Improving Professionalism Between Radiology and Emergency Medicine

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DESCRIPTION OF THE PROBLEM

The ACGME has designated professionalism as one of the six core competencies for residency training [1]. This emphasis is deserved, because the impact of professionalism is pivotal in all aspects of medicine during training and beyond. There is a growing body of evidence documenting that a high level of professionalism, as demonstrated by positive teamwork and collegial working relationships, within and between specialties directly influences the quality of patient care [2,3]. Conversely, a lack of empathy, respect, and understanding of one's colleagues can lead to unprofessional behavior, which can deter an effective work environment and, most importantly, risk patient care and safety. To maintain these desired levels of professionalism, it is imperative for the medical community to establish a cordial and effective work environment among medical professionals as well as to promote a humanistic relationship between health providers and their patients.

Despite frequent interdepartmental interactions between the radiology and emergency medicine (EM) departments at our institution, anecdotal incidences of unprofessional behavior had been noticed without formal acknowledgment or attempts at resolution. Some members of each department felt that at times affiliates from the other department could be confrontational, condescending, or rude. There was also a general misunderstanding of certain rules and protocols that the other department members prioritized, which directly affected both departments. In response, representatives from both departments began an initiative to promote interdepartmental communication and professionalism with a shared spirit of quality improvement (ie, "systematic and continuous actions that lead to measurable improvement in health care services" [4]).

The objective of the program was to methodically approach the concerns related to the two departments through open communication and discussions; this concept included the use of anonymous surveys as well as intra- and interdepartmental meetings as the basis for identifying the issues and developing ways to address them. Although the benefit of meetings with both departments present may seem indisputable, meetings of this type were novel for all participants. In addition, the survey and the multidisciplinary meetings that were created helped to not only uncover problem areas but also measure several parameters of the success of the activity as it evolved.

WHAT WAS DONE

In August 2015, a core group of faculty members and residents from the radiology and EM departments met to discuss interdepartmental issues that have plagued the relationships between both departments. The objective of this committee was to brainstorm innovative strategies to improve professionalism and for the members to serve as the professionalism liaisons to their respective departments to promote this initiative. The core group created a 20-question baseline survey for residents and faculty of both programs to evaluate their current perception of professional behavior between the two groups, describe situations in which unprofessional behavior had been observed, and identify areas for improvement (Table 1). Responses were anonymous and allowed for free text input to obtain a deeper look into the respondents' thoughts. Responses from both departments were compiled and analyzed by the core group (Tables 2 and 3).

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Table 1. Baseline survey demographics (n = 109)

Demographics	n	%
Radiology		
Faculty	29	26.6
Residents	25	22.9
Emergency medicine		
Faculty	21	19.3
Residents	34	31.2

Separate intradepartmental conferences were held in the radiology and EM departments to discuss the project, review the survey results, obtain additional feedback, and make suggestions for solutions. From the survey results and initial activities, three key issues were identified to address: communication, shared information and protocols, and misconceptions. Regarding communication, there was clearly a lack of open and respectful dialogue between the radiology and EM departments. Chan et al studied this hypothesis and documented that increased familiarity among clinical teams improves empathy and understanding, facilitating patient care [5]. Our participants also felt that behaving in a more respectful manner would be more likely if individuals were familiar with the others involved in an interaction. This resulted in efforts to increase familiarity, including (1) posting pictorial rosters of the other department residents in the reading room and EM physician workstations, (2) encouraging name and title introductions when communicating via the phone, and (3) establishing a multidisciplinary conference.

Table 2. Baseline survey questions about interdepartmental professionalism in general

Question	n	%
What is your perception of the current state of professionalism between the radiology and EM departments?	91	
Needs significant improvement	3	3.3
Acceptable, but below other departments	14	15.4
Acceptable, and at the level of other departments	40	44.0
Good, better than with other departments	25	27.5
Outstanding, should be an example for other departments	9	9.9
Nonresponse	18	
To what extent do you agree with the following statement: "There is a culture of clinical collaboration between the radiology and EM departments"?	92	
Strongly disagree	3	3.3
Disagree	10	10.9
Neither agree or disagree	17	18.5
Agree	49	53.3
Strongly agree	13	14.1
Nonresponse	17	
During the last 12 months, have you been involved in a situation with a physician from the other department that you felt was an example of unprofessional behavior?	92	
Never	52	56.5
Once or twice	28	30.4
Once every few months	8	8.7
Once a month	4	4.3
Nonresponse	17	
Have you been involved in a situation where the lack of professionalism with a physician from the other department has impacted patient care?	80	
Yes	14	17.5
No	66	82.5
Nonresponse	29	

EM = emergency medicine.

Regarding shared information and protocols, it was discovered that the radiology and EM departments had different repositories with different versions of the information, which were supposedly "shared" between the two departments, although no one knew about the other department's database. In response, (1) both databases were reconciled to ensure that the most up-to-date information was available, (2) both departments were made aware of how to access the other's database, and (3) a process was put into place to ensure that future updates to one database would be made to both.

The survey and intradepartmental meetings also highlighted several misconceptions that one department had of the other. For instance, there was frequent