

Scenario: Error and Apology 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 it your anger down a notch each time you feel like the doctor addresses your questions and is empathetic.

Scenario: Breast Imaging 2

Background: 56 year old female who recently had a screening mammogram is called back for magnifications 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 magnifications 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.

Scenario: Telephone Skills 2

Background: A neurosurgeon has a patient in step down who has an acute change in mental status and she orders a head CT at 9pm. The inpatient CT scanner is down thus there is only one operating CT in the hospital, in the ER. This one CT needs to service all the inpatients and the ER patients. It is an extremely busy night in the ER with multiple traumas coming in requiring CT scan. Due to the high ER 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 ER 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 offer to expedite the patient getting the scan right now.

Scenario: Pediatric Radiology 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 ER. The pediatric ER 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 have to 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 ER 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.

Scenario: Change/Cancel Procedure 2

Background: 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.

Scenario: Radiation Risk 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 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 need 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.