How To Communicate With Mammography Patients

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THE IMPORTANCE OF MAMMOGRAPHY

NATIONAL MAMMOGRAPHY DAY
October 17th

One In Eight Women Will Develop Breast Cancer In Their Lifetime
Check Often
And Encourage Those You Love To Do The Same
Communication is the cornerstone in Healthcare. A multitude of problems can occur if proper communication is not employed by Healthcare workers.

This Presentation is designed to inform on the topic of communication tools used in Healthcare, specifically, in Women’s Healthcare Clinics by Mammography Technologists. Also, it focuses on how these communication tools have changed over the years with advancing technology.

The advancement of technology has proven to be a time saver, but does it cut down on the quality of care the patient is receiving.
The communication with patients is a mix between philosophy and science.

After more than 10 years in the practice of medical radiation imaging, I feel that some of my greatest accomplishments have been made while talking with patients.

Good patient care suffers when colleagues neglect or provide only the most basic communication.

The Technologist, who is prepared to talk to and examine patients with an appreciation for their anxieties, embarrassment and need to hear some good news, is uniquely positioned to favorably impact the patient’s welfare.
THE NEED OF COMMUNICATION

• As breast imaging has matured into an important subspecialty of radiology, it has evolved into a more clinically oriented discipline.

• There is far greater need for direct contact and communication with the patient about procedures, diagnoses, management options and follow-up recommendations.
KUWAIT NATIONAL MAMMOGRAPHY SCREENING PROGRAM

• Screening for breast cancer is a direct response to the rising incidence of the disease internationally.
• That’s why Kuwait Ministry of Health introduced a national screening mammography programs providing free mammograms for asymptomatic women aged between 40 -70.
Attendance For Screening

• It has been estimated that at least 70% of women in the eligible population need to attend regularly for breast cancer screening interventions.

• However, some of the above studies have demonstrated that the number of eligible women willing to attend regularly for screening mammograms fails to reach the 70% participation level.
Attendance For Screening

• As there is no compulsion to attend, there is now a greater emphasis on the need to understand the potential influences of communication to encourage ongoing participation in screening mammography.
Long Advocated Participation

- Integral to the increasing reliance on primary health care is the use of technologically-driven health resources which focus on preventing or detecting disease in targeted populations.

- For example, many countries, including Britain, America, Australia and New Zealand, have long advocated participation in screening mammograms which offers the best alternative for reducing mortality from breast cancer in women aged over 50 years.
Phases of mammography screening communication

- There are three distinct phases in the mammography process, and women require different types of communication to allow them to make informed decisions at each stage of the process:
  1. The invitation to participate initially.
  2. The encouragement to return for repeat mammograms.
  3. And the communication of results (including untoward findings such as false positives).
COMMUNICATION’S STYLE

• The style of communication that is dominant in the three phases of communicating screening mammography may be further defined by a definition of language which distinguishes between transactional communication that expresses “content”, and interactional communication that expresses “social relations and personal attitudes”
the invitation to participate initially.

• This phase of communication to encourage women to participate in screening mammography is based primarily on print resources, such as pamphlets, posters and letters of invitation. These resources use transactional language to convey factual information.

• The function of transactional language is to transfer information efficiently, which in this case, is integral to providing the resources for facilitating the participation of eligible women in the breast screening program. Although there is typically some interactional communication between women considering breast screening and health professionals in the community.

• Interactional communication primarily occurs when women are interacting with the staff during the physical process of mammography.
the encouragement to return for repeat mammograms

- This phase of communication in screening mammography is centered on interactional language, characterized by the interpersonal domain.
• Women's experience of breast screening will not only strongly influence decisions they make about re-attendance, but also encourage those women to influence others in their social network through discussions about the experience.
How to COMMUNICATE with PATIENTS

- How to ask the right questions, listen effectively for stated and unstated messages and determine which methods to use when communicating with different patients.
Clear Explanations SHOULD BE Received About The Screening Process.

✧ Received a clear explanation of what breast screening is looking for.
✧ Received a clear explanation of the breast screening procedure.
✧ Received a clear explanation of when and how test results will be made available.
✧ Received a clear explanation of the test results
✧ Received a clear explanation of any further action required
What Every Screening Patient Needs To Know

- On the **day of the mammography appointment**, the technologist should
- Tell the patient what to expect. Ask the patient what assistance she needs and listen for her answer.
- Communicate directly with the patient. (If needed, any accompanying friend or care giver may be included in the conversation with the agreement of the patient.)
- Tell the patient that any pain or discomfort experienced during the mammogram typically lasts only a few seconds.
- Put notes in the patient’s chart about the positioning techniques and accommodations that were provided. This will make the next mammogram easier for other technologists and the patient.
Communication Mistakes Could Happen

- LANGUAGE
- CONFUSING
- TOO MUCH INFORMATION
- TOO FAST
- OVERWHELMING

http://communicative-sciences-wordpress.com/2013/07/27/english-or-engineers
Anxiety is undeniable among women concerned about their risk for developing breast cancer. Mammography’s primary purpose is to discover early breast cancer that, when appropriately treated, alters the natural history of the disease. A negative mammographic study is a happy result.
MAMMOGRAM ANXIETY

- As healthcare providers, we should respect the fact that anxiety is morbidity.
- In the field of breast cancer diagnosis, patients’ concerns include not only mortality, but also bodily deformation.
- Even short delays in providing answers can compound the impact of anxiety.
- Every patient we see in a breast imaging practice wants to hear good news, even after receiving the bad news of a breast cancer diagnosis.
REDUCE ANXIETY

- Research with a communication focus has argued for the importance of clear and simple information about the procedure to increase acceptability for women, by reducing the consistently high levels of anxiety that women appear to experience when undergoing screening mammography.
- The importance of facilitating questioning in a supportive environment has also been found to be integral to a more acceptable process for women, and will influence their decisions to return for further mammograms.
Why People Were Anxious About Mammograms

- 56% were worried about unknown results.
- 22% were concerned that the mammogram would be painful.
- 15% were worried about how known risk factors might affect the likelihood of being diagnosed with breast cancer.
- 13% were concerned about the general uncertainty of mammograms.
- 9% were anxious about waiting for results.
- 4% were worried about the possibility of more procedures.
• There are risks and limitations, and concerns about exposure to radiation. The procedure itself tends to be overlain with anxiety women primarily attend for reassurance.
The danger is that some women are so overwhelmed with anxiety that they postpone screening mammograms or even skip it for fear of bad news.
Basic Considerations In Communicating With Patients

- Diagnostic breast imaging studies frequently reveal the need to obtain a definitive histological diagnosis. Needle biopsy, performed by the radiologist.
- The radiologist interprets the mammogram, determines the need for, and performs the biopsy, receives the pathological results, determines concordance of the tissue diagnosis with the imaging concern and guides the patient toward the most appropriate disposition based on the information to date.
- The radiologist is clearly the best equipped to explain the imaging findings, discuss the need for biopsy and finally to present the biopsy results and appropriate options to the patient. With a small dose of compassion
- The radiologist has an opportunity to significantly reduce a patient’s anxiety.
- The radiologist is also uniquely positioned to enhance the patient’s understanding and acceptance of the pathological findings with gentle and artful optimism.
RECALL CHALLENGE

- On of the challenging issues happened for all technologist is how to tell a women who is anxious and worrying why we might recall you for further testing
- Our intention is to teach women what to expect from having a mammogram done and what to expect if you are called back for further testing.
- "This happens to 10% of women, and we wanted them to know that a positive screening mammogram doesn't mean you definitely have cancer."
The detection of a finding that requires additional imaging naturally raises the level of anxiety.

There are three circumstances that worsen such anxiety:

A. First, the lack of preparation for possible additional imaging
B. Second, the manner in which the patient is informed of her imaging findings and need for further evaluation;
C. And third, any delay in completing the recommended diagnostic workup.

Proper address of these three circumstances can dramatically reduce patient anxiety about screening detected concerns.
The challenge of balancing efficient medical care with what is common sense and what is best for the patient.

- Patients must be properly informed that additional images most often reveal normal or benign findings. Often, the responsibility for informing the patient falls to the technologist who performs the screening procedure.
- Patients must be informed that the primary purpose of additional imaging is to enable the radiologist to understand dense tissue and to see areas of breast tissue that may be masked by overlapping structures.
- It is a mistake to think that technologists will instinctively complete this task in a thoughtful, supportive manner without proper instruction. In fact, this information is commonly not communicated or is poorly communicated.
BE READY

- The technologist or information counter should be aware of all information and trained to answer any question related to the exam and related issues to mammography and breast imaging.
- All staff should be ready and informative about the myths related to mammography or breasts diseases.
Myths

• And many many women are anxious because of the myths they heard so we have to be ready and knowledgeable about any of those myths that keep the women hesitate to do mammogram

• I’ll list some of the myths that any technologist could be asked about
Myth 1

➢ Breast cancer only affects older women

☐ NOT RUE

Can occur in younger women too
Myth 2

• If you have a risk factor for breast cancer, you are likely to get the disease
• No
• You are not destined to get the disease just because you have a risk factor
• Be diligent about your care and follow up

<table>
<thead>
<tr>
<th>Non-modifiable Risk Factors</th>
<th>Modifiable Risk Factors</th>
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<tbody>
<tr>
<td>Gender and age</td>
<td>Body weight</td>
</tr>
<tr>
<td>Personal cancer history</td>
<td>Physical activity</td>
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<tr>
<td>Family cancer history and genetics</td>
<td>Alcohol use</td>
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<tr>
<td>Early menstruation and late menopause</td>
<td>Smoking</td>
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<tr>
<td>Breast density</td>
<td>Exposure to hormones: the Pill, IVF, and HRT</td>
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<tr>
<td>Breast conditions</td>
<td>Pregnancy and breastfeeding</td>
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<td></td>
<td>Radiation exposure</td>
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Myth 3

- If breast cancer doesn’t run in your family you won’t get it
- No
- 80% of women with breast cancer have no family history
Myth 4

• Only mother’s family history can affect your risk
• No
• Mother or father’s history is important
Myth 5

• Using antiperspirants causes breast cancer
• No
• No evidence that there is a link
Myth 6

• Birth control pills cause breast cancer
• No
• Today’s pills are very low dose
Myth 7

- I am at high risk and I can do nothing about it
- Not true
- Regular breast care and diligence
- Medication (ie: tamoxifen)
- Lifestyle changes (heart healthy plan)
- Genetic counseling to discuss options
Myth 8

- If I am diagnosed with breast cancer, I will die
- Not true
- 80% have no cancer outside of the breast
- Survival today is improving all the time even in patients with cancer which has spread
- 87% of breast cancer patients are alive at 5 years

5-Year Survival Rate for Women

<table>
<thead>
<tr>
<th>Year</th>
<th>Survival Rate</th>
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<tbody>
<tr>
<td>2006</td>
<td>90.6%</td>
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<tr>
<td>2002</td>
<td>90.3%</td>
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<tr>
<td>1998</td>
<td>89.5%</td>
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<tr>
<td>1994</td>
<td>86.5%</td>
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<tr>
<td>1990</td>
<td>84.6%</td>
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<tr>
<td>1985</td>
<td>78.4%</td>
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<tr>
<td>1980</td>
<td>74.9%</td>
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<tr>
<td>1975</td>
<td>75.2%</td>
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</tbody>
</table>
Myth 9

- Most breast lumps are cancerous
- Not true
- Most breast lumps are not cancerous, but are benign (cysts or fibrous or fibro adenomas)
Myth 10

- If I have to have a biopsy, it is most certainly cancer
- Not true
- Over 80% of all breast biopsies are not cancer
- Over 1.6 million breast biopsies are performed every year in the US only
Myth 11

- I am a man, therefore I can not get breast cancer
- No
- 1% of all breast cancers occur in men
Voices from The Mammography Suite

• *I can be very tense when I arrive for my mammogram.* A pleasant greeting from a competent receptionist will help me begin to relax.

• The first few minutes of a woman’s mammography appointment can be critical. The mammography experience begins when the patient walks in the door. It’s the kind of greeting they get from the receptionist. It’s about how long they wait until called in for their exam.
Voices from The Mammography Suite

• Given my personal history, I’m expecting that the technologist is well acquainted with my file, my past exam results. But this is not always the case.

• The only case history that’s important to the patient is their own. Every patient comes to the mammogram with a unique personal history. For some, every detail of that history is vivid and its significance is overstated. They often assume their technologists share this perspective.
Voices from The Mammography Suite

• Some technologists are totally focused on conducting the exam and don’t say a word. It reminds me of the seriousness of the exam and the bad outcomes that might result. The silence gets me wondering... what does she see that she doesn’t want to talk about.

• Pleasant conversation is one of the best tools to relax patients. They are reassured by any interest the technologist shows in them personally, whether it be talking through the steps of the exam or chatting about some topic currently in the news.
Voices from The Mammography Suite

• Sometimes I feel the technologist just going through the motions, so much so that she hardly notices I’m there. I guess she’s on some kind of schedule...and I’m just another patient to get in and get out. I don’t like the way that feels.

Patients feel they should get the undivided attention of the technologist. Although imaging centers are under pressure to maximize throughput, this requirement should never become apparent to the patient.
Voices from The Mammography Suite

• The last mammogram I had was right after I left work, at about 4:30. There was a bit of traffic on the way, so I felt rushed and I was tired after a hard day. When I arrived at the radiology center the receptionist and the technologist looked as burned out as I felt. Not very reassuring!
• Extended hours are only a plus if people on duty at the end of their shift still look energized. The technologist’s day can be long and exhausting, but the last patient of the day will require as much care and attention as the one whose mammogram was at 8:00 AM.
I usually show up for my mammograms tight and tense. One technologist that did my mammogram about two years ago had such a cheerful and infectious personality that I found myself chatting with her in no time at all. It really made a huge difference in my outlook.

An upbeat attitude is contagious and can instill hope and calm. A very large percent of women arrive for their mammogram in a very tense state of mind. Anything that helps them to relax is very much appreciated.
Voices from The Mammography Suite

- I had a great experience the last time I went to the hospital for my mammogram. The staff was so considerate and the room I waited in for my exam was so pleasant I was actually beginning to feel good about it! I’m thinking I should schedule my family’s exams at this hospital when possible.
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• *A satisfied patient can produce new awareness of importance of the screening.* Most women make the decisions for a family’s health care.
Voices from The Mammography Suite

• The breast care facility I now go to for my mammogram is very good at telling me the results of my exam, the same day usually. This is a comfort; not to be left hanging, wondering.

• In the world of mammography fast reporting of results is very important and very much appreciated.

• All patients have grown accustomed to very fast turnarounds in all aspects of their daily lives. They expect no less when it comes to something as important as their annual mammogram.
THANK YOU

Basma Alsaadoun