

# The Technologist's Guide to the Diagnostic Work-up

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## Communication Between the Technologist, Patient and Radiologist



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## Consistency is Key

It is common for mammographers to vary in the way they "present" a case to their interpreting physician:

- A consistent and concise presentation can assist the radiologist in making a more accurate diagnosis
- This is often overlooked in training and should be an integral part of a technologist's initial training



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## "Presenting" is Learned on the Job

- A mammographer's education is often focused on mammographic views, protocols, policies, and procedures
- Eventually, they become familiar with each radiologist's preference
- Each radiologist may vary



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## "Presenting" Shouldn't be Stressful



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## "Presenting" Shouldn't be Stressful

- Diagnostic mammography tends to offer a significant amount of anxiety for patients
- Technologists should be prepared to provide details that make presenting the case a more efficient and stress-free experience for everyone



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## Common Errors in Presenting

- TMI – Too much information
- Irrelevant information
- Incorrect descriptors
- Incomplete information
- Incorrect documentation



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## Common Errors in Presenting

- **TMI – Too much information**
- Irrelevant information
- Incorrect descriptors
- Incomplete information
- Incorrect documentation



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## TMI

- Personal information not related to the study
- Making judgements



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### Common Errors in Presenting

- TMI - Too much information
- **Irrelevant information**
- Incorrect descriptors
- Incomplete information
- Incorrect documentation



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### Irrelevant information

Only present relevant information.



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### Common Errors in Presenting

- TMI - Too much information
- Irrelevant information
- **Incorrect descriptors**
- Incomplete information
- Incorrect documentation



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### Incorrect Descriptors

- Using the incorrect clock position when identifying location
- Mastitis versus Mastalgia
- Focal versus generalized
- Acute versus chronic



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### Common Errors in Presenting

- TMI - Too much information
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- Incorrect descriptors
- **Incomplete information**
- Incorrect documentation



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### Incomplete Information



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### Common Errors in Presenting

- TMI - Too much information
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- **Incorrect documentation**



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### Incorrect Documentation

- Documenting information after the exam is complete
- Laterality is incorrect
- Lumpectomy versus Excisional Biopsy



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### How Mammographers Present is Critical to Patient Care

- A thorough understanding of what questions to ask, how to ask and when to ask is necessary
- The patient's breast health history is crucial to the presentation
- Use a checklist for organization

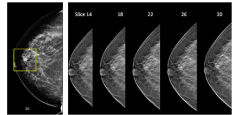



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### Step 1:

The technologist should determine the reason for the exam:



- Additional views / short term follow-up
- New concern

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### Additional Views


If the patient is called back for additional views after a screening mammogram, the technologist should re-confirm the patient's history.

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### Additional Views


1. "Do you have a personal history of breast cancer?"
2. "Have you noticed any changes in your breast: Lumps, skin changes, pain, etc.?"



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### Additional Views

3. "Have you had any previous breast biopsies?" - If so, include the previous pathology report
4. "Are you taking any hormonal medications?"
5. Ask any other diagnostic protocol related questions per your facility




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### Additional Views

The technologist should then use the information from the images, screening report, and/or the patient's chart to determine the following:

- Breast of interest
- Location (include position)
- Requested views




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### Tips for Call Backs

Ensure the staff member calling the patient is well-equipped with:

- Scripting information
- Scheduling information




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### New Concern

If the patient is presenting with a new concern:


1. Is there is a palpable lump/mass:
  - Where is the location?
  - Is the palpable area generalized or focal?
  - Palpable all the time? Mark area.

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### New Concern

2. Is there mastalgia (breast pain)?
  - Is the pain consistent or intermittent
  - Is the pain focal or generalized?
  - Describe the pain.\*




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### \*Notes on Breast Pain

Breast pain is a common reason for a diagnostic work-up:

- According to the National Library of Medicine, 50% of women studied experienced some sort of breast pain
- Another study from the AJR found that up to 69% of women report premenstrual pain, and 36% of those women consulted with their provider about the pain



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## New Concern

Also be sure to ask the following questions:

- Does the patient have skin or nipple changes?
- Is there a history of breast trauma?
- Does the patient have a personal history of breast cancer? (Include treatment and pathological findings)



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## New Concern

Also be sure to ask the following questions:

- Family History: breast, ovarian or colon cancer (Include age of family member at diagnosis)
- Has the patient had previous genetic testing?
- Has the patient used/is currently using hormonal medications?
- Has the patient had any previous breast biopsies? (Needle or surgical; include pathology)



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## Review of Step 1:

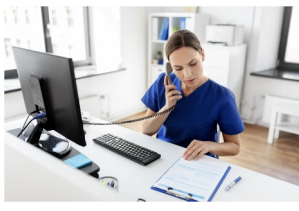
The technologist should determine the reason for the exam:

- Additional views / short term follow-up
- New concern



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## Step 2: Presenting the Case



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## Step 2: Presenting the Case

Confidently present the information to the radiologist.

DIAGNOSTIC CASE PRESENTATION	
PATIENT NAME:	DOB:
REFERRING PHYSICIAN / CLINIC:	DATE OF CONSULTATION:
EXAM: / VIEW:	CLINICAL CONCERN:
PHYSICIAN CALL:	PHYSICIAN PHONE:
OTHER NOTES:	



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## Presenting the Case

- Give information about the patient's history, symptoms, and current clinical situation
- Promote efficient and accurate communication that leads to high-quality patient care and safety



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## Tips for Effective Presenting

- Concise and informative: last no more than 10 seconds
- Do not present "from memory" until you are comfortable and competent in this process
- Do not assume that the physician radiologist already knows everything they need to know about the case you're bringing to them



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## Tips for Effective Presenting

- Allow the radiologist to access and ask questions; if the radiologist has a question that you are unable to answer, volunteer to find the answer
- Offer information about the patient's demeanor or mindset
- Think critically, and offer solutions



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**DETERMINING REASON FOR EXAM CHECKLIST**

**ADDITIONAL VIEWS:**

- 1. Re-confirm the patient's history:
  - Do you have a personal or family history of breast cancer?
  - Have you noticed any changes in size, shape, color, or pain?
  - Have you had any previous breast biopsies? (Be sure to include pathology for your radiologist)
  - Have you taken any hormonal medications?
- 2. Use the information from the history, screening report and/or the patient's chart, to determine the following:
  - The breast of interest
  - Which location (to exact position and distance from nipple)
  - Which views are requested and are to be acquired during the diagnostic exam

**NEW CONCERN:**

- 3. There is a palpable lump/nodule:
  - Where is the location?
  - Is the nipple area retracted or flat?
  - Is it palpable all of the time?
- 4. There is discharge (breast pain):
  - Is the pain constant or intermittent?
  - Is the pain focal or generalized?
  - Describe the pain
- 5. Additional questions:
  - Does the patient have size or shape changes?
  - Is there a history of breast trauma?
  - Does the patient have a personal history of breast cancer? (Include treatment and pathological findings)
  - Is there a family history of breast, ovarian or colon cancer? (Include age of family member at diagnosis)
  - Has the patient had previous genetic testing?
  - Are the patient currently using hormonal medications?
  - Has the patient had any previous breast biopsies? (Needle or surgical; include pathology)

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## Effective Communication

Extends beyond diagnostic case presentations:

- Includes phone calls letting the radiologist know you are ready for them to come in during a biopsy or other breast procedure
- Ask for feedback after the case has been presented; use suggestions for improvement as a learning experience



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*"Having a consistent approach to your presentation will convey the key information, increase the efficiency and accuracy of the work-up and lead to better patient care"*

Dr. Nathan Goubeur, Allina Health



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## References

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## For questions or more information:

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