

**SPR 2014 7<sup>th</sup> Annual SPR Education Summit**  
**May 17, 2014**  
**SAM Questionnaire**

**ABR Update**

*Lane Donnelly, MD*

- 1. What is the Mission Statement of the American Board of Radiology?**
  - A. To ensure the financial future of the American Board of Radiology
  - B. To educate radiologists in preparation for radiology practice
  - C. To certify that our diplomates demonstrate the requisite knowledge, skill, and understanding of their disciplines to the benefit of patients
  - D. To politically advocate for the field of the radiologic sciences

**Correct Answer: C**

**Reference:** theabr.org

- 2. Who is the new, incoming Executive Director for the American Board of Radiology?**
  - A. Robert F. Smith MD
  - B. Valerie P. Jackson MD
  - C. Jimmy B. Johnson MD
  - D. Donald M. Robertson MD

**Correct Answer: B**

**Reference:** theabr.org

**Milestone Updates**

*Dorothy I. Bulas, MD*

- 3. When will the pediatric radiology fellowship milestones begin to be implemented?**
  - A. July 2014
  - B. July 2015
  - C. January 2016
  - D. July 2016

**Correct Answer: A**

**References**

1. ACGME website: <http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf>
2. Nasca T, Philibert I, Brigham T et al The Next GME Accreditation System- Rationale and Benefits NEJM 2012 15;366:1051-6

### Rationales

- A. Correct. The ACGME has completed the subspecialty milestones for radiology and would like to implement them as soon as possible. Thus the start date of July 2014.
- B. Incorrect
- C. Incorrect
- D. Incorrect

#### 4. Which of the following milestone levels is considered the graduation target for pediatric radiology fellows?

- A. Level 1:
- B. Level 2:
- C. Level 3:
- D. Level 4:
- E. Level 5:

**Correct Answer: D**

### References

1. ACGME website: <http://www.acgme-nas.org/assets/pdf/NASFAQs.pdf>
2. Nasca T, Philibert I, Brigham T et al The Next GME Accreditation System- Rationale and Benefits NEJM 2012 15;366:1051-6

### Rationales

- A. Incorrect. Level 1: The fellow demonstrates milestones expected of an incoming fellow.
- B. Incorrect Level 2: The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
- C. Incorrect Level 3: The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
- D. Correct Level 4: The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.
- E. Incorrect Level 5: The fellow has advanced beyond performance targets set for fellowship and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level

### Physician Wellness: It's More Than A Yoga Group!

*Charles P. Samenow, MD, MPH*

- 5. **A healthcare provider reports being emotionally exhausted and no longer finding pleasure in her work. She will most likely demonstrate...**
  - A. Taking more detailed histories from her patients
  - B. Delegating tasks to members of her team
  - C. Setting boundaries that protect her work/life balance
  - D. Less empathy towards her patients

**Correct Answer: D**

**References:**

1. Melville A. Job satisfaction in general practice: implications for prescribing. *Soc Sci Med.* 1980;14A:495-9.
2. Thomas, et. al. (2007). How do distress and well-being relate to medical student empathy? A multicenter study. *Journal of General Internal Medicine* 22: 177-183.
3. FirthCozens, J. and Greenhalgh J. (1997). "Doctors' perceptions of the links between stress and lowered clinical care." *Social Science & Medicine* 44(7): 1017-1022.
4. Drybye LN. et al. (2010). Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA.* 304(11):1173-80

**6. You are in the clinic and you observe one of your colleagues yell at a nurse and speak poorly about her in front of others. Which of the following is the best first step in confronting this colleague?**

- A. Have a collegial conversation in which you explore your colleague's behavior
- B. Tell a superior about the disruptive behavior
- C. Submit a confidential complaint to the administration
- D. Avoid intervening or reporting the behavior

**Correct Answer: A**

**Reference:**

1. Hickson GD, Pichert J, Webb L, and Gabbe, S. (2007) A complementary approach to promoting professionalism: identifying, measuring and addressing unprofessional behaviors. *Academic Medicine.* 82:11:1040-1048.

**RADPED: Teaching Communication Skills to Radiology Trainees**

*Marilyn J. Goske, MD*

- 7. Physicians should use a patient-centered approach when communicating with patients to :**
- A. avoid lawsuits
  - B. focus on the needs of the patient
  - C. avoid Incorrect hypotheses
  - D. avoid incorrect consultations
  - E. all of the above

**Correct Answer: E**

**References**

1. Goske MJ, Reid JR, Yaldoo-PoltorakD, Hewson M. RADPED: an approach to teaching communication skills to Radiology Residents. 2005 35(4)381-386
2. Beckman HB, Markakis KM, Suchma AI *Arch Int Med* 1994 154:1365-1370

**Rationale**

1. Communication in medicine is a skill that can be taught. It is important for physicians to identify patients' complaints and concerns when that present for imaging. If physicians use a doctor-centered approach instead of a patient centered approach, incorrect hypotheses and consultations may result. In addition 70% of all lawsuits are believed to stem from poor patient communication.

**8. RADPED, an approach to teaching communication skills to radiology residents stands for:**

- A. Rapport, Ask for information, Discuss the exam, Perform the procedure, Exam Distraction, Discuss the results
- B. Review the results, ask for information, do the exam, practice the procedure, exam distraction, discuss the results
- C. Rapport, ask for information, do the exam, perform the procedure, exit the exam, discuss the results
- D. Rapport, ask for help, discuss the exam, prepare for the procedure, exam distractions, discuss the results
- E. Rapport, ask for information, discuss the exam, practice the procedure, exam distractions, dismiss the family

**Correct Answer: A**

**References**

- 1. Goske MJ, Reid JR, Yaldoo-PoltorakD, Hewson M. RADPED: an approach to teaching communication skills to Radiology Residents. 2005 35(4)381-386
- 2. Gross R, Sasson Y, Zarhy M et al Healing environment in psychiatric hospital design 1998 Gen Hosp Psuchiatry 20:108-114

**Rationale**

- 1. The communication model, RADPED can be used by residents to remember the salient points of the physician-patient encounter in the radiology department and was developed as most communication models were developed for a primary care physician. This model is geared towards radiologists and provides tools to use in a setting where the radiologist may only meet the patient once during the exam and not see the patient again. This tool provides practical guidelines of the pediatric radiologist-child-patient encounter and may serve to reduce patient anxiety and psychopathology.

**Sharing Difficult News with Patients and Families in the Radiology Department: A Program for Improving Communication**

*Bernadette Koch, MD*

**9. Which of the following statements is TRUE about sharing bad or difficult news with patients/families in the radiology department?**

- A. When patients are told difficult news by phone, they prefer to have the radiologist in the room, even if the radiologist is not the one sharing the difficult news at the time.
- B. Medical schools in the United States have for many years included multiple teaching opportunities to educate physicians about communicating difficult news to families.
- C. Physician discomfort in being involved in difficult news discussions is not a significant barrier to sharing difficult news in the radiology department.
- D. Parents are usually so distraught about the news of a bad diagnosis that they rarely remember who told them or what they said.
- E. Pediatric radiologists should not be concerned about learning to share difficult news in the department because all bad news is shared by the primary care physicians or consultants, outside of the radiology department.

**Correct Answer: A**

### **Rationale**

- A. Is correct. Parents tell us that having the radiologist in the room, allows the radiologist to hear the shared news and answer some of their questions after the phone conversation is over. They report that this gives them some sense of additional support that they appreciate.
- B. Is incorrect – Medical schools and residencies have only recently added to the curriculum, training on how to teach physicians the art of sharing difficult news.
- C. Is incorrect – Physician discomfort about sharing difficult news to families, is a barrier. The degree to which it is a barrier depends on the physician’s personality, past experiences and past training. All physicians would much rather discuss good news, i.e. talk to families about normal results.
- D. Is incorrect – Depending on the situation and anxiety level of the family, they frequently forget many of the details of the entire day when they were given the news of a bad diagnosis for their child. However, families tell us that they vividly remember who told them and many of the details of how they were initially told that their child had a significant/bad diagnosis, and they say that these memories stay with them forever.
- E. Is incorrect – Unfortunately, pediatric radiologists not infrequently find themselves in a situation where they are actually the best person to share difficult news with parents and patients, while they are still in the radiology department. This most often occurs when children are diagnosed with problems that require immediate treatment or admission to the hospital.

### **10. Which statement below is TRUE about creating a team and guideline for sharing difficult news with a parent in the pediatric radiology department?**

- A. Child life specialists are not a very helpful part of the team, as their primary education and role in the department is helping children undergo VCUG and fluoroscopic examinations.
- B. Child life specialists should never be called upon to be the point person when a difficult news situation arises in the radiology department.
- C. Patient family advocates can play a key part in the process of sharing difficult news in the radiology department.
- D. Identifying a private place in the department to share difficult news is not a role of the point person.
- E. Once the radiologist identifies a point person, they are finished with the difficult news process and can go back to reading films, leaving the rest of the process up to the point person.

**Correct Answer: C**

### **Rationale**

- A. Is incorrect – Child life specialists can play an integral part of the team. They are frequently able to entertain the young patient or their siblings, during the discussion of difficult news between the parent and the radiologist. In addition, child life specialists are very helpful when a teenage child is involved in a discussion about a diagnosis that involves them. The child life specialist is better trained to help explain the details of the discussion in age appropriate terms.
- B. Is incorrect – Child life specialists are a natural to be the point person involved in sharing difficult news with the families. In addition to reasons stated above, they are usually able to

step away from their primary roles and are able to stay with the family for an extended period of time.

- C. Is correct - Addition of a patient family advocate to the radiology team, especially in the era of improving patient family satisfaction, should be considered by all radiology departments. Although they are not very common in radiology departments, when present, they can be a vital part of the day to day operations and can be a key component of the difficult news team. They frequently serve as the point person, able to stay with the family for the time that they are in the department, as well as helping them navigate the system if further imaging or admission to the hospital is required.
- D. Is incorrect – the first role of the point person is to identify a private room where the parents can be taken to have the difficult news discussion.
- E. Is incorrect – From the time the patient is found to have a diagnosis that requires the difficult news guideline to be used, until the patient leaves the department, the radiologist plays a key role, not only in discussing the diagnosis with the referring and consulting physician but is also frequently the one to share the difficult news with the family. Therefore the radiologist needs to intermittently be in communication with the whole team.

## References

1. Buckman R. How to Break Bad News: A Guide for Health Care Professionals. Baltimore: Johns Hopkins Press, 1992.
2. Schubert C. Chambers PL. Building the Skill of Delivering Bad News. Clinical Pediatric Emergency Medicine. 2005; 6:165-172.
3. Gunderman B. Empathy's Vital Role in Putting Patients First. Radiology 2013;269:315-317.
4. Fallowfield L. Communicating Sad, Bad and Difficult News in Medicine. Lancet 2004;363:312-319.
5. Brown S. et al. Stepping Out Further from the Shadows: Disclosure of Harmful Radiologic Errors to Patients. Radiology 2012;262:382-386.
6. Berlin L. To Disclose or Not to Disclose Radiologic Errors: Should "Patient-First" Supersede Radiologist Self-Interest? Radiology 2013;268:4-7

## Systems-based Practice – (P)QI for trainees AND faculty!

*Nadja Kadom, MD*

### 11. What does PDSA stand for?

- A. Plan, Do, Sustain, Act
- B. Plan, Determine, Study, Act
- C. Plan, Do, Study, Act
- D. Plan, Do, Study, Abandon

**Correct Answer: C**

### 12. Which of the following best describes the PDSA process?

- A. One time intervention
- B. Iterative
- C. Continuous

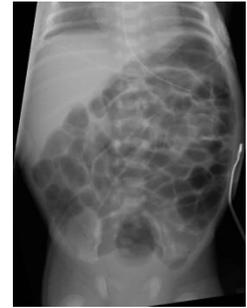
**Correct Answer: B**

## Communication and Reporting Skills: What Clinicians Want

Lisa H. Lowe, MD, FAAP

13. A 3 month old undergoes abdominal radiography due to vomiting. Which of the following phrases is the most clear, concise and confident?

- A. The soft tissues are grossly normal in appearance.
- B. No evidence of significant free air is noted.
- C. No suspicious upper abdominal masses are appreciated.
- D. The bowel gas pattern is normal.



**Correct Answer: D**

### References

1. Collard MD, Tellier J, Chowdhury AS, Lowe LH. Improvement in reporting skills of radiology residents with a structured reporting curriculum. *Acad Radiol.* 2014 Jan;21(1):126-33
2. Hall FM. Language of the radiology report: Primer for residents and wayward radiologists. *AJR* 2000;175: 1239-42

### Rationale

- A. The correct answer is “D”.
- B. Option A is incorrect because of use of qualifying words and lack of clarity. Option a uses the qualifying word “grossly”, which implies incomplete assessment of anatomy. It also contains the phrase “in appearance”, which implies doubt, or lack of confidence, compared to the word “is”.
- C. Options B and C are incorrect due to qualifications and lack of succinctness. Options B and C use the words “suspicious and significant” and the phrase “upper abdominal”, which are unneeded qualifying word/phrases that makes it sound as if there may be “nonsuspicious masses”, “lower abdominal masses”, or “insignificant free air”. Options B and C also use the phrases “are appreciated”, “is noted”, and “evidence of”, which do not add information and can be left off for succinctness.

14. Which of the following is true regarding ACR practice guidelines for communication of diagnostic imaging findings?

- A. The American College of Radiology has not yet developed standards of communication of radiology reports.
- B. Reports on technically limited studies should include an explanation of the limitation and recommendations for follow-up.
- C. Radiologists are legally obligated to communicate unexpected findings only if they are urgent.
- D. Demographic data are an optional part of the radiology report.

### References:

1. ACR Practice guideline for communication of diagnostic imaging findings. [http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/Comm\\_Diag\\_Imaging.pdf](http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/Comm_Diag_Imaging.pdf) Accessed Feb 2, 2014
2. Department of Health and Human Services. Code of federal regulations 2009. Available at: <http://www.hhs.gov/ohrp/policy/ohrpreulations.pdf>. Accessed July 27, 2013

**Rationale**

- A. Option B is correct.
- B. Option A is incorrect because the ACR does have standards of communication for radiology reporting.
- C. Option C is incorrect because according to the ACR guidelines on reporting, radiologists are legally obligated to communicate all unexpected findings, urgent and nonurgent.
- D. Option D is incorrect because according to ACR guidelines all reports should include demographic data.

**Healthcare MBA (Minimal Business Acumen) for Radiology Fellows**

*Raymond Sze, MD*

**15. What is the Level 3 Milestone for Fellowship Healthcare Economics?**

- A. Dictates reports that contain the elements necessary to support pediatric specific exam coding
- B. Understands relative cost of common procedures
- C. Participates in departmental cost savings initiatives
- D. Has a basic knowledge of Medicaid and private insurance reimbursement requirements
- E. Understands the roles of the ACR and AMA in the valuation and re-evaluation of CPT codes

**Correct Answer: C**

**Reference:** The Pediatric Radiology Milestone Project, a Joint Initiative of the ACGME and the ABR

**16. Which Acronym is incorrect?**

- A. IPU=Integrated Practice Unit
- B. RVU=Radiology Value Unit
- C. NPV=Net Present Value
- D. CPT=Current Procedural Terminology
- E. ICD=International Statistical Classification of Diseases and Related Health Problems

**Correct Answer: B**

**Reference:** Porter ME, Lee TH. The Strategy That Will Fix Health Care, Harvard Business Review 2013 (October); 1-19