How Radiologists Can Get Along with Everyone

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Tips for radiologists on maximizing their relationships.

No radiologist, radiology practice, or department is an island. Without partners of all sorts, a radiologist cannot succeed. The inter-related nature of providing quality health care services and optimal patient care requires a well-tuned, communicative team made up of many members.

While your office colleagues are integral to a radiologist’s success, they can’t be the only other players to comprise the team. To be truly effective, radiologists must cultivate and maintain open relationships with other stakeholders – referring physicians, hospitals, technologists, and, most importantly, patients.

According to industry leaders, there are reasons behind why each relationship is important, as well as tactics you can use to strengthen each connection.

Radiologist-Providers/Hospitals
For the American College of Radiology (ACR), understanding and supporting ongoing relationships between radiologists and referring physicians or hospital administrations is vital to underscoring the most effective patient care possible. And, these groups always tell the ACR the same things when asked to name the most important characteristics of a successful, trustworthy radiology partner. Every hospital surveyed reports the need for radiology partners that are aligned with the health systems’ overall goals – ones that take the time to unearth priorities, stumbling blocks, and upcoming efforts, according to Geraldine McGinty, MD, MBA, chair of the ACR Commission on Economics. Everyone is looking for a radiology group invested in the hospital’s long-term growth.

“Make sure you’re around and visible. Show up to medical staff meetings. Show up and commit to being an active participant with the intricacies of the hospital,” McGinty said. “Get to know the people you work with, and understand their challenges. Those are important things.”

There are several steps needed to reach this goal, she said. After discovering what’s important to them and committing the time and energy investment needed for a solid relationship, identify the people in your department or group you feel most comfortable sending in to talk with hospital administrators. Not everyone will be good for this job, but try not to rely on fewer than three people. Most importantly, she said, pitch in and keep a positive attitude. Be part of any solution and never part of the problem.

“It’s a bad idea to assume what’s important to any other party. Don’t assume you know their wants and needs. Ask them,” McGinty said. “Spend your time learning about what they consider to be important and what their strategies are.”

Radiologist-Technologist Relationship
Your relationship with your technologists can be one of the most valuable partnerships you have, said Stamatia Destounis, MD, clinical professor of imaging sciences at the Elizabeth Wende Breast Cancer Center at the University of Rochester School of Medicine and Dentistry.

“The radiologist-technologist relationship is a very close knit one because when a patient presents for a diagnostic or screening exam, the tech is the first person they communicate with,” she said.
“The techs are your eyes and ears in the exam room.”

For example, the mammogram images you receive might appear normal, but your technologist can tell you if a nipple appears abnormal, such as having a bloody discharge during compression. This type of information can point you in the right direction for making a more accurate diagnosis, she said.

It’s imperative to establish good lines of communication with your techs, she said, so they understand what you’re looking for in images and what you’ll need to make a correct diagnosis. Frequently, they can gather a more complete patient history, ask pointed questions to better understand the details of a patient’s pain, and leave you comprehensive notes about a patient’s concerns and complaints, she said.

If, at any point, this relationship starts to lag, Destounis recommended steps to reinvigorate it.

Radiology is an ever-changing, technology-based industry. Offer your techs educational opportunities to keep them current on cutting-edge software, new equipment, and any techniques your office uses, such as screening ultrasound or digital tomosynthesis.

She also suggested soliciting input from your techs on establishing a workflow that works best for your office. Be sure you have their buy-in on any changes you opt to make.

“Sometimes, a plan looks good on paper, but it doesn’t actually work when you’re in the middle of seeing a patient,” she said. “When implementing new technology, such as tomosynthesis or breast ultrasound for your patients, you should include your staff – especially your techs – in creating a workflow to see if it will work well. Take their feedback and make changes with their help.”

Remember, she said, you must set the example for your staff – including your technologists – to follow. Show up to work early, be courteous to your patients, and collegial with your co-workers if you expect the same from those who work for you.

“Your staff makes or breaks you. You want to have the best staff around you to showcase your practice and department,” Destounis said. “You must have team players and hard workers and stars around you.”

**Radiologist-Patient Relationship**

A good radiologist-patient relationship goes beyond merely obtaining and reading images, according to James Rawson, MD, Augusta University Department of Radiology and Imaging Chair. It involves integrating patients into your daily workflow and decisions.

“Anything that lends itself to patient interaction is an opportunity to work closely with patients to improve their overall experience,” he said. “It helps them better understand their choices and their care.”

For more than two decades, his department has solicited patient opinions in multiple areas. When the university redesigned its children’s hospital, patients and parents sat at the design table, and they also offered input on equipment purchases.

“When we replaced our MRI scanners, patients shared their experiences of being on the table,” he said. “They described what they liked and didn’t like.”

Pediatric patients have also offered feedback about their direct care with ultrasounds and image-guided procedures.

To improve your relationship with patients, Rawson recommended as much direct engagement as possible. Engage patient advisors in any projects, and take advantage of all opportunities to interact with patients. Don’t avoid one-on-one conversations, and be sure to include patients in decisions that impact the care they receive.

“When a patient has a problem, the first thing to do is reach out and ask them to explain what happened,” he said. “Apologize, listen to their input, and thank them for it. And, tell them their feedback will be used to improve the experience for others.”

Most importantly, he said, never assume you know everything that’s best for your patient. “The radiologist isn’t the expert in the patient experience. The patient is the expert,” Rawson said.

“If we want to improve the patient experience, we will only do that by talking to and listening to the patient.”

Ultimately, the industry experts said, keep the lines of communication open. It’s the key to sustaining and improving any relationship you have with other team members invested in good quality care and a positive patient experience.
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