Difficult communication in radiology: a training course on responding to inter-professional conflict

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Aim of the project
Conflict between radiologists and doctors requesting investigations causes delays in patient care and contributes to a stressful working environment. A course was developed for radiology trainees to practise and reflect on difficult conversations with colleagues.

Training course
Trainees attended a one-day small group practical course:
- Tutors were senior and junior radiologists and clinical communication educators
- Scenarios were based on radiologists’ previous experiences of difficult conversations
- Simulated conversations were videoed and feedback included video review
- Short presentations focused on effective team-working and conflict resolution.

Participants
All London trainees in 2 cohorts were invited to attend. 74 trainees attended nine courses. Trainees were 50% male, with a mean age of 30 years; 82% had attended medical school in the UK and 82% had English as a first language.
Trainees rated themselves as reasonably competent in responding to inter-professional situations (mean score of 3.7 for 8 items on a 1-5 scale).

Trainees’ aims for the course included:
- Fostering positive relationships with colleagues
- Conflict resolution and de-escalation
- Being assertive and calm
- Responding to inappropriate referrals
- Responding to angry and difficult colleagues
- Learning from others (peers/seniors)
- Learning about own communication

Results
Trainees indicated that the scenarios were “helpful” (mean 4.3 on a 1-5 scale).

Trainees’ learning points included:
- Opening and closing a conversation
- Non-verbal communication
- Empathy and finding common ground
- Conflict resolution and negotiation
- Responding to emotions
- Escalating to senior colleagues
- Efficient use of time
- Learning from others’ experiences

Trainees’ experiences of difficult communication
Examples reported were mainly with doctors from the Emergency Department and surgical specialties. Often an initial conversation with a junior colleague escalated into an angry consultation with a consultant.
Examples:

“Consultant phoned me back, v. aggressive, “wasting my time”…told me that he was director of surgery and that hadn’t heard of such a ridiculous referral process, etc, etc. Hung up.”

“She was very abrupt and threatening to put a complaint against the whole USS team (including helpers) if scan not done.”

“The GP said that she was a GP commissioner and she held the funds for our department hence she could decide what scan was urgent or not…then asked for my name and said she would report me to the head of department for being unhelpful and obstructive.”

Themes included:
- Aggressive, threatening and bullying behaviour
- Poor teamwork within and between teams
- Angry response to requests for information
- Assumptions about radiologists being obstructive
- Refusal to accept alternative investigation
- Demanding non-urgent tests out of hours immediately

Conclusions
Radiology trainees experience difficult, demanding and aggressive behaviours from colleagues, particularly when on-call. A training course can provide practical support by helping trainees to practise communication and problem-resolution skills.