



Patient History: Details, Documentation, and Delivery

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Patient assessment is an essential part of a mammographer's role in caring for patients. A pertinent patient medical history is important for creating a clear depiction of the patient's condition. Mammography technologists can follow simple steps to create a seamless process for optimal results.

Patient history and present condition can be collected on a paper form or entered electronically into the radiology information system or the facility's electronic communication software. Regardless of how the information is collected, documents should be stored, filed, or scanned into the patient's permanent medical record. Documents must also be readily available for radiologists to review. When imaging asymptomatic patients, mammographers can use a general list of history questions to help evaluate patients' risk assessment and general physical condition.

The following general information should be obtained for all patients:

- Name and date of birth
- Date of last clinical breast examination
- Date and location of last breast imaging examination
- Age at first menstrual period and age at menopause (as appropriate)
- Number of full-term pregnancies and age at first full-term pregnancy
- Past or present use of hormone replacement therapy
- Personal history of cancer (breast or other) with date of diagnosis, location of cancer, and treatments
- Family history of breast or ovarian cancer
 - Relationship of family member and age at diagnosis
 - Results of genetic testing undergone by the family member
- Dates and results of any past breast biopsies or surgical procedures

Additional relevant information can be added to a Comments section of the documentation to provide the radiologist with supplementary information such as the patient's physical limitations and challenging circumstances. Technologists should keep this information pertinent and ask themselves, "Will this information be useful for the radiologist to accurately assess this patient and reach a diagnosis?"

Imaging symptomatic patients requires the mammographer to acquire detailed information to provide an accurate illustration for the radiologist. Mammographers must listen empathetically

and ask open-ended questions as well as focused questions as needed.

When a patient presents with a palpable area of concern, valuable information includes the following:

- Size of lump (ask the patient to compare the lump with something tangible; for example, is it the size of a pea, dime, or quarter?)
- Location of lump with clock position
- Date the lump was first noticed
- Change in appearance or feel since it was first noticed
- Associated pain or tenderness
- Changes associated with menstrual cycle
- Whether the lump is mobile or nonmobile
- Whether the lump was found by the patient or by the provider upon clinical breast examination

In addition to obtaining verbal information from the patient, it is important to have the patient physically show the technologist the area of concern so the technologist can note and label the precise clock position and/or quadrant and abnormal signs such as redness or dimpling of the skin.

Documentation for patients presenting with nipple discharge can be done in a manner similar to that for palpable abnormalities:

- Color of discharge
- Whether the nipple discharge was an isolated occurrence or recurrent
- Spontaneous discharge versus discharge upon expression
- For pain and tenderness, assessment of the size of area affected and whether the pain is generalized or focused
- Focal pain or tenderness requires more information from the patient:
 - Onset and duration
 - Location with clock position and quadrant
 - Whether the pain/tenderness is intermittent or constant and whether it is associated with menstrual cycle



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As these tools become increasingly available, it is important to consider system-level factors that may prevent access and utilization of these tools among all women, including those from traditionally underserved backgrounds. Policies aimed at ensuring appropriate access to breast cancer risk assessment, insurance coverage for advanced imaging services beyond mammography, and patient education about the potential benefits of multimodality screening regimens among all women at increased risk will be needed.

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Providing pertinent information can be a valuable tool for the radiologist when performing diagnostic callback examinations and procedures. As a technologist, consider going the extra mile and researching the patient's medical file to supply significant information such as previous examinations, recent procedures, previous examination recommendations, measurements, and clock positions. It is also helpful to let the radiologist know the patient's emotional state along with any physical limitations that may inhibit the ability to optimally perform the examination.

Now that we have gathered all the details and documented them accordingly, it is time for delivery. When presenting the information face to face to the interpreting physician, keep the communication clear, concise, and relevant to your patient. Now is not the time to tell the radiologist about sleepless nights with children, weekends at the lake, or the new picture in his or her office. With the patient anxiously waiting, this should be a timely process with concise delivery.

- Enter the radiologist's office prepared with documented notes in hand; do not rely solely on memory.
- Begin with the age of the patient and reason for the examination, then proceed with the details you've collected.
- Once all the information is conveyed, pause and allow time for the radiologist to assess and ask questions.
- If the radiologist asks a question that you do not know the answer to, be honest and state "I am not sure," then volunteer to find the answer.
- Providing accurate details will allow the radiologist to better assess the patient and determine the next step in the patient's care plan.

As technologists, we are the voice for our patients and it is our responsibility to effectively collect, document, and deliver details to the radiologist. Together, technologists and radiologists can use this team approach to provide timely and compassionate care.

Tips to Get Active and Stay Active (continued from page 17)

Whether your life allows for scheduled workouts, increased daily physical activity, or both, encourage yourself to move more throughout the day, if only in increments of a few minutes at a time. Remember, any amount of physical activity is better than none. Physically active adults sleep better and have improved cognition and a better quality of life. Prioritizing exercise is important; your physical health and mental well-being often go hand in hand.

Reference

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