

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's protocols 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
- Irrelevant information
- Incorrect descriptors
- **Incomplete information**
- Incorrect documentation



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Incomplete 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 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 questions:
 - What to ask
 - How to ask
 - When to ask
- A patient's breast health history is crucial to the presentation
- Use a checklist for organization



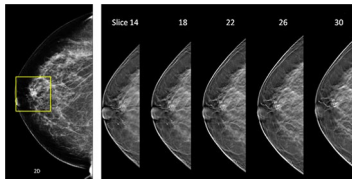
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Step I: Determine Reason for Exam

The technologist should determine the reason for the exam:

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



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Step I: Determine Reason for Exam

The technologist should determine the reason for the exam:

- **Additional views / short term follow-up**
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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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Step I: Determine Reason for Exam

The technologist should determine the reason for the exam:

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



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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 the 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 I: Determine Reason for Exam

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

DIAGNOSTIC CASE PRESENTATION	
PATIENT NAME:	AGE:
REASON FOR EXAM / CALL BACK:	DATE OF LAST SCREENING:
PATIENT HISTORY:	CURRENT SYMPTOMS:
PERI / FAMILY HX:	GENETIC TESTING:
PAIN / LOCATION:	
OTHER NOTES:	



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Confidently present the information to the radiologist.

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Step 2: 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 assess 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

A ADDITIONAL VIEWS:

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

B NEW CONCERN:

- ✓ If there is a palpable lump/mass:
 - Where is the location?
 - Is the palpable area generalized or focal area?
 - Is it palpable all of the time?
- ✓ If there is mastalgia (breast pain):
 - Is the pain constant or intermittent?
 - Is the pain focal or generalized?
 - Describe the pain.
- ✓ Additional 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.)
 - 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?
 - 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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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 Groebner, Allina Health



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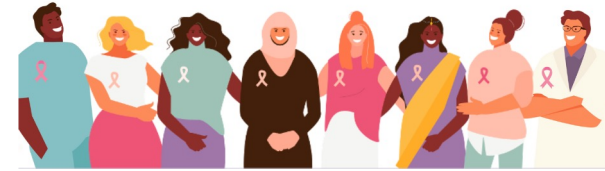
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