Teaching Communication Skills: A Core Competency in Radiology

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BACKGROUND

The Accreditation Council on Medical Education (ACGME) has established core competencies within radiology which include Patient Care, Medical Knowledge, Communications Skills, Professionalism, Practice Based Learning, and Systems Based Practice. Until 2 years ago, the Radiology Board examination had both written and oral components. With the “abandonment” of the oral exam, there is concern that there will be fewer opportunities to assess the communication skills of trainees, although practicing radiologists universally agree that the ability to communicate clearly findings and impressions constitutes a critical part of their daily work.

The Institute of Medicine has determined that between 44,000 and 93,000 deaths (and an equal number of prolongations of hospital stays) in the U.S. occur annually secondary to preventable medical errors. Improvement in diagnosis should be able to reduce those numbers and can be achieved by increased accuracy of the diagnoses and by improved communication of results of diagnostic tests.

Despite the requirement of the ACGME that radiology programs provide “formal evaluation of quality of dictated reports,” nearly 90% of programs report having provided less than 1 hour per year of didactic training in communications: a look forward.

There has been increased enthusiasm for the adoption of a lexicon unique to radiology and for the utilization of structured reports, and even as more practices switch to this mode, there will continue to be a need to formulate impressions based on accurate description of findings on studies.

OBJECTIVES: PILOT STUDY (Phase I)

To determine:
1. the amount of teaching residents receive devoted to the production of useful reports
2. the means by which residents learned to dictate reports
3. the level of comfort residents had with the process of formulating a report
4. the feedback the residents currently receive regarding reports
5. whether residents perceive the amount of feedback they currently receive as being adequate

To assess:
1. the ability to effect a change in report style and content with a brief intervention consisting of a less than 10 minute presentation of the features of a “good” report

RESULTS

N = 18 residents who completed the study
5 1st year, 5 2nd year, 6 3rd year, 1 4th year

<table>
<thead>
<tr>
<th>Survey items</th>
<th>Results</th>
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<tr>
<td>No didactic teaching on reporting</td>
<td>15/18 (83.3 %)</td>
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<tr>
<td>Means of learning dictation</td>
<td>12/18 (66.7 %)</td>
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<td>Peers and senior residents</td>
<td>17/18 (94%)</td>
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<td>Faculty</td>
<td>16/18 (88%)</td>
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<td>Old reports</td>
<td>13/18 (72.2%)</td>
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<tr>
<td>Routinely received feedback regarding reports</td>
<td>12/18 (66.7%)</td>
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<td>Received feedback during one rotation only</td>
<td>2/18 (11.1%)</td>
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<td>Interested in receiving more feedback</td>
<td>16/17 (94.1%)</td>
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<tr>
<td>At least moderate comfort with dictating BUT 2 (one 1st and 1 3rd yr) reported being very uncomfortable</td>
<td>Majority</td>
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LESSONS LEARNED from Phase II

1. Implementation of a module regarding reports must be done at a time of year when residents are most likely to focus on such information
2. The number of goals of a teaching conference should be appropriately limited to the time allotted

DESIGNED END RESULTS of Phase II

Although radiologists may say to one another, “that’s an Aunt Minnie,” such recognition will not necessarily be obvious to the readers of reports. The residents should understand the importance of including in their reports how they have drawn the conclusion that this is “Aunt Minnie”.

That the resident realizes that his/her job involves not only “finding Waldo”, but also telling Waldo’s story.

FUTURE PLANS

To develop a teaching module for radiology residents which focuses on the development of skills of communication.

REFERENCES

• Hall FM. Language of radiology report. AJR. 2000: 1239-42.