



Communication Simulation Scenarios

Scenario 1-1: Error and Apology Set 1

Background:

A 40-year-old female with abdominal pain for 2 months presents to the radiology department for a CT of the abdomen and pelvis with IV contrast. The CT technologist begins to administer the IV contrast and the patient begins to complain of hives and shortness of breath. The CT technologist immediately calls the radiology resident to evaluate the patient and stops the contrast infusion. The 2nd year radiology resident arrives to the scanner to find the patient covered in hives, wheezing, with a pulse of 110 bpm, and a blood pressure of 80/50. The resident gives the patient oxygen by nasal cannula. Given that the patient is hypotensive, and the bronchospasm is getting worse the resident decides to give IV epinephrine. The resident starts to slowly inject 1mL of epinephrine into the patient's IV, as the resident is doing this the 4th year resident comes in and realizes that the resident drew up the epinephrine that was 1:1000, not the appropriate IV concentration of 1:10,000. The 4th year resident tells the 2nd year resident to stop injecting. The 2nd year resident has only injected 0.2mL of the 1:1000 epinephrine. Despite only a small amount of the wrong concentration of epinephrine being given the patient goes into cardiac arrest and a code is called. The code team comes and stabilizes the patient, subsequently taking her to the ICU. The patient is now on a ventilator and receiving pressors, but her vital signs have stabilized.

Enactment:

You are the second-year radiology resident, and you must go talk to the patient's husband, who is in the waiting room, and tell him what has happened.

Notes for Acting Patient:

Your wife has come into the hospital for an outpatient imaging exam (CT scan), you are expecting her to have a CT scan that takes 20 minutes but instead you have been in the waiting room for about an hour. A second-year resident comes to tell you that there has been a complication, and your wife is in the ICU. You are shocked because this was supposed to be a simple outpatient test and now your wife is on a ventilator in the ICU. You are clearly upset but remember to take your anger down a notch each time you feel like the doctor addresses your questions and is empathetic.

Communication Simulation Scenarios

Scenario 2-1: Breast Imaging Set 1

Background:

A 45-year-old female presents for a diagnostic mammogram and ultrasound for a palpable mass in her left breast. Mammogram and ultrasound show a 2cm spiculated mass in the upper outer quadrant and left axillary adenopathy highly suggestive of breast cancer.

Enactment:

You are the breast imaging radiologist, and you have to discuss the findings of the imaging study with the patient as well as tell her she needs a ultrasound guided core biopsy of the mass and FNA of the axillary lymph node.

Notes for Acting Patient:

You are a 45-year-old female with 3 children under the age of 10 years old. The radiologist tells you that you have a mass in your left breast and left axillary adenopathy. The radiologist also tells you that you need a biopsy of the mass and an FNA of the lymph node. You are scared and worried you have cancer and automatically think of your 3 children and what happens if you die from this.

Communication Simulation Scenarios

Scenario 3-1: Telephone Skills Set 1

Background:

You are an MSK radiologist. Your practice recently got Powerscribe for dictating and there have been some problems with reports getting lost and IT is working on it, but the problem is still occurring from time to time.

Enactment:

You are an MSK radiologist reading MR in the reading room. The phone rings and your answer to find an angry orthopedic surgeon on the other end. The orthopedic surgeon is angry because he sends his patient for an MR of the left knee 2 weeks ago and there is still no report in the system. The orthopedic surgeon is very angry as the patient is a VIP and the orthopedic surgeon says he is going to take his business to completing radiology practice since your practice is incompetent.

Notes for Acting Patient:

You are an orthopedic surgeon who sent your VIP patient to have an MR of their left knee 2 weeks ago. There is still no report in the system and the patient is very angry. The lack of report is delaying the patient's possible surgery. You find this situation unacceptable, and you are considering taking your business to another radiology practice because of this incident. Important to remember that you should become less angry if the resident apologizes and offers to read and dictate the report for you ASAP.

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Scenario 4-1: Pediatric Radiology Set 1

Background:

A 6-year-old patient is brought to the Emergency Department (ED) by his mother because he has been having right lower quadrant pain and loss of appetite for 2 days. Today he developed nausea and vomiting which prompted his mother to bring him into the ED. You are the pediatric radiologist on call and the pediatric ED physician calls you to perform an ultrasound on this patient to look for suspected appendicitis. You perform the abdominal ultrasound, and you find a non-compressible appendix measuring 9mm in diameter consistent with acute appendicitis. The mother is in the room with her son as you are scanning and is asking what is wrong with her son and what you are seeing on the ultrasound.

Enactment:

You need to give the mother of the patient the results of the ultrasound and discuss them with her.

Notes for Acting Patient:

You are the mother of a 6-year-old child who has abdominal pain, loss of appetite, and nausea/vomiting. You brought your son to the Emergency Department (ED), and he has just had an ultrasound of his abdomen. The ED physician told you that it is probably constipation and that you can take your child home after the ultrasound is done. No one told you what the ultrasound is looking for or that it could be serious (i.e. require surgery). The radiologist tells you it is appendicitis, and you are very concerned. You ask what appendicitis is and how it is treated. When you find out he needs surgery you are very upset because he is just a little boy, and you are worried about him having surgery.

Communication Simulation Scenarios

Scenario 5-1: Cancel/Change Procedure Set 1

Background:

A 60-year-old female has a screening mammogram at an outside facility which shows new calcifications in her left breast. The patient has magnification views at the outside facility and the radiologist there recommends a stereotactic biopsy of the calcifications. The patient presents to your facility for a stereotactic biopsy. You consent the patient and the patient is placed on the stereotactic biopsy table and a scout image is obtained. You look at the scout image and the calcifications are all clearly displaying layering, consistent with benign milk of calcium. On re-review of the magnification images some of the calcifications were displaying layering at that time. As the radiologist you cancel the biopsy because the calcifications are clearly benign.

Enactment:

You as the radiologist need to explain to the patient that you are canceling the stereotactic biopsy recommended by the outside radiologist because the calcifications are benign and do not require biopsy.

Notes for Acting Patient:

You are confused about why the radiologist at the other facility was worried about the calcifications and thought they needed a biopsy and now you are telling her they are benign and do not need a biopsy. You wonder how you know which radiologist is correct? You are upset that you are getting conflicting information from the two radiologists and want to know how this happened.

Communication Simulation Scenarios

Scenario 6-1: Radiation Risk Set 1

Background:

A 22-year-old male presents to the Emergency Department (ED) with new abdominal pain, fever, and nausea and vomiting. The patient is found to have an elevated white count and the ED physician suspects possible Crohn's disease with an abscess. The ED physician orders an ultrasound which is normal. The ED physician orders a CT scan to look for signs of Crohn's disease or an abscess given the negative ultrasound and his high clinical suspicion. The patient previously read about CT scans and too much radiation on the internet and expresses concern about having CT scan to the CT technologist and asks to speak to the radiologist. You are the radiologist on call and the CT technologist comes to you and tells you the patient would like to speak with you about getting a CT scan and radiation risk. You look up the patient and see that the patient has not had any previous CT scans.

Enactment:

You must discuss the risks associated with having a CT scan with the patient, answer his questions and come up with an appropriate plan.

Notes for Acting Patient:

You are concerned about having a CT scan after reading about the risks of radiation from CT scan on the internet. You want to know if there are any alternatives to a CT scan to diagnosis your current condition. You also want to know what the real risks of a CT scan. You should become more amenable to the study once the actual risk has been explained to you.

Communication Simulation Scenarios

Scenario 1-2: Error and Apology Set 2

Background:

A 35-year-old female who had a C-section 2 weeks ago presents for a CT guided drainage of a pelvic abscess. Given her recent post operative state and infection it is hard to differentiate bowel from the abscess on the pre-procedure images. As the radiologist you target what you think is the abscess and place a pigtail catheter in it. While the CT technologist is performing the post procedure scan one of your colleagues comes in and happens to see the images and tells you that he thinks you put the pigtail catheter in the bowel, not the abscess. When you inject some contrast into the catheter it confirms that the catheter is in the bowel not the abscess. You subsequently place a second catheter into the abscess. For the time being you leave the malpositioned catheter in place. The consequence of this malpositioned catheter is an additional catheter for 8 weeks, possible enterocutaneous fistula, and possible surgery.

Enactment:

You need to tell the patient that you placed the catheter in the bowel by mistake.

Notes for Acting Patient:

You are angry because now you have 2 catheters, and one is in the wrong place. You are also upset because you have a new baby at home and this error may result in you having to have more surgery. You are clearly upset but remember to take your anger down a notch each time you feel like the doctor addresses your questions and is empathetic.

Communication Simulation Scenarios

Scenario 2-2: Breast Imaging Set 2

Background:

A 56-year-old female who recently had a screening mammogram is called back for magnification views of calcifications in her right breast. Magnification views show grouped amorphous calcifications. You are recommending a stereotactic biopsy for these indeterminate calcifications and must discuss these findings and the need for biopsy with the patient.

Enactment:

The radiologist discusses the findings of the magnification views with the patient and the need for stereotactic biopsy of the calcifications with the patient.

Notes for Acting Patient:

You are finding out you have calcifications in your right breast that need biopsy. You are worried about not only having the biopsy but also scared that the calcifications might be cancer.

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Scenario 3-2: Telephone Skills Set 2

Background:

A neurosurgeon has a patient in step down with an acute change in mental status and orders a head CT at 9pm. The inpatient CT scanner is down thus there is only one operating CT in the hospital, in the Emergency Department (ED). This one CT needs to service all the inpatients and the ER patients. It is an extremely busy night in the ED with multiple traumas coming in requiring CT scan. Due to the high ED volume the inpatient scans are not getting priority. It is now midnight and the head CT scan the neurosurgeon ordered at 9pm has still not been done.

Enactment:

The phone rings in the ED radiology reading room, the on-call radiologist answers it and on the other end is the neurosurgery attending on call who is irate because the head CT he ordered 3 hours ago has not been done yet.

Notes for Acting Patient:

You are a neurosurgeon on call for the night and your patient with acute mental status changes has been waiting 3 hours for a head CT and you are irate when you call the radiologist on call to see why the head CT has not been performed. You have a declining patient who should be a priority and needs a head CT and you find it unacceptable that the head CT has not been done for 3hrs. You should become less angry if the resident apologizes for the delay in the scan and offers to expedite the patient getting the scan right now.

Communication Simulation Scenarios

Scenario 4-2: Pediatric Radiology Set 2

Background:

An 8-month-old female has been unusually fussy for the last couple hours. The baby will start crying and pulling her knees up then is fine then 15-20 minutes later the crying occurs again. The baby's mother went to change the baby's diaper and found blood and mucus. The mother panics and brings the baby to the Emergency Department (ED). The pediatric ED physician suspects intussusception and orders an abdominal ultrasound. You are the pediatric radiologist on call, and you perform an abdominal ultrasound looking for intussusception. While performing the ultrasound you see a target sign classic for intussusception.

Enactment:

You must tell the mother of the 8-month-old baby that the baby has intussusception and discuss this with her. Explain the intussusceptions reduction procedure, as well as the risk and benefits.

Notes for Acting Patient:

Your baby has been sick, and you came to the ED after finding blood in the baby's diaper. You are extremely anxious and scared. The pediatric radiologist tells you your baby has intussusception and that the baby will need a procedure to reduce the intussusception. You are scared because your baby is so little and needs a procedure.

Communication Simulation Scenarios

Scenario 5-2: Change/Cancel Procedure Set 2

Background:

A 45-year-old male has a thyroid ultrasound at an outside hospital which finds a 1.5cm nodule in the right lobe of the thyroid gland for which the outside radiologist recommends FNA. The patient presents to your hospital for FNA of the right thyroid nodule. The patient brings the outside images, and you review them before doing the procedure. You are not convinced that the nodule is real, and you note that they were using the incorrect type of ultrasound probe at the outside hospital. You go into the procedure room and rescan the patient's thyroid. There is no nodule, thus you need to cancel the procedure.

Enactment:

You as the radiologist need to tell the patient that you are canceling the procedure because there is no nodule to FNA.

Notes for Acting Patient:

You are confused because you do not understand how a thyroid nodule can just disappear. You also question if this new radiologist is correct or if the other radiologist is correct. You are nervous because what if this radiologist is wrong and there is a nodule. You may be angry that the outside radiologist was wrong and wasted your time coming for an FNA you did not need.

Communication Simulation Scenarios

Scenario 6-2: Radiation Risk Set 2

Background:

A 65-year-old female with a history of breast cancer in the right breast presents for her diagnostic mammogram. The radiologist sees new calcifications in the left breast and tells the technologist to get magnification views of these calcifications. The technologist tells the patient she needs additional magnification views, and the patient says she does not want to have additional views because of the extra radiation. The technologist comes and tells you this and you go talk to the patient.

Enactment:

You have to discuss with the patient that the radiation risk from the magnification views is minimal and that you need these views to determine if the calcifications needs a biopsy or not.

Notes for Acting Patient:

You are concerned about having extra mammogram views because of the extra radiation you will get from them. You are especially concerned because you had a lumpectomy and radiation therapy for your right breast cancer and want to minimize the amount of radiation you get due to this. You should become more amenable to the study once the actual risk has been explained to you.