Sustaining Relationships in the Remote Imaging Environment

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It is no secret that there is a shortage of dedicated breast radiologists in almost every state in America.[1] In addition to the breast radiologist shortage, as of this writing there are over 4500 job postings for mammography technologists in the United States. This shortage has increased burnout and decreased job satisfaction over the last several years. Facilities have had to redefine their workflows and processes to cope with the workforce shortage.

One method used to combat these shortages and provide care to mammography patients is the implementation of a remote or hybrid reading system through internal or external telemammography services. Since the COVID-19 pandemic began, our industry has seen a dramatic increase in the interpretation of examinations through telemammography. Before the pandemic this method of teleradiology interpretation was reserved for overnight and on-call shifts[2] rather than for routine mammography examinations. Using telemammography has proved to be beneficial in many aspects, including increasing access to breast radiologist expertise, improving outcomes in breast cancer diagnosis, and providing timely interpretation and treatment for patients. This is accomplished without negatively impacting workflow.[3] Additional benefits of telemammography services include a potential decrease in burnout and increase in job satisfaction.

While telemammography has many benefits, there are also some challenges that should be considered when implementing a telemammography program. Challenges may include implementation cost, liability risks, and the possibility of radiologist resistance to using these services as routine standard of care.[3] One specific challenge that must be considered is how the group will build and preserve connection, camaraderie, and the team approach to breast imaging between radiologists and technologists.

When radiologists are reading in remote or off-site settings through telemammography, there is a lack of face-to-face interaction between the radiologist and the technologist, patient, and other clinicians. Verbal interaction may also be lacking when the technologist and radiologist communicate through virtual options such as messaging platforms. A study by Quraishi published in 2020 evaluated the telemammography experience by using the ACR Engage platform. The study demonstrated that 28% of respondents reported less rapport with other physicians when using telemammography services.[4] Generally, telemammography is practiced in isolation, which may contribute to a lack of connection and rapport.

With more facilities and breast imaging centers gravitating toward remote reading systems, combatting this lack of connection is crucial to the success of a telemammography program. Effective communication involves focusing on feedback and sociability.

Focusing on Feedback

According to the ACR Task Force on Teleradiology Practice, communication is critical to ensuring overall quality and patient safety.[2] It is imperative to establish a solid working relationship based on trust between the radiologist and the technologist to minimize communication barriers. Reliable communication is particularly critical for diagnostic breast imaging examinations, in which direct feedback may be necessary during the examination itself (eg, while the patient is in the examination room).[2] "Communication by any means must be timely. Failure to implement a responsive communications system for addressing RTs' [radiology technologists'] questions and concerns can lead to a number of adverse events, including failure to diagnose a condition because of an inappropriate examination and unnecessary radiation exposure from an unnecessary study. Failure to have an adequate communications system in place prevents RTs from fully complying with their obligation under principle 6 of the American Registry of Radiologic Technologists' code of ethics, which requires RTs to 'obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient.'"[2]

Feedback is an essential aspect of the Mammography Quality Standards Act Enhancing Quality Using the Inspection Program. Radiologists should promote accountability by offering effective feedback. Feedback helps technologists feel empowered and trusted to willingly offer their opinions or comments to improve systems and processes. Feedback provided in the form of appreciation or individual coaching can be beneficial.

- Appreciation should be the first and most often used method of delivering feedback. Radiologists may find it beneficial to use appreciation when they desire to see more of a specific behavior.

- Coaching should be used with the intent of asking for a change in behavior. Coaching inspires action and can help technologists find the courage to adapt, improve, and learn.

- Consider implementing employee rounds to measure the engagement, satisfaction, and strength of your imaging teams. Use virtual options, on-site resources, or personnel to assist.

Focusing on Sociability

It is becoming more common for radiologists to work from home or off-site, where they are isolated from their team. The same can be true for mammography technologists. Some facilities may only have 1 or 2 technologists working at a time, often confined to 1 examination room, limiting interaction with other members of their team. When technologists have never spoken to their lead interpreting physician on the phone or met them in person, this lack of communication could create an environment in which technologists are less likely to ask questions and suggest improvements, more likely to increase patients' radiation exposure with unnecessarily repeated images, and less likely to provide imperative information and patient history that may be of utmost importance to the interpreting radiologist.

According to the Centers for Disease Control and Prevention, social connectedness is the degree to which people have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.[5] By nature, we are all social individuals to varying degrees, and we thrive on connectedness for survival.[6]

When most of our time each day is spent in our working environment, it is important that our environment offer positive working relationships with colleagues, whether they are working off-site in a remote location or in the examination room down the hall. Positive working relationships improve job performance and also contribute to a sense of belonging and a feeling of involvement in quality care for patients. Consider these tips for creating a higher level of sociability:

- Offer digital photo and biography introductions of radiologists and technologists to promote recognition and identification. Include general personal information such as hobbies and special interests.

- Encourage team educational activities, such as virtual lunch and learns.

- Pick up the phone and call a colleague, allowing them to hear your voice, rather than sending a digital message.

- Have protocols in place when verbal or digital communication is necessary.

- Ensure continuous open lines of communication.

Using a telemammography program for breast imaging can be efficient and helpful in many facilities. However, it is imperative that leaders emphasize maintaining connections in this type of technology-driven environment. Efforts should be placed on maintaining relationships and connections with technologists in different locations. A voice on the other end of a phone call relays a smile, enthusiasm, authenticity, and generosity. The sound of a person's voice can brighten someone's day and turn a daily challenge into favorable optimism. Making every effort to promote teamwork, connection, and sociability is incredibly challenging yet has the potential to be the most impactful aspect of telemammography for team members and patients.

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