

Editorial

Tomorrow's radiology

The communication skills of radiologists of the future

In this editorial we focus on how radiologists should boost their communication skills to add value to our profession and daily practice. At the annual meeting of the Radiological Society of North America (RSNA), held in Chicago in November 2018 - whose theme was "Tomorrow's Radiology, Today" - beyond educating ourselves in new technological advances, in artificial intelligence, in deep and automated learning. A fundamental part was to strengthen our communication skills to help in the process of change toward a more humane profession. The goal: to achieve the shift from volume-based radiology to value-based radiology focused on our patients and their families.

In recent years our profession has been "threatened" by advances in technology. Even some, not very knowledgeable about the subject, have gone so far as to say that our profession could disappear and be replaced by technological advances such as those related to artificial intelligence. At the inaugural conference of RSNA 2018, its president, Vijay Rao, emphasized how we can and should take advantage of emerging technology to become more efficient radiologists, enhance our work and be more quantitative, which allows, at the same time, to provide a better quality in the care of our patients. Rao invites us not to let ourselves be overwhelmed by the rapid technological growth of our profession, which is advancing by leaps and bounds, but to take advantage of each of them to boost radiology.

With his phrase "We need to act as clinicians rather than just image readers," he invites us to understand how for our profession the doctor-patient relationship is far more important than we foresee. This is the great challenge we radiologists of the future have: to change our stigma of invisible actors in the healing process and to become major actors in this process.

New emerging technologies should not transform us into even more invisible robots behind reading computers, but help us optimize our time to have the opportunity to leave our reading rooms to generate effective and efficient relationships with patients, referring physicians and insurance companies.

Multiple studies have shown how good communication skills improve the experience and overall satisfaction of patients (1). However, big questions arise: Are we radiologists, willing or prepared to be an integral part of a patient's entire healing process? How can we do it? Do we know how to boost our communication skills?

Radiology is at the center of the patient care chain. Most patients (about 70%) go through a diagnostic imaging department at one time or another of their treatment (2). Therefore, in this specialty, strategies must be implemented to make communication faster, easier and more effective. It is necessary to learn how to deal with the emotions of the patients and to know what the referring doctors expect from us and from our reports.

The first - and easiest - strategy for becoming part of a patient's overall care is our active participation in the decision-making process, which can be achieved by being part of patient-focused multidisciplinary boards.

Another strategy is to educate and engage patients, which requires training in communication skills to reach them, persuade them to get involved in their care, and teach them about their pathology. In our institution, for example, Pink Week is organized by professionals from the diagnostic imaging department of the center specializing in images of women, and its goal is to educate about breast cancer, reinforcing prevention behaviors to patients, their families, their caregivers, health professionals and the community in general.

Achieving clear and accurate communication can be difficult, because radiologists tend to create reports in our own style and lexicon, and it is possible that we do not communicate what we intend, but that the referring physicians or patients who read are confused. For this reason, the standardization of radiological reports has become a useful communication tool and has achieved the almost complete eradication of this problem. The aim is to progress towards uniformity in communication.

In addition, radiologists of the future must acquire the ability to communicate bad news, knowing how to deal with patients' emotions. In countries like ours, where the health system is not integrated nationally or departmentally, patients should reclaim their studies and reports and take them to their treating physician, allowing them to meet them in an inappropriate environment and without precise guidance. For this reason, interviews with patients with unfavourable results have been implemented. At present, our institution conducts interviews with patients recently diagnosed with breast cancer. The goal is to achieve an interview for each patient who has an unfavorable imaging report, such as a malignant or devastating pathology. This again requires training in communication skills and how to establish a proper doctor-patient relationship.

I invite you to think about the usefulness of these new strategies for the training of us, the radiologists of the future, current residents of the specialty. These are already used by prestigious universities, such as Harvard, Stanford or Cincinnati, where they use role-plays and simulation to develop communication skills in their residents and radiologists. This subject is already part of the radiology curriculum.

To conclude, I would like to mention Dr. Mauricio Castillo's series of editorials recently published in the Revista Colombiana de Radiología, who emphasizes that new technological tools can achieve our integration to the patient's healing process and the optimization of our working time. Thus, radiologists can be happier, more satisfied and with less exhaustion if we take artificial intelligence and other

technological advances as our allies, not as our destructive enemies. I invite you to adopt this new model of radiology focused on the patient and not on volume, in order to add value to the day-to-day work.



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