surveys: one on the role and identity of the radiologist, and one patient survey. This unveiled that a large part of the enjoyment of being a radiologist comes from communicating, engaging and interacting with other persons (peers, students, patients, multidisciplinary board...). Surveyed radiologist recognized the need for formal communication training. In the patient survey, safety and efficacy factors came up first, but communication topics also ranked high, and the need for easier access to personal consultation was noted.

Communication is imperative. In an ESR white paper, the roles of radiologists were defined: Doctor, Protector but also a Communicator, and an Innovator and Teacher. Radiology is at the start of every patient journey, and a good communication from radiologists can provide a starting advantage to the patient, and bring a positive influence on their mindset. Radiologists should get out of the doctors' doctor role and reclaim their place in patient-centred care. In the communication of report, radiologists must make sure that the clinical meaning is correct, complete, well understandable, structured and uses standardized terminology. Specific follow-up recommendations should be provided, as well as contact information at the bottom. Reports should be made available to patients via a portal.

Improving patients' experience can be done by creating a patient-friendly department, offering detailed instructions for examinations, being available to talk to patients when requested, developing patient communication tools and receiving formal communication training. The "be accepted" program offers all necessary information: magazine & webpage, lay-language information that is multidisciplinary, relevant, adequate

and evidence-based. Such communication tools will make patients perfectly prepared for the next steps of their care journey.

As stated by Peter Moskowitz, radiologists need to institute a culture change in their work by paying greater attention to ourselves individually and collectively, improving our mental and physical health, and creating healthier work environments in which to practice, ultimately reducing physician stress and burnout reduces medical errors. enhances physician retention, and improves physician and patient satisfaction.

Preparing and educating the patient for shared decision-making

Fiona J. Gilbert (United Kingdom) offered a lecture stressing how important evidence-based information is for patients and how to protect them from false information. Sharing the decision-making process needs a foundational level of patient education, but tools and best practices can be implemented to facilitate.

Estimated there are approximately 70,000 health-related searches on Google every minute, but Dr Google is not always right, and fake medical news can be harmful to patients. Anxiety can result from cyberchondria, the excessive searching of the internet to understand symptoms. Nearly 40% of Australians look for online health information to self-treat medical issues, but an Australian study found Dr Google correctly diagnosed symptoms as the first result in only 36% of cases but in 52% of searches the correct diagnosis was in top three results. It is essential that radiologists guide patients to trustworthy websites tailored to their needs. The use of lay-language is crucial, as the readability level of the general public is about that of between an 11 and 14 year old.

A survey published by the ESR shows that patients felt the provision of information could be improved. The better informed, the better prepared a patient is. This will make patients feel calm, confident and secure. Providing information to patients on time and in an understandable language results in a smoother workflow for radiologists and in an early advantage in the future multidisciplinary patient journey.

At the core of the patient-doctor relationship is trust. The radiologist role in preparing the patient before imaging is essential to understand nature of the test, to know the limitations of the test, to anticipate the likely diagnosis and to understand the likely treatment and management plan in place. Radiologists are in a key role anticipating the needs and expectations of patients, for a better management of the next steps in the patient journey. Radiologists need to explain the aftercare and to give the patient written information as they are the first trusted healthcare professional with whom the patient is interacting after referral, prior to meeting with the surgeon or oncologist.

Radiologist needs to be able to filter the right amount of information and avoid giving too many facts at one time. Radiologist should be able to read the situation and gauge whether or not the patient wants more information and how best to deliver the information. It is difficult to find the right balance on the phone or online, breaking bad news ideally needs a face to face situation with health professional support. As key members of the care team, radiologists need to ensure patient has their appointment with their clinician.

A shared decision making is only possible by educating patients about their treatment process. Patients want to know immediately the diagnosis, they want to know what treatment is required, but while patient access to radiology reports is necessary, it is not sufficient to make truly informed shared decision making a realistic possibility. Patients need to understand disease, management and outcome.

Requirements to allow patient access to radiology report as soon as it is available are multiple. Reports must be understandable for patients, give a summary or conclusion. Technical terms can still be used, but jargon must be avoided. Preparing and educating the patient for shared decision making requires good communication, set expectations, layman information available on web sites, and radiologists should be trained and aware of their central role.

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