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Breaking Bad News to Patients on the Breast Imaging Service: Designing a Resident Curriculum

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Background

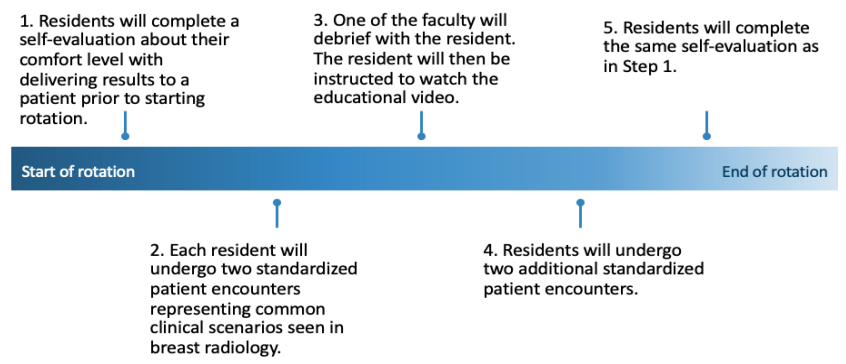
- Breast cancer is increasingly common, and many individuals experience significant anxiety surrounding breast imaging.
- Effective physician-patient communication has been shown to improve patient care in breast imaging.
- There is currently no standardized curriculum in the Department of Radiology to teach residents how to effectively communicate with patients.

Objectives

- We hypothesize that implementing a standardized curriculum for the radiology residents will allow them to learn the fundamentals and gain the appropriate skills required to deliver results to patients confidently. This curriculum will use both objective measures via standardized scoring as well as self-evaluations.

Methods

Five steps:



Acknowledgements

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Results

- Resident 1 showed a 20% increase in the standardized patient encounter score based off the SPIKES protocol.
- Resident 2 showed a 5% increase in the standardized patient encounter score based off the SPIKES protocol.
- Overall average change between pre- and post-curriculum encounters is +12.5%.
- Post-curriculum self-evaluation scores showed a general increase in resident confidence in their ability to deliver news to patients.
- Further analysis will be performed as more residents complete their rotation.

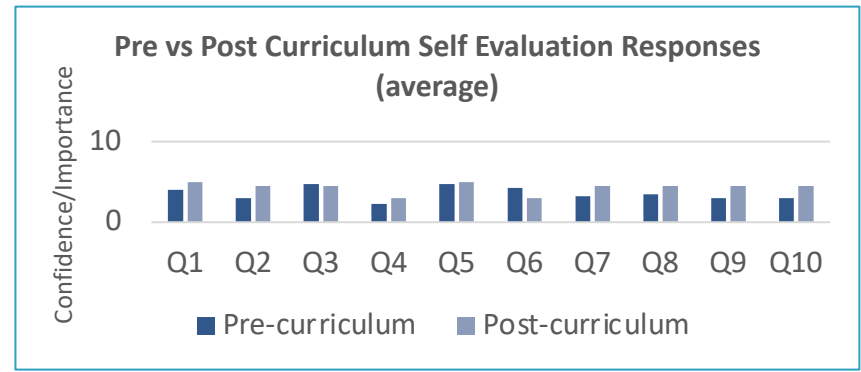


Figure 1. Averaged pre and post curriculum self evaluation scores.

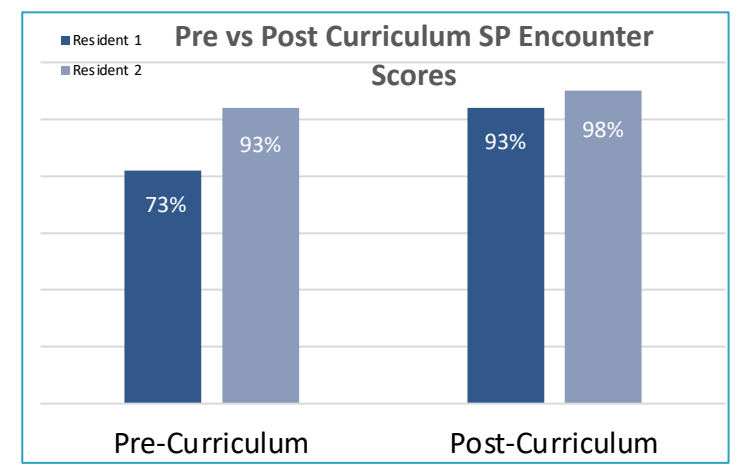


Figure 2. Pre and post curriculum standardized patient encounter scores.

Conclusions

- Implementing a standardized curriculum for radiology residents completing their first breast imaging rotation will increase their confidence and ability to effectively deliver patient results.
- The overall goal is to ease patients allowing them to feel as comfortable and confident with their providers as possible, thus decreasing anxiety when presenting to the breast imaging department.

Policy Implications

- Limitations:** Residents do not begin rotating through breast imaging at UCLA until R2 year. As such there is currently a small sample size as only two new R2's have rotated through the breast department since implementing this curriculum. There is an anticipated increase in response data beginning July 2023 once the new academic year begins which will give us more data points to analyze.
- Future Directions:** By using the resident feedback obtained through the self-evaluation, we hope to tailor the breast imaging rotation curriculum to best enable the residents at UCLA to become better physicians. We believe that this standardized curriculum will be successful at our institution, and hope that this curriculum will ultimately be adopted by other institutions in training their residents.

Good scenarios	Bad scenarios
Patient has a palpable abnormality that is assessed as a simple cyst.	Patient has screen-detected calcifications that are assessed as suspicious (BIRADS 4C) on diagnostic work up.
Patient with benign diagnostic workup but has had two relatives die from breast cancer so she's anxious.	Patient has an incidental finding that is assessed as suspicious (BIRADS 4A) on diagnostic work up.

Table 1. Example standardized patient encounter scenarios.



Radiology