

The Mammography Technologist's Guide to the Diagnostic Workup

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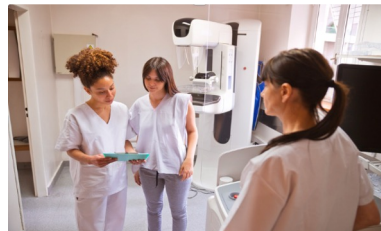


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1

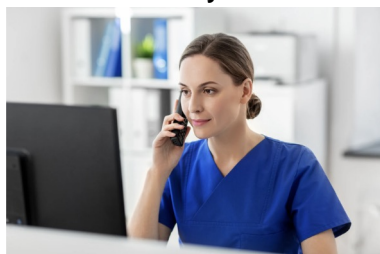
Communication Between the Technologist, Patient and Radiologist



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2

“Hi Dr. Jones”



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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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7

Common Errors in Presenting

- TMI - too much information
- Irrelevant information
- Incorrect descriptors
- Incomplete information
- Incorrect documentation



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8

Common Errors in Presenting

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



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9

TMI

- Personal information not related to the study
- Making judgements



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Common Errors in Presenting

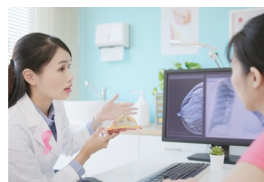
- TMI - too much information
- **Irrelevant information**
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Irrelevant Information



Only present relevant information




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12

Common Errors in Presenting

- TMI - too much information
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- **Incorrect descriptors**
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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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Use *Appropriate* Descriptors

Mastitis: Inflammation of breast tissue		Mastalgia: Breast pain
Focal: In one spot of the breast		Generalized: all over, or multiple areas
Acute: Sudden, or new onset		Chronic: Continuous or most of the time

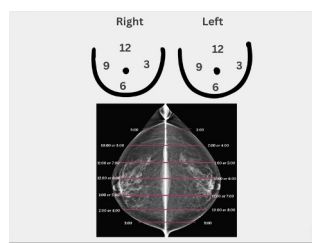



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Location Using O'clock Position

Right Left










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What does *Asymmetry* actually mean?

	Asymmetry: Visible on only one projection
	Focal Asymmetry: Visible on two projections, involves less than one quadrant, lacks convex-outwards borders or is interspersed with fat
	Developing Asymmetry: Focal asymmetry that is new, larger, or more conspicuous than on prior examinations
	Global Asymmetry: Visible on two projections, involves more than one quadrant




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Common Errors in Presenting


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Incomplete Information



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19

Common Errors in Presenting

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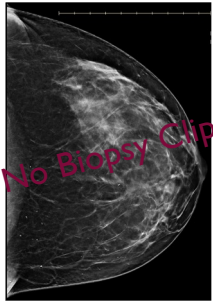
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Incorrect Documentation

- Documenting information after the exam is complete
- Laterality is incorrect
- Lumpectomy versus excisional biopsy

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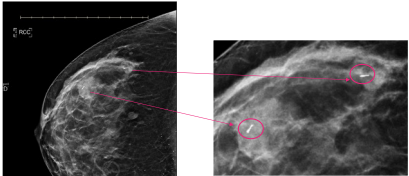
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22

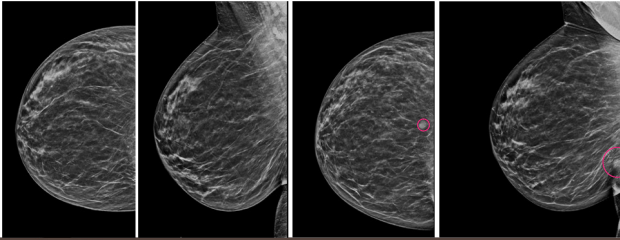
Incorrect Documentation



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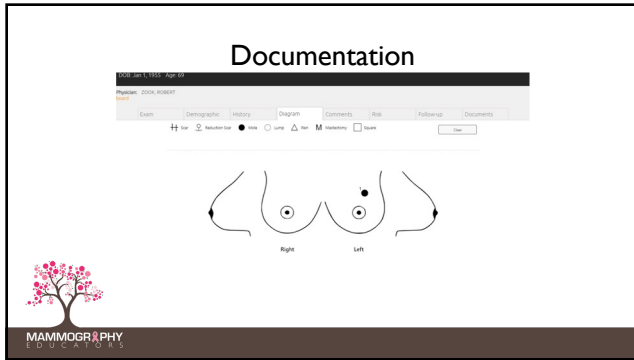
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Importance of Documentation

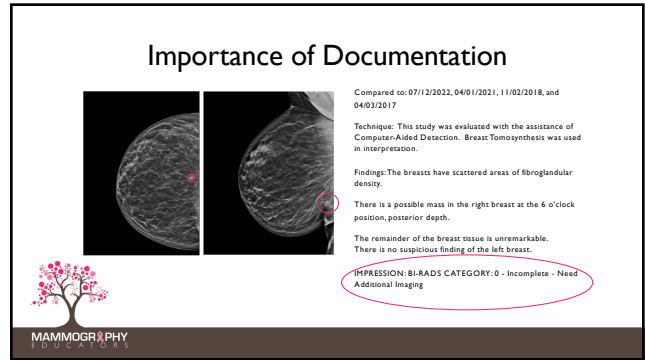


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24



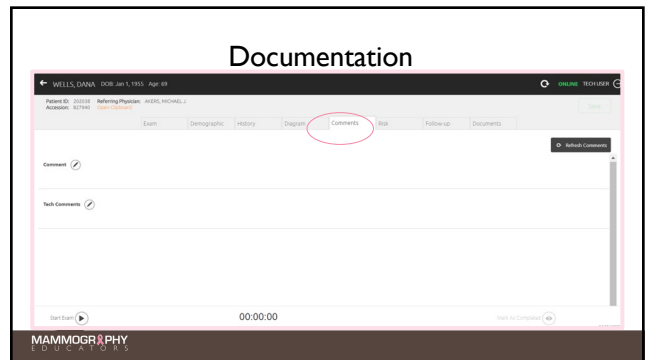
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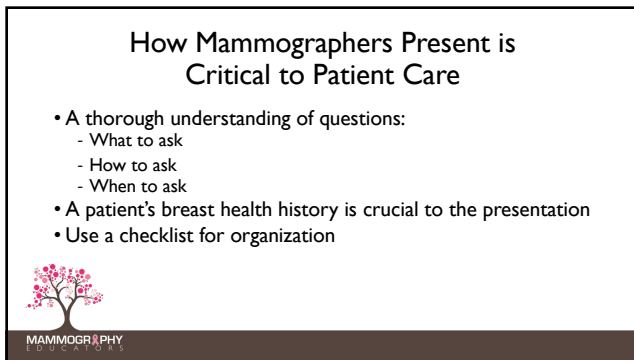
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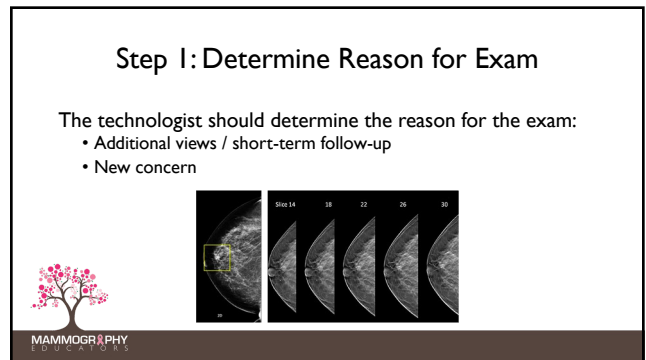
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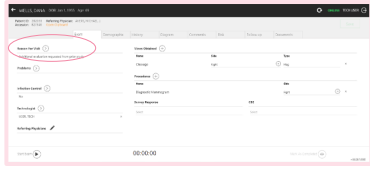


30

Step 1: 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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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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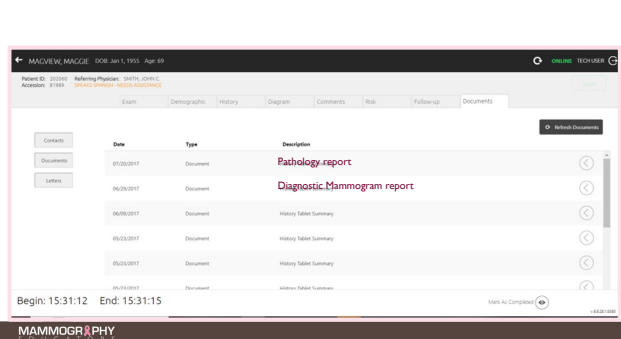
Additional Views

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 facility guidelines



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35

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 o'clock 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
- Weekends/Fridays
- Avoid having referring physician's office call patient



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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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41

New Concern

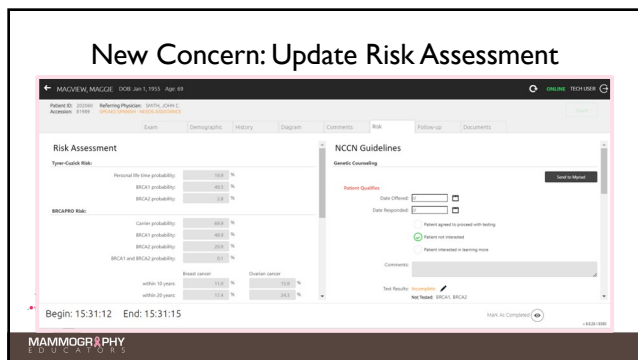
Ask the following questions:

- 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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43

New Concern

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*)




44

Review of Step 1: Determine Reason for Exam



The technologist should determine the reason for the exam:

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



45

Step 2: Presenting the Case


46

Step 2: Presenting the Case

DIAGNOSTIC CASE PRESENTATION

PATIENT NAME	AGE
REASON FOR EXAM / CALL BACK	DATE OF LAST SCREENING
PATIENT HISTORY	CURRENT BIOPSIES
REF / ORDER BY	IMAGING HISTORY
PAIN / LOCATION	IMAGING HISTORY
OTHER NOTES	


Confidently present the information to the radiologist.



47

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



48

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 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 (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"

Nathan Groebner, MD, Allina Health



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53

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54

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