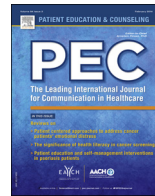




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# Voices emerging from the shadows: Radiologic practitioners' experiences of challenging conversations

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### ABSTRACT

**Objective:** Traditionally, radiologists have practiced their profession behind the scenes. Today, radiologic practitioners face mounting expectations to communicate more directly with patients. However, their experiences with patient communication are not well understood. The aim of this study was to describe the challenges of radiologic practitioners when communicating with patients.

**Methods:** Twelve day-long interprofessional communication skills workshops for radiologic clinicians were held at Boston Children's Hospital. Prior to each workshop, participants were asked to write narratives describing experiences with difficult radiologic conversations that they found particularly challenging or satisfying. The narratives were transcribed and analyzed through thematic content analysis by two researchers.

**Results:** Radiologists, radiology trainees, technologists, nurses, and medical interpreters completed 92 narratives. The most challenging aspects of healthcare conversations included: Conveying Serious News (n = 44/92; 48%); Expanded Scope of Radiologic Practice (n = 37/92; 40%); Inexperience and Gaps in Education (n = 15/92; 16%); Clinical Uncertainty (n = 14/92; 15%); and Interprofessional Teamwork (n = 9/92; 10%).

**Conclusion:** Radiologic clinicians face substantial communicative challenges focused on conveying serious, unexpected and uncertain diagnoses amid practical challenges and limited educational opportunities.

**Practice implications:** Innovative educational curricula that address these challenges may enhance radiologic practitioners' success in adopting patient-centered communication.

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## 1. Introduction

Radiologic practitioners today face mounting expectations to practice "patient-centered care." [1,2]. As elsewhere in medicine, this means orienting care to better accommodate patient preferences and values. The increasing emphasis on patient-centeredness has far reaching implications for radiology, where concerted efforts are being undertaken to realign processes at every juncture of interaction between patients and radiologic healthcare [1,2]. These include not only the procedures themselves, but also processes such as billing, scheduling, waiting times, care coordination, and facility accessibility and cleanliness. For

individual radiologists, perhaps the most personally impactful challenge of patient-centered care has been revised expectations around direct patient communication. Unlike physicians in most other fields, many radiologists have traditionally practiced behind the scenes and provided primary consultations to other physicians who communicated with patients.

Now, radiologists face mounting expectations to emerge from behind the shadows and to communicate more directly with patients, especially as many diagnostic imaging results have become almost immediately available. [3–11]. Compared to radiologists, other radiologic practitioners, most notably radiologic nurses and technologists, have more routinely been at the frontlines of patient encounters. The increasing immediacy of radiologic results and of patient access to those results also increases pressure on these practitioners to communicate in a timely, effective manner. These contemporary developments influencing the scope and process of radiologic practice beget new challenges for educational curricula to prepare radiologic personnel for these expanded communicative responsibilities.

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Across radiologic personnel, insufficient training is central among the barriers to effective patient communication. One recent study reported that radiology trainees are uncomfortable communicating with patients about bad news, have had limited educational opportunities, and desire additional training [3]. Another study of experienced breast imagers found high levels of comfort when informing patients additional mammographic views were required, but substantially less comfort when telling patients about more serious matters, such as the need for biopsies and cancer diagnoses [12]. Although only a minority of these imagers had formal training in communication, few desired additional training, perhaps because they did not view patient communication as among their primary responsibilities. Given the rapidly changing professional landscape and demands, there is compelling rationale that communication educational curricula are needed immediately.

Little work has been done to characterize radiologic practitioners' real-world patient-related communication experiences. Only rare published narratives have described radiologists' actual experiences in this regard [13]. One small study of practicing radiologists who had participated in a communication skills workshop as trainees suggested their ability to implement the skills depended on the culture of professionalism within their practice environment [14]. To our knowledge, no other work has systematically explored the difficult healthcare conversations in radiology from the radiology personnel's experience. The study was guided by adult learning theory principles positing adult learners need to be involved in the development and evaluation of educational programs, the most effective learning is problem-focused and immediately relevant, and experience should serve as the basis of learning [15,16]. Narratives gleaned directly from radiologic practitioners about their current communicative practice and challenges could enable healthcare educators to tailor training initiatives to meet the identified needs of radiologic practitioners themselves and to improve educational programming. We therefore sought to describe the challenges of radiologic practitioners when communicating with patients.

## 2. Methods

### 2.1. General description

In light of the call to action to promote patient-centered radiology, twelve day-long Program to Enhance Relational and Communication Skills (PERCS) workshops were held between September 2011–May 2013 at Boston Children's Hospital. The aim of each workshop was to enhance participants' relational and communication skills when discussing radiological results. A detailed description of workshop format, content and efficacy has been previously reported [3,17]. Participants included: radiologists in training and in practice; radiologic nurses and technologists; non-radiologist physicians; and medical interpreters. Fellows and residents affiliated with Boston Children's Hospital radiology department were required to attend; others attended voluntarily.

### 2.2. Data collection

Prior to workshops, participants voluntarily completed self-report questionnaires that included demographic data, professional experience and previous learning opportunities. The self-report questionnaires have been previously utilized to assess participants' learning across a range of PERCS workshops and countries [18]. As the questionnaires are composed largely of open-ended questions, they have not been subjected to traditional psychometric validation.

As a part of the pre-workshop questionnaire, participants were also asked to write narratives based on the prompt, "Please describe an experience with a difficult healthcare conversation in radiology that you found particularly challenging or satisfying." Participants were provided fifteen minutes prior to the beginning of the workshops to complete the pre-questionnaire and narrative.

### 2.3. Research ethics

Participants signed voluntary consent forms granting permission for self-report questionnaires and narratives to be utilized for educational and research purposes. The narratives were anonymous. The project received an educational research exemption from the Boston Children's Hospital Institutional Review Board.

### 2.4. Data analysis

Demographic characteristics were summarized with descriptive statistics. Chi-square and *t*-tests were conducted to compare the demographic characteristics of participants completing narratives and those who did not.

Written narratives were transcribed verbatim in Word and analyzed through thematic analysis [19–21]. Thematic content analysis is a widely used method to analyze qualitative textual data. It can encompass both inductive and deductive analytic processes through which qualitative data are organized into themes. As inductive thematic analysis has an exploratory aim, it is particularly useful when there is no preliminary knowledge about a phenomenon. Where appropriate, as in this study, existing theories or findings from previous research may also guide analysis, so that a more "hybrid" approach is taken, combining some deductive as well as inductive coding [22]. In this way, our analysis was informed by relevant literature on patient-centered radiology, including our own previous work [23,14]. Thematic analysis has been previously applied in healthcare research to analyze qualitative data such as interviews and narratives [24,25].

The qualitative analytic process was conducted by two researchers (ECM, GL) who were well versed with the educational pedagogy and workshops, but were unknown to participants, and not from within radiology, to increase credibility of the analysis [26]. First, researchers independently read the narratives to familiarize themselves with the entire data set. Second, researchers independently coded the narratives by identifying and labeling categories that best captured the issues participants described in their narratives. During this phase, researchers identified specific labels that reflected the issues described by participants such as "serious diagnosis," "adverse event" or "bad news." Third, through a series of joint meetings, researchers discussed categories they identified in the open-coding phase and then grouped categories into broader conceptual themes. For example, the issues previously mentioned were consolidated under the broader theme labeled "Conveying Serious News." Then, researchers manually developed an initial thematic coding framework with a provisional name and definition for each theme. Fourth, narratives were co-coded by researchers using this framework to test the adherence of the themes to the data. Given the different length and complexity of the narratives, some contained more than one theme and were coded accordingly. Coding disagreements were reconciled through discussion until consensus was achieved and it was determined that thematic saturation had been reached (with no new themes emerging and all data fitting within emergent themes). We also discussed themes with colleagues from within radiology (including co-author SDB) to assess the plausibility of the emergent analysis. Finally, researchers refined and finalized the labels of each theme, computed the number of narratives containing each specific theme, and selected illustrative excerpts.

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