

COMMUNICATION SKILLS: RADIOLOGY REQUESTS

As an FY1 doctor you will often be required to request scans from the radiology consultant and registrar. This takes some practice, and is a common short station OSCE. You will need excellent communication and negotiation skills, as well as knowing the relevant details from the clinical case.

Before you enter the scenario ensure you know the rationale for requesting the scan:

- Why do you require this imaging investigation?
- What are you hoping to find out from the test?
- How will the result of this imaging change management?
- Is this scan an urgent or routine request? (if urgent, the radiologist will usually have to be convinced that it will change your acute management of the patient)

Introduce yourself. Then present your case to the radiologist. An 'SBAR' format is useful here. I have changed the A and R in this case to 'advice' and 'request' to fit with the scenario more accurately.

S – situation

B – background

A – advice

R – request

Ensure you know any relevant blood tests results. Be prepared to answer any questions posed. Listen carefully, and be receptive to suggestions. For example, you may have been asked to request a CT scan, but the radiologist may advise an ultrasound scan in the first instance because it does not use radiation, and can be more helpful in certain clinical situations.

Towards the end of the station, you may find it useful to summarise the situation, and the advice and plan you have been given.

Examples

65 year old lady with metastatic breast cancer, presenting with leg weakness and difficulty walking. Discuss the case with the radiologist and request an appropriate scan to investigate the possibility of malignant cord compression.

TOP TIPS: The best modality for investigating malignant cord compression is MRI. It is necessary to image the whole spine because metastatic deposits can be located at any point. In this case it would be necessary to ask the patient about metal fragments/cardiac pacemaker. If metastatic deposits are seen on the MRI scan, action can be taken to treat this immediately, and thereby reducing the chance of any permanent neurological damage. Treatment options include steroids, radiotherapy, and neurosurgery.

34 year old lady, right upper quadrant pain, colicky in nature, worse after a fatty meal. Discuss the case and request an appropriate scan to investigate the possibility of gallstones causing biliary colic.

TOP TIPS: Ultrasound reveals most gallstones, so this is an excellent modality for this case. Furthermore, ultrasound does not use ionising radiation, which is of benefit in

this young lady. The radiologist will also be able to comment on the appearance of the gallbladder itself. If gallstones are present, this lady may proceed to laparoscopic cholecystectomy.

A 20 year old man was knocked off his bicycle and sustained a head injury. On initial assessment in the emergency department his GCS was 12 and he was vomiting. Discuss the case and request an appropriate scan.

TOP TIPS: NICE give clear guidelines on the assessment and early management of head injuries¹. This case meets the criteria for a CT scan within one hour of admission (because GCS <12). It is important to explain the history and mechanism of injury, as well as any pertinent examination findings. If there is an intracranial bleed the neurosurgeons should be contacted urgently for advice and further management.

A 78 year old gentleman presents with shortness of breath, and pleuritic chest pain. He has a background of gastric cancer, and is under-going chemotherapy. Discuss the case and request an appropriate scan.

TOP TIPS: In this case the main differential diagnosis is a pulmonary embolus (PE). CT pulmonary angiography is the most commonly used scan to detect PEs. The radiologist and radiographer will need to know the renal function (eGFR) and the patient will require a pink cannula in situ, prior to the scan. If emboli are detected patients are usually anti-coagulated (with low molecular weight heparin), though in this case, the risks and benefits of anti-coagulation will need to be considered, as there may be a risk of bleeding from the stomach.

References:

1. <https://www.nice.org.uk/guidance/cg176>