

Radiology Trainees' Comfort With Difficult Conversations and Attitudes About Error Disclosure: Effect of a Communication Skills Workshop

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Purpose: The aim of this study was to assess the effect of communication skills training on radiology trainees' (1) comfort with communicating directly with patients and family members about unexpected or difficult diagnoses ("bad news"), radiologic errors, and radiation risks and (2) attitudes about disclosing radiologic errors directly to patients and their families.

Methods: One hundred nine radiology trainees from 16 US programs were asked to complete questionnaires immediately before and after attending an institutional review board-exempted, full-day communication workshop. Questionnaires assessed (1) comfort communicating with patients and their families generally and about bad news, radiologic errors, and radiation risks specifically; (2) attitudes and behavioral intent regarding a hypothetical vignette involving a radiologic error; and (3) desire for additional communication training.

Results: All trainees completed the questionnaires. After completing the workshop, more trainees reported comfort communicating with patients about bad news, errors, and radiation risks (pre vs post, 44% vs 73%, 25% vs 44%, and 34% vs 58%, respectively, $P < .001$ for all). More also agreed that the radiologist in the error vignette should discuss the error with the patient (pre vs post, 84% vs 95%; $P = .002$) and apologize (pre vs post, 78% vs 94%; $P < .001$). After participation, fewer trainees reported unwillingness to disclose the error despite medicolegal concerns (pre vs post, 39 vs 15%; $P < .001$). Despite high baseline comfort (92%) and low stress (14%) talking with patients in general, most respondents after participation desired additional communication training on error disclosure (83%), general communication (56%), and radiation risks (80%).

Conclusions: This program provides effective communication training for radiology trainees. Many trainees desire more such programs.

Key Words: Communication, professionalism, diagnostic errors, education, radiology

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INTRODUCTION

Radiologists face mounting expectations to communicate directly with patients. Such expectations are driven by evolving radiologic practices, cultural changes within medicine, technological advances, medicolegal exigencies, and revised understandings of radiologists' professional

roles [1-6]. Radiologists' accountability to patient-centered and value-based care is being asserted by major professional organizations, such as the ACR and the RSNA [7,8]. Such accountability includes ensuring that patients receive timely and clear diagnostic information [1,2,4-6], discussing radiologic errors with patients directly and honestly

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[9-12], and communicating effectively about radiation exposure [13,14]. The Diagnostic Radiology Milestones established by the ACGME and the ABR now require that graduating radiology trainees be able to communicate “complex and difficult information, such as errors, complications, adverse events, and bad news” [15,16].

Radiologists face considerable barriers to meeting these standards. Even veteran physicians experience substantial stress communicating with patients about unexpected or difficult diagnoses [17,18]. When errors occur, stress may be compounded by patient anger and physician shame [10,11,17,19,20]. Involved physicians may fear causing further harm or harbor apprehensions about their own vulnerability [20,21]. Radiologists also face complex challenges communicating with patients about radiation [22]. Such conversations must overcome considerable public anxiety and a historical lack of scientific consensus. These conversations all become more challenging for radiologists who have not previously met the patients with whom they must communicate. Without baseline relationships, many radiologists and patients have not had the opportunity to establish the trust key to navigating challenging conversations.

Despite emergent communication standards for radiologists and barriers impeding effective radiologist-patient communication, few educational programs exist to help radiologists cultivate communication skills. Ideally, such programs would provide a rationale for these conversations that will help radiologists transcend their historically reticent culture, tools to enhance confidence and skills, and strategies for approaching challenging conversations with patients and families in the context of routine workflow.

Evidence suggests that traditional didactic models for teaching communication to physicians are insufficient to meet this complex demand [23-25]. Newer communication training programs in medicine, pediatrics, and surgery now combine didactic methods with simulation, role play, group discussion, and video presentations [21,25-32]. Such approaches improve physicians' skills as assessed in educational settings, although it remains uncertain whether such learning translates to better communication or improved outcomes in actual clinical practice [27,28].

In this article, we describe an experiential communication workshop customized for radiology. The program prioritizes adult pedagogy, relational learning, an emphasis on patient and family perspectives, realistic enactments with professional actors, self-reflective practice, observation, and feedback [24,33]. The program was adapted for radiology after validation for communication training in other disciplines [29-32,34]. Our objectives were to assess the effect of this communication skills training on radiology trainees' (1) comfort with communicating directly with patients and family members about unexpected or difficult diagnoses (“bad news”), radiologic errors, and radiation risks and (2)

attitudes about disclosing radiologic errors directly to patients and their families. We explored these questions by analyzing workshop participants' responses to a questionnaire completed immediately before and after attendance at the workshop.

METHODS

Overview

Twelve daylong communication skills workshops were held over 2 years. A pre-post study design evaluated how the workshop influenced radiology trainees' comfort with and attitudes about direct patient and family communication. Participants completed confidential immediate preworkshop and postworkshop questionnaires after signing permission for videotaping of case enactments and use of questionnaires for education and research. This project was exempted by the institutional review board.

Workshop Participants

Participants included 109 radiology residents and fellows from 16 US programs, 24 practicing radiologists from 17 centers, 8 nonradiologist physicians (1 pediatric urologist, 1 pediatric pulmonologist, 2 pediatric hematology and oncology fellows, 1 pediatric palliative care physician, and 3 internists), affiliated radiology personnel (19 technologists, 8 nurses, and 1 child-life specialist), 10 medical interpreters, and a professional patient advocate. Radiology trainees in the department were required to attend. Other participants were directly invited or recruited through *RSNA News*.

Each workshop was cofacilitated by a pediatric radiologist with bioethics training (SDB) and a psychologist or social worker (ECM, DMB). Other faculty members included parents of patients and radiologists with expertise in radiation safety and department leadership (MJC, RLL).

Each workshop included 5 professional actors trained in improvisation and in medical enactments.

Intervention

Pedagogical Philosophy and Approach. General details of this program have been described [33]. The workshop combines didactic and media presentations with improvised enactments between workshop participants and actors. The pedagogy emphasizes safe, collaborative learning that integrates diverse perspectives.

Workshops are held in a conference room, with enactments conducted in a separate private space that mimics a clinical consultation room. Closed-circuit video cameras allow conference room participants to view real-time enactments. Scenario participants and actors share their reactions and receive feedback from others, augmented by video playback.

Workshop Content. Each workshop features 3 modules.

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