

# Radiology-Pathology Conference: Reviving the Art of Oral Case Presentation in Residency

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**Rationale and Objectives:** To improve resident oral case communication and preparatory skills by providing residents an opportunity to prepare for and conduct a new interdisciplinary Radiology-Pathology (Rad-Path) conference series.

**Materials and Methods:** To assess whether conference goals were being achieved, we surveyed trainees and attendings in the radiology and pathology departments. Percentages were examined for each variable. Mann-Whitney *U* test for ordinal variable significance was applied to determine statistical significance between radiology trainee and attending survey responses.

**Results:** Most surveyed radiology trainees (57.1%) strongly agreed or agreed with: "I wish I felt more comfortable with oral presentations." Sixty-five percent of radiology attendings (34 of 52) either agreed or strongly agreed that the residents should be more comfortable with oral case presentations. Of resident Rad-Path conference presenters, 69% (9 of 13) either agreed or strongly agreed that the conference improved their confidence and/or ability to present case information orally. Of responders who attended at least one Rad-Path conference in person, 83% of residents (19/23) and 61% (17/28) of attendings agreed or strongly agreed that the conference improved their ability to formulate a differential diagnosis. Using the Mann-Whitney *U* test, no significant difference was found between radiology trainees and attendings' responses.

**Conclusions:** Our Rad-Path correlation conference was specifically designed and structured to provide residents with focused experience in formal oral case preparation and presentation. We consider our conference a success, with 69% of resident presenters reporting that the Rad-Path conference improved their confidence and/or ability to present case information orally.

**Key Words:** Resident education; value-added; radiology-pathology conference.

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## INTRODUCTION

Communication skills, and specifically the art of case presentation, have been a focus of resident education throughout the history of the field of radiology. Indeed, the oral board examination format was previously a test of those skills. With the recent shift to an exclusively "written" board examination format, resident teaching and preparatory activities, particularly those targeting senior residents, have taken a different form both at our institution and anecdotally, nationwide. At a time when our value as radiologists hinges not on the number of reports we produce but rather on our ability to improve patient outcomes by communicating more effectively with patients and referring

clinicians, there is an increasing need for focused educational activities to strengthen these skills in our residents.

In the Fall of 2014, we initiated a Radiology-Pathology (Rad-Path) correlation conference series specifically designed to provide residents an opportunity to independently prepare for and conduct an interdisciplinary conference. The major goal was to improve resident case communication skills and case preparatory skills. Expected secondary goals were to expand our residents' ability to formulate differential diagnoses and to promote their appreciation of radiology and pathology as interrelated and often codependent disciplines.

## MATERIALS AND METHODS

### Conference Organization

The conference setting consists of subspecialty academic radiology and pathology departments at a large tertiary-care medical center. The Department of Radiology consists of 82 faculty members, 36 residents, and 13 fellows, and the Department of Pathology consists of 56 attendings, 17 residents, and 8 fellows. We aimed to carefully balance resident autonomy with direct faculty oversight so that the resident would be able to develop these skills in an independent, yet

Acad Radiol 2017; ■■■-■■■

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<http://dx.doi.org/10.1016/j.acra.2016.12.019>

supervised manner. The conference organization reflects the central goal of improving resident case preparation and communication skills. There are six dedicated Rad-Path conference subspecialty radiology faculty mentors and six subspecialty pathology faculty mentors. One faculty member also serves as the overall conference chairperson. Radiology residents actively participate in the conference twice during their residency, during the PGY3 and PGY5 years. The conference is bimonthly and corresponds to the following six topics: Cardiothoracic, Abdominal, Musculoskeletal, Pediatric, Neuroradiology, and Breast.

### Conference Preparation

For each conference, four separate resident roles are designated (organizing, presenting, literature review, and pathology). The descriptions of resident roles and timing of responsibilities are detailed in [Table 1](#). The organizing resident is responsible for selecting three suitable, pathologically confirmed cases that may have a rare diagnosis, unusual clinical or imaging presentation, or classic features of a common or uncommon entity. Case images may include radiographs, mammograms, computed tomography, ultrasound, and/or magnetic resonance studies. Images to be presented are chosen and placed into PowerPoint (Microsoft, Redmond, WA) slides with relevant clinical history by the organizing resident. The designated faculty mentor provides feedback and oversight in case se-

lection and preparation. The pathology resident prepares the pathology case images, differential diagnosis, and discussion with the oversight of the designated subspecialty pathology faculty mentor. The literature review resident prepares a focused 6 to 8-minute academic discussion of the case topic. The radiology faculty mentor provides feedback at multiple stages in the preparation process to achieve a focused and polished final presentation.

One week prior to the conference, the presenting resident, blinded to the radiology and pathology reports and diagnoses, receives only the PowerPoint presentation with the three cases. During that week, he or she prepares the oral case discussion including a weighted differential diagnosis for each of the three cases. The conference chair meets with the presenting resident for practice presentations to allow for feedback on presentation skills, fine-tuning of the presentation, and ultimately to increase resident confidence with the oral presentation. The conference chair takes great care not to “unblind” the presenting resident to the final diagnosis or provide any additional content to the prepared case presentation.

### The Conference

Conference attendees typically include radiology and pathology attendings including departmental leadership, radiology and pathology trainees (residents and fellows), and rotating medical students. On conference day, the organizing

**TABLE 1. Resident Rad-Path Conference Responsibilities**

	Organizing Radiology Resident (PGY3)	Literature Review Radiology Resident (PGY3 or 5)	Pathology Resident	Presenting Radiology Resident (PGY 5)
One month prior to conference	Selects cases and prepares PowerPoint presentation Meets with subspecialty radiology faculty mentor	NA	Receives case information from the organizing resident Prepares pathology case slides, differential diagnosis, and discussion Meets with the designated subspecialty pathology faculty mentor	NA
One week prior to conference	NA	Meets with faculty mentor to finalize and practice presentation	Meets with faculty mentor to finalize and practice presentation	Blinded to the case diagnosis: receives anonymized PowerPoint from the organizing resident Prepares case discussion and differential diagnosis Meets with conference chair to finalize and practice presentation
Conference day	Serves as conference moderator; mediate discussion	Presents scholarly discussion for each case	Presents pathology slides, differential diagnosis, discussion, and the final pathology diagnosis	Provides a focused, clear discussion of each case with a weighted differential diagnosis, including most common or likely diagnosis, and “zebras” Receives questions and feedback from audience

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