



*You need
to know your
clinicians as
well as
your kids.*

What I meant to say was ...

C. Douglas Phillips, MD, FACR

"They had nothing in common but the English language."

—E. M. Forster

How well do you do at explaining yourself?

I'll bet that most of you have raised children, and you know how that whole thing works. Kids have rudimentary social and English skills, a reasonable idea of right and wrong, sensory input devices, and a brain.

And we work with our kids to give them some idea that words have meanings, and those meanings should translate to actions, feelings, etc. So, when we say "Billy, stop that," in the context of Billy smacking his little sister with a block, it does NOT mean stop breathing, stop sitting on the floor, or stop living in this house. It means stop it already with smacking your little sister! It may need some clarification early on, but with time, it becomes clear.

As radiologists, we use words (our reports) to explain the studies we review, and those words go to clinicians, at least **most of whom** have rudimentary social and English skills, a reasonable idea of right and wrong, sensory input devices, and a brain.

How often do we make what we mean clear? How often do we need to explain ourselves? Should we do it more often? You need

to know your clinicians as well as your kids. I recently had a call from our scheduling desk. They had a clinician on the phone who wanted to know if they should order a follow-up MRI with or without contrast. I asked what the clinical indication as listed was.

"Follow-up empty sella."

Wow. Well, turns out you don't need to follow that up at all in most cases. To clarify that item, I have since added a new line to my "empty sella" macro: a comma followed by "a normal variation." Maybe that will stop those.

I see reporting systems now that include a huge amount of data on the incidence of certain findings to potentially explain the relevance of a finding—things like disk protrusions or bulges. I like the idea. Explaining ourselves is a good idea, particularly when not all the clinicians who get the data are up to speed with our language or, on occasion, even on the disease process, and might need some assistance.

The wild card in all of this, though, is the idea of "patient friendly" reports. Wow. If I have to generate a report that is meaningful to my neurosurgeon, the family physician, their nurse practitioner, and their patient, I may not be able to read and report more than a case or two a day. Talk about killing productivity.

Keep up that good work. Mahalo.

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