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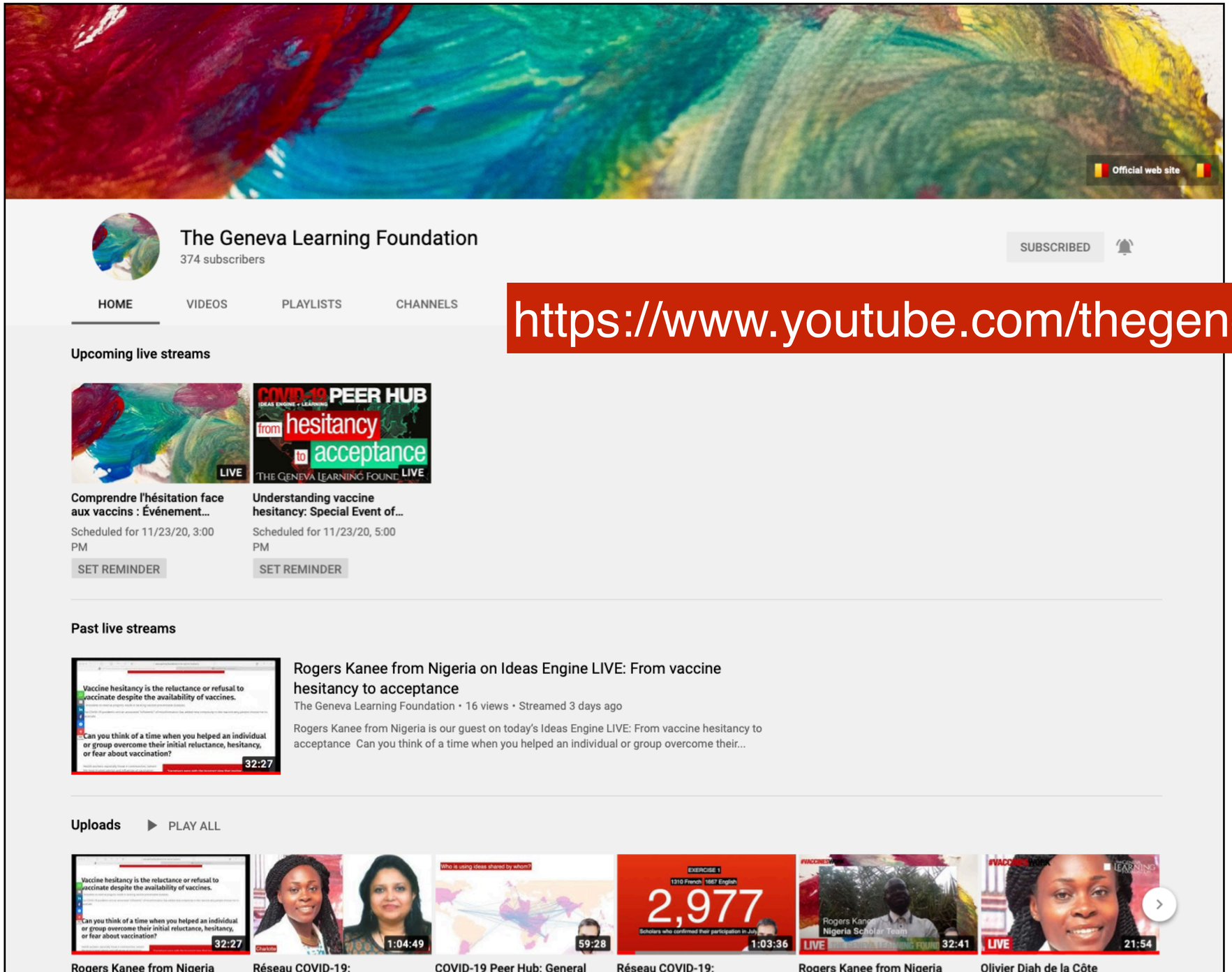

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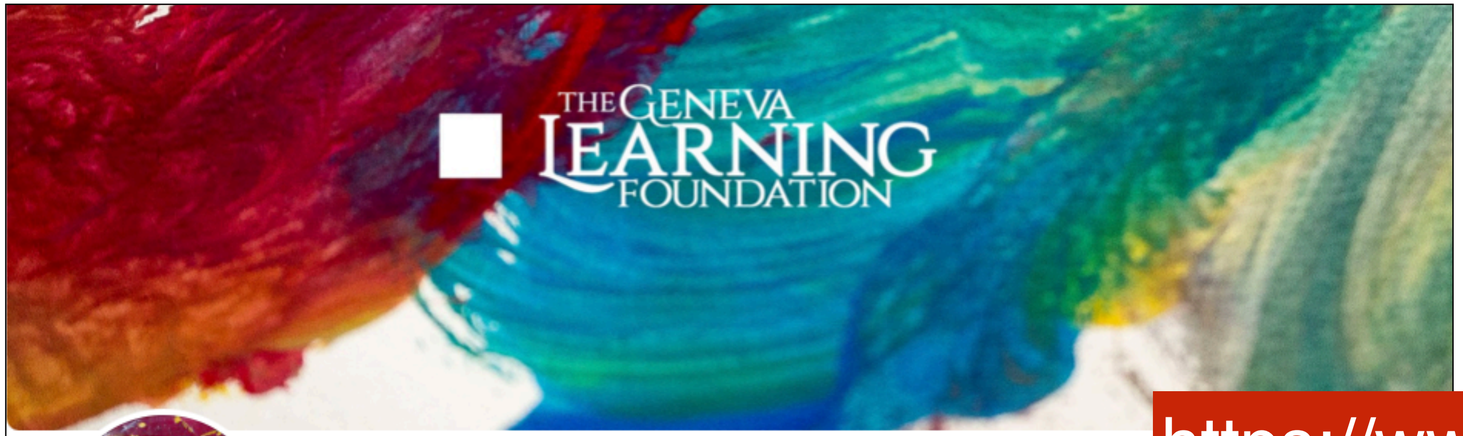

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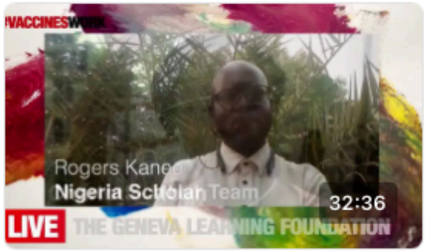

Rogers Kanee from Nigeria on Ideas Engine LIVE: From vaccine hesitanc...

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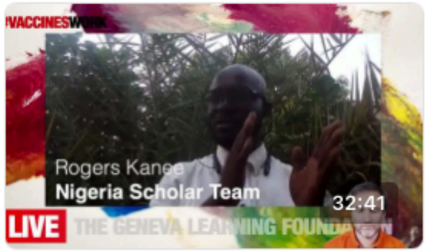

Rogers Kanee from Nigeria is our guest on today's Ideas Engine LIVE:...

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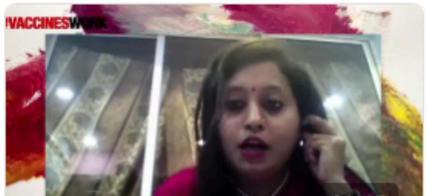

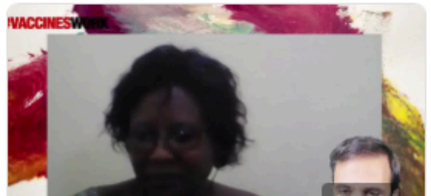

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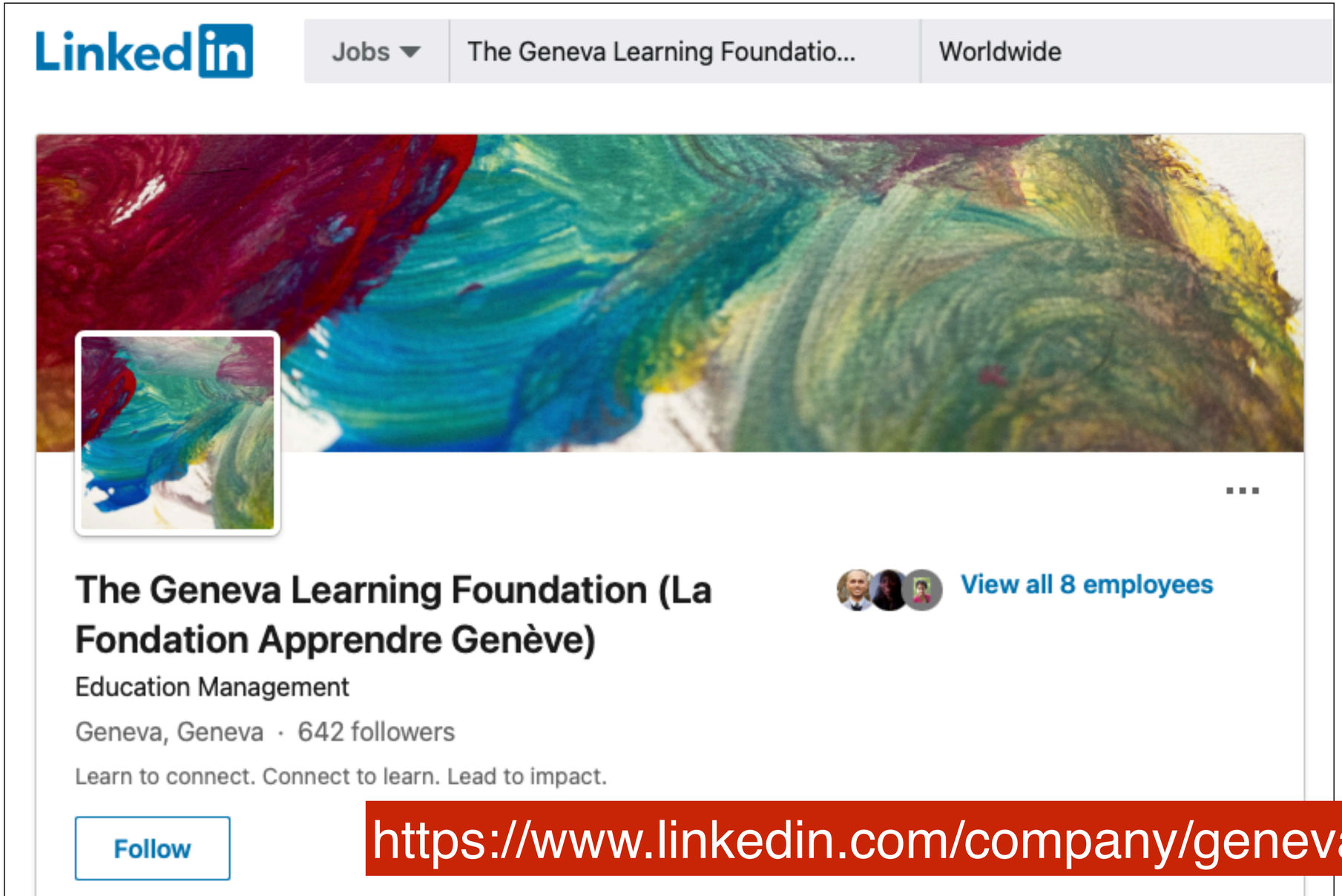

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WHO guidance

Discussants

- **Dr Maria del Rosario Perez** leads the Global Initiative on Radiation Safety in Health Care Settings at the World Health Organization, focused on supporting the implementation of the Bonn Call for Action.
- **Dr Don Frush** is Chair of the Image Gently Alliance and co-chair of the global Quality Safety Alliance of the International Society of Radiology.
- **Dr Joanna Kasznia-Brown** is President of the World Federation of Paediatric Imaging and Chair of Outreach Committee of the European Society of Paediatric Radiology.

3302

registered for this Special Event

1,400+

of times course information was shared via social media

1,248

applicants for the pilot course

90 countries

288

challenges that I need help with

128

lessons learned that I want to share

117

success stories that I want to share

More than 500 testimonials from stakeholders from all regions

We can share today just some of them…including:

SOME STORIES

- Patients and parents anxiety;
- Providing explanations and engaging patients/ parents
- Interactions between professionals
- Effective communication

SOME LESSONS LEARNED

SOME CHALLENGES IDENTIFIED

Patients and parents anxiety…

Dominica | Radiographer/Radiological technologist | Public hospital / health facility

“Imaging rooms can be very intimidating”

I understood early on in my profession that imaging rooms can be very intimidating for pediatric patients. I immediately assess my patients by checking for any anxiety or nervousness or even fear once they enter the examination room. Once this is identified, **I create a comfortable atmosphere for the child** by first explaining to the parent or accompanying adult exactly what is going to happen and how they can help. I let them understand that **imaging will help the referring officer get a clear idea as to what is wrong** and therefore know what to prescribe to get the child better. Once that is established, I engage in child appropriate dialogue to let the child feel empowered to take an active role in the study. This has helped me tremendously and also removes the child's fear for future exams.

Responding to a family's anxiety

"I was able to identify the challenge by noticing **anxiety in the patient's relatives.** Then I had **to reassure them** of the safety of the procedure and my professionalism as a well-trained and licensed Radiographer. That way I got their consent and did the procedure."

Comfortable atmosphere: “I made the imaging process very playful”

I was imaging a 5 year old that was in a lot of pain and the child did not understand what an x-ray was. So I had **to make the imaging process very playful** by **telling the child** that we are talking selfies and the collimation light was a flash light so the child was able to relax because I kept telling her to smile so that the pictures can look good**.**

What made more of a success was that **the parent was also participating**.

So this meant that we got good x-rays without repeating any of the examinations.

Providing explanation and engaging patients/parents…

Effective dialogue helps reassure parents

As part of my PhD studies I have interviewed a number of parents attending medical imaging examinations with their children, specifically to explore referrers' and practitioners' benefit-risk communication and consent practices at a primary paediatric referral centre in Malta. **Parents expressed a need to be reassured that referred examinations were important for the child's management** and that such examinations were going to be done in a timely manner. **They appreciated being informed that radiographers are trained to reduce the risks and that these are quite minimal.** On the other hand, parents questionned the need for written consent as this gave the impression that risks were much higher than what was being mentioned to them - so there is an element of inconsistency there.

Reassuring information to patients/ parents

When doing fluoroscopic examinations because parents look at the time of screening as the length of the procedure and **are always worried** about the length of the examination as they think that you will be exposing their children to too much radiation. I have learnt that **if you explain to them** that there is less radiation during screening and that you will minimize the dose by reducing exposures and use the hold image technique instead of doing really exposures it becomes more acceptable to them. Also **explaining** that you do intermittent screening and that the length of screening is being recorded they seem to come round. **Informing** them that the machine has a built in device to also monitor the time of screening and a bell rings if is too long. If you finish procedure without the bell ringing they are happy.

Effective dialogue to inform and reassure

Been in an environment where children are been exposed to sickness and diseases. A female paediatric patient was brought in for a chest x ray and I, as a radiographer, I gave the guardian instructions on how to prepare the child for the examination. I noticed a change in the expression of the guardian so I asked why. The guardian expressed **concern about what she read online and also heard from people concerning the effect of radiation on paediatrics and how vulnerable they're to radiation effect**. I listened attentively to her, then I began to tell her about **justification** i.e the benefit of the child having the chest x ray far outweighs the risk they read and were told, letting her know the examination have been vetted for first.

After which I told her about **optimisation**, where we give as low as minimum radiation dose to achieve what we want and also with my experience will make sure accuracy is adhered to in other to avoid repeat. Also, **I reassured her and gave her confidence**. Having exposed to an extent guidelines on radiation protection and also ways to communicate to either child or family have helped me in tackling the issue. I think people need **to be enlightened the more concerning medical radiation exposure and also about justification and optimisation in relation to it.**

Interaction between professionals…

Advocacy communication to improve behavior

I found some radiology technicians using a CT scan protocol for adults to scan pediatric cases without modifying the exposure factors to suit the radiation dose for pediatric, so I told them that this is a misuse of radiation and exposes the children to the risk of cancer in the future. First they denied the idea of using the pediatric protocols for the children.

At first, they did not accept my opinion, but I **coordinated with the hospital administration to conduct a training course to explain the risks of radiation, especially when imaging children.** Then the radiology technicians used the CT protocols for children, and we are now in the process of doing a comparative study of the radiation dose in pediatric before and after the introduction of CT protocols for pediatric.

Radiation risk communication in CME of health workers

I was once employed in a health facility where radiographers were not taking precaution on the amount of radiation used in production of radiographs and the parents, guardians or the pediatrics were not informed on the effects it may have in future. To curb this, **I suggested to the management that we have CEM's on communication skill (in pediatrics) and issuance of fliers on the uses and effects brought about by radiation in Hospital set up.** Through this, both the public and staff were informed about uses of radiation (X-rays), there was an improvement in the management of doses used for the radiological examinations and there was good rapport between the radiographers, pediatrics and the parents concerning the radiological examination.

Effective communication..

Effective communication to address parents' concerns

I was asked by the mother of a young child, to put on a thyroid protector and apron during a panoramic X-ray in order to be protected from radiation. I explained calmly and in easy words, that the fact that the child is very small and uncooperative associated with the fact that he has strange and heavy materials in his body, would increase the probability of repetition of the exam. In addition, I explained that the **current studies no longer indicate the same need to use this type of protections, mainly because the radiation risks of this particular examination are extremely low**, and that the exposure criteria that I would use were appropriate for that child in concrete.

Effective communication for better exam outcome

In considering the effects of radiation on paediatric patients, both carers and radiographers, need to consider precision and quality imaging of diagnostic value and thereby avoiding repeat radiographs is always top priority when I attend to patients especially Paediatrics. I have always approached **communication from the angle of properly explaining the procedures to the patient** (as much as possible) **and their relatives** but the cooperation sometimes has been frustrating especially with not too formally educated carers or assistants.

On one occasion, I decided **to discuss radiation implications with the relatives in language and illustration that was understandable**. Throughout the investigation, I observed that the carers were more supportive and cooperative. **The outcome was amazing** when compared with paediatric patients of near or similar case in terms of **time spent, number of exposures, quality of images and ultimately satisfaction on the both sides** (radiographer and patient's relative)

Effective communication with parents positively impact on working procedures

It was regarding the recent change by the BIR to the use of patient contact shielding for radiology applications. A parent was concerned and wanted their child to have gonad shielding as they had previously. I was able to have a **conversation with the parent and used the poster resources provided by the BIR to help with the discussion.** The parent felt comfortable with the information provided and we proceeded to the imaging examination. I then worked alongside the medical physics team in the trust I work at to **produce a standard operating procedure** on the use of patient contact sheilding for radiology applications which is due to be implemented following our next radiation protection supervisor meeting.

Some Lessons Learned

India

A radiologist and a radiographer

Private hospital/ health facility

Radiation benefit-risk dialogue during the COVID-19 pandemic

In the year 2020, second half, India was teeming with COVID-19 patients. The physicians took a shortcut of getting high resolution CT in all the patients and contacts (including paediatric patients) for quick and effective diagnosis

"Being one of the few paediatric radiologist in my city, I identified this inadvertent ethical issue. I gave multiple local TV-newspaper **interviews to educate the community** in general".

In collaboration with the radiographer, CMEs of GPs and paediatricians were conducted **explaining them the effects of radiation in children**…and that CT in children is almost always not needed. We revisited the WHO "Communicating radiation risk in paediatric imaging" and discussed with a senior imaging specialist from IRIA and ISR. Under his guidance, we made a **flow chart for imaging centres.** This flow chart can be used by radiographers/ technicians/ nursing staff. Some special scenarios were identified which needed cross sectional imaging…. If at all CT was needed (very rare) **informed consent was taken…**and **effects of radiation were explained**.

To save the health workers from getting COVID infection while handling patients in CT suite, we made the concept of "time distance shielding" (TDS). **The TDS concept is effective against radiation as well as handling COVID patients-** minimum exposure, exposure from maximal possible distance and using of proper shielding material (lead covers and masks/PPE kits) for countering COVID and radiation.

Lessons learned: we could achieve near 100% success rate **when we effectively communicated with patients- relatives as well as referring doctors**. Organising interviews for community and CMEs for referring doctors is an effective way to educate medical and non-medical population regarding effects of radiation. **Health workers should be educated with effective materials to train them to communicate with patients**.

Nigeria | General Practitioner | Private hospital/ health facility

There is a danger of not imaging- effective benefit-risk dialogue can help

Four years ago, I saw a 12-year-old boy accompanied by his mother, with a history of abdominal distension, left thigh pain, malaise, anaemia and a general feeling of unwell. After some preliminary tests, I requested MRI and CT. Due to financial constraints and some reluctance from the father the imaging exams were not done on time…. After several months I managed to convince the mother and the financial constraints were sorted out…the exams were performed and the diagnosis was osteogenic sarcoma (Ewing's disease). The patient was referred to an oncologist, but he died three months after. Sometimes I wonder if he could have had a different outcome if the investigations were carried out earlier.

Communication helps engaging/empowering patients and parents

I work in an orthopedic setting, precisely the accident and emergency radiology unit of the hospital. My experience is that pediatric patients do not trust and cooperate with the Radiographers attending to them. Due to this reason, many Radiographers in the unit evade investigating pediatric patients.

I adopted a method of personally carrying these children on presenting to our unit for investigation, I use a few minutes **to familiarize myself with these children**, I do these with kin eye on the type of pain or injury the they sustained. **I also speak to the parents** on the procedure and how important it is to get these children to cooperate by steadying them. After this explanation, **I will use "lullaby" lyrics to get the attention of this children. This lullaby humming or singing has worked in many difficult situations , preventing motion and repeat examinations.**

Effective communication improves practice and empower patients/ families

In attending to a pediatric patient for instance doing a post nasal space procedure it's important to make sure that the attention of the child is gotten so that there won't be any repeat of the procedure e.g. **by informing the parents or relatives of the child** (if the child is below age five) on the need to help calm the child so that the child will cooperate without making any movement while undertaking the procedure. For instance, they will feed the child well before the procedure, the room is made child friendly which has helped in calming the child during the procedure thereby helping in production of a good image. ….

This experience helps me each time to find out strategies to consider before carrying out a procedure on a child who is scared of my x-ray equipment as the child enters the room. Sometimes the strategies fail, **more information or knowledge on pediatric behaviour and communication will go a long way to assist me.**

Lessons learnt : **Effective communication makes my work easier, makes parents more willing to cooperate with me and this makes the work more interesting especially in paediatrics**…

Ghana | Paediatrician | Health authority

Pediatricians communicating with patients/parents about imaging procedures

I referred a patient for a micturating cystourethrogram (MCUG) who we suspected to have a posterior urethral valve (PUV).

The mother was not adequately counselled and she came asking me for the risk associated with the procedure taking into consideration the age of the child. **We learned that it was important to adequately discuss the procedure with the parents/clients and also taking into consideration their level of understanding, their culture, belief and faith.** We later then made it a point to firstly counsel every parents/clients who are built for a radiological procedure.

Medical physicists can help improve radiation risk communication

I am currently doing a DClinSci and **the main focus of my research is around how to communicate risks to patients.** I have done a survey of 380 members of the public which shows how strongly they want to be informed of the risk. I have also carried out surveys of a number of professions which show that doctors want to inform patients of the risk as do Radiographers but they don't feel that they have the knowledge or time.

I am therefore working with Pubic Health England to update their guidance on the basis of this and I really think the WHO guidance is an exemplar but I would like to know more about how clinicians find using this practically, how we can support them to implement it nationwide and more about the guidance.

This is a real passion of mine and **I want to support doctors across the UK to ensure that they are able to implement properly informing the patient**.

Communication helps reassuring and establishing trust

A parent came to my department with their baby for an SPA skeletal survey examination which involves a minimum of 26 separate plain film x-rays and sometimes a CT head. Under UK guidelines, the parent or carer of the child must give **written consent** for the examination. As the radiographer undertaking the examination it is my responsibility to check that the radiation risks have been explained and an accompanying leaflet has been given to them at the time of consent. Neither of these things had occurred and the parent became very **worried and upset when I mentioned radiation exposure**. I think in hindsight I should have recognised the anxiety that this parent was feeling and should have **balanced my obligation to be truthful with language that would not have alarmed them**. I felt that in then trying to reassure the parent after this point, I lost some aspect of trust from them.

Some challenges identified

Kenya | Radiologist | Private hospital/ health facility

Communication with parents and inter-professional benefit-risk dialogue

I get children referred for radiological exams that sometimes are not necessary based on the clinical summary. Further discussions with primary doctor often helps to provide a solution. However I have encountered instances where the doctor is adamant, even rude and insists the child must have the exam. I have tried forwarding such to our departmental head for help. **I also try to explain to the parents what the need is.**

My biggest challenge is explaining to clinicians the usefulness of an imaging modality and the risks. It would be helpful if the referring doctor understood the benefits/risks so that we are all acting to one goal.

Inter-professional communication: effective benefit-risk dialogue to improve practice

Most of the radiological pediatric examination are not justified. The pediatric patient is at **higher risk of receiving unnecessary radiation than adults, this is a very big challenge. ..**

Sometimes other examination can help diagnosing and/or other imaging modalities that do not use ionising radiation like an ultrasound can be used, but at our set up most **referring physicians** don't understand the sensitivity and specificity of each imaging modality.

In my point of view it will be better if protocols are developed as a standard to prevent exposure of unnecessary radiation.

Inter-professional communication between radiographers and referring physicians

In my center, we always having a communication problem with Emergency Department. They always requested unnecessary radiographic examination towards pediatric patients.

For example, in our radiology department we do not practice of performing any nasal bone x-ray or skull x-ray for patient under 1 years old to rule out fracture. But, doctor from emergency department will always request to perform that particular x-ray.

I think **I do have a problem in communicating the risk of unnecessary radiation towards pediatric patient with higher level of health care provider such as Doctors/Physicians and Specialists**. Since in my country, radiographers are only a diploma holder instead of Doctors and Specialists who are more higher level of education.

Nigeria | Radiographer | University/ Academic institution

Challenges in the dialogue and tools to improve radiation risks communication

Effective communication in paediatric imaging is an essential aspect of patient care. This is because communication is like a lubricant that keeps life moving, an index of our being alive is the ability to communicate with one another. However, I have noticed some challenges in communicating radiation risks in paediatric imaging in conflict and resource-poor settings where I primarily teach and practice as a radiographer and radiation protection expert with a bias in paediatric radiation protection. Some of the **challenges** I have identified over the years both among health professionals and patients are: poor awareness of radiation and radiation risks, comparative risks communication and radiation protection practices among health professionals including radiation health workers; poor awareness of radiation benefits and risks among patients. [….]. Currently, I am developing **Information, Education and Communication (IEC) tools for paediatric radiation protection taking into consideration local context and settings to support radiation risks communication.**

Thailande

Radiologistl

University/ Academic institution

Improving communication skills: learning how to explain risk vs benefits to parents

I am a radiologist who performs cardiac imaging, especially in congenital heart disease patients.

I would like **to learn how to explain risk vs. benefit for the parents for better communication**.

United States of America | Pediatric radiologic technologist | University/ Academic institution

Resources to support radiation benefit-risk dialogue

I am about 2 weeks away from finishing my dissertation and the focus of my research was a qualitative study examining the challenges technologists have when explaining radiation dose and risk to pediatric patients and caregivers. My idea for this research came about when I was doing a portable chest x-ray on a pediatric patient in the ICU. The parents requested a thyroid shield for this 3-year old patient. I spoke with the ordering provider and explained that it would cover critical anatomy in the image. I also spoke with a radiologist who informed me to go ahead and complete the study with the thyroid shield. I did not have a good tool-set to be able to **adequately explain the risks and benefits of proper imaging**. Technologists in my study identified similar challenges and a **lack of resources available to them when these concerns arise**. I want to be able to possibly **create training or resources that technologists can use when these concerns present themselves again.**

A structure to issue patient information

I had a patient for a nuclear medicine renal scan whose mother was very **apprehensive** about that procedure due to information she read online about the dangers of radiation to children. I made every effort **to reassure** her, but questions kept coming. **It was challenging trying to reassure her and I worried that I was not making progress because I may not have provided the correct information.** Currently we do not have **a structure to providing benefit and risk information prior to performing a radiological procedure** and for me that made it difficult to know that level of information I am required to provide to parents. We in the process of formulating a consent protocol which I hope would put a structure to the issue of benefit and risk information to patient.

Communication and risk-benefit dialogue in the curricula of RP E&T

I give radiation protection training and education. Explaining the application of the justification principle and **how to correctly communicate during a risk-benefit dialogue** is always and interesting and challenging topic, for various reasons, including, among others, the fact that often the justification by the referrer is completely overlooked and the fact that **the radiation technologist can also be asked about the risk-benefit relation** and thus, they need knowledge, competence and confidence on conveying the correct information and in such a way that is also adapted to the patients (and care takers/comforters) level of education.

Possible **communication strategies** are quantified risk values or the qualitative comparison with other daily activities such as smoking, or airflight

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