

# A Review of Resources and Methodologies Available for Teaching and Assessing Patient-Related Communication Skills in Radiology

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ACGME expectations for radiology trainees' proficiencies in communication skills pose a challenge to program directors who wish to develop curricula addressing these competencies. Numerous educational resources and pedagogical approaches have emerged to address such competencies specifically for radiology, but have yet to be systematically catalogued. In this paper, we review and compile these resources into a toolkit that will help residencies develop curricula around patient-centered communication. We describe numerous web-based resources and published models that have incorporated innovative, contemporary pedagogical techniques. In undertaking this compilation, our hope is to kindle discussion about the development of formalized or standardized communication curricula or guides for radiology residencies.

**Key Words:** Radiology; resident; communication; patient; education.

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## INTRODUCTION

As originally outlined in the core competencies of the Accreditation Council of Graduate Medical Education (ACGME) in the late 1990s, radiology program directors are responsible for helping their trainees meet basic expectations for proficiency in communication (1). With the advent of the ACGME Milestones, this communication competency has been further clarified to help assess residents' performance. The milestones now require that residents be able to communicate effectively with patients, families, and caregivers in both routine and complex conversations (Interpersonal and Communication Skills ICS2 from the ACGME Radiology Milestones) (2,3). In addition, residents must be able to convey results of imaging studies effectively with members of the health care team both during interdisciplinary conferences and through their radiology reports (Interpersonal and

Communication Skills ICS1 from the ACGME Radiology Milestones) (3).

The ACGME expectations echo a now sizable chorus of leaders in radiology who have long beseeched the field to embrace more direct patient communication as a matter of optimal patient-centered care, in which care better incorporates patients' preferences and values, recognizes the needs of diverse communities, and ultimately leads to improved health care satisfaction and outcomes (1,4–8). Specific initiatives advanced by radiologic professional organizations to encourage such practices include the American College of Radiology (ACR) Commission on Patient- and Family-Centered Care (formerly the ACR Patient Experience Commission) (9,10) ACR's Imaging 3.0 (11), the Radiological Society of North America (RSNA) Radiology Cares Program (12), and The American Board of Radiology (ABR) Maintenance of Certification Program (13). These programs promote a unified vision that understands augmented patient-centered care as a major vehicle through which to achieve high value practice (8–13).

These standards challenge program directors to address communication competencies within their training curricula, and to develop both educational resources and assessment tools for their residents. Over time, numerous teaching resources and pedagogical approaches have materialized that target patient-related communication skills specifically for radiology. Currently, however, these tools are scattered independently throughout the literature, on various websites, and elsewhere. No

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organized catalogue of existing resources is available, which makes it difficult for training programs to incorporate and synthesize them into coherent, formalized communication curricula. A major gap thus exists in the competency expectations that have been established by the ACGME and radiology leadership, and the formalized curricular opportunities within training programs to teach this competency.

A growing trove of web-based material offers courses, vignettes, lectures, videos, case-studies, and compilations of relevant literature. Innovative pedagogical approaches have been developed that incorporate key elements of microteaching, adult education and simulation into teaching and assessing communication and interpersonal skills in radiology. More general devices such as mnemonics, scripts, and articles have also been published to assist residents with patient-related communication. Tools exist already to assess competency in communication and interpersonal skills, for example the Gap Kalamazoo Communication Assessment Tool for radiologists (14). This paper aims to address the gap by reviewing and compiling these resources into a toolkit that will help residencies develop curricula around patient-centered communication. With this review, we hope to kindle discussion about the development of formalized or standardized communication curricula or guides for radiology residencies.

## WEB-BASED RESOURCES

The RSNA Professionalism Committee and Radiology Cares campaign, as well as the ACR Imaging 3.0 program and the Commission on Patient- and Family-Centered Care (PFCC) all house websites that collectively represent an extensive online repository of patient-centered radiology tools for radiologists (11,12,15–17). Much of these materials address patient-related communication directly.

The RSNA Professionalism website is dedicated to physician education about professionalism in radiology. The website features case-based vignettes, recorded lectures, reading lists, and on-line courses. The vignettes are quick, free case studies with associated questions and answers (16). Each vignette provides a powerful teaching tool for residency curricula in professionalism, and some are specifically targeted to communication (for example, bad news, error disclosure and interacting with patients via social media). In addition, the website provides lecture presentations from the RSNA 2010 annual meeting that cover both radiologist-patient communication and professionalism. For instance, one presentation covers disclosure of medical errors (18), while another discusses the evolution towards radiologist-patient communication (19). A small listing of educational articles about resident communication is also provided.

In addition to the vignettes, the RSNA Professionalism resources include the membership-required online Ethics and Professionalism Courses (15). These AMA and SA-CME credit-eligible interactive web-based PowerPoint courses, initially produced by the ABR and revised by the RSNA Professionalism Committee, cover a range of topics that may be effectively

incorporated into training program professionalism curricula and address both patient-related communication and communication with peers and others in the healthcare arena (such as vendors and employers). The major difference between the vignettes and the online course is the approach as well as cost: the vignettes are designed for a relatively quick educational experience with free access, while the course is a more comprehensive, interactive experience requiring RSNA membership and a post-test.

The RSNA's Radiology Cares website includes online videos describing and depicting positive patient to radiologist communication (12). Established by the RSNA Patient-Centered Radiology Steering Committee, the campaign's stated goals specifically include enhancing "radiologists' meaningful engagement in their patients' experiences throughout the continuum of their radiologic care" and "effective communications between radiologists, patients and other healthcare providers." (12). Resources include a video describing how radiologists and staff have made a difference in specific patient's lives, and Massachusetts General Hospital's "Patient Consultation", in which a patient describes the importance of her interaction with a radiologist (20).

The ACR Imaging 3.0 website discusses the economics, business related practices, government rules and regulations as it relates to patient-centered care. As stated in its Imaging 3.0 Speaker Toolkit PowerPoint presentations, Imaging 3.0 is the framework for Radiology's future and a blueprint value-based care. Such care incorporates image interpretation with appropriate resource utilization, enhanced quality and safety, optimized results reporting and evidence-based recommendations (21). The purpose of this toolkit is to help radiology practices apply the Imaging 3.0 model within their hospitals, departments, or institutions. ACR leaders clearly see enhanced communication with patients as a major component of value-based care and key to the professions' long-term interests (17,22). The Imaging 3.0 online resources are a well-presented manifestation of that priority, with provision of "Case Studies" demonstrating how actual practices incorporate patient communication into their everyday work schedule (23). One example depicts how a radiologist visits patients in her hospital and helps them solve problems—a practice she began after her own diagnosis and treatment for breast cancer (24). Her program has grown to involve both clinical and administrative staff. As with the RSNA's professionalism vignettes, these resources would serve as excellent material for group reflective learning in radiology residency teaching programs.

The ACR Commission on Patient- and Family-Centered Care (PFCC) was formed "to ensure high-quality radiologic care is provided in a manner that incorporates the needs, wants, and values of our patients and communities and leads to improved health care satisfaction." (25). This commission's establishment provides a formalized venue for viewing every aspect of the business and regulatory aspects of radiology through the eyes of a patient, who is the focal point of Imaging 3.0. The commission includes patients among its membership, to help ensure that patient perspectives are incorporated di-

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