PRINT Conference Radiology Lecture - Workbook

1. **Describe this Fracture: write down diagnosis and what you would say to the orthopaedic doctor**	
	Your answers: . . . .
2. **Describe this Fracture: write down diagnosis and what you would say to the orthopaedic doctor**	
	Your answers: . . . .
3. **Write down your current approach to a Chest x-ray**	
	Your answers . . . .

4. **Quiz Notes – write down short answers on the quiz questions (1-10)**

Question 1

Question 2

Question 3

Question 4

Question 5

Question 6

Question 7

Question 8

Question 9

Question 10

How do I deal with a Difficult Radiologist/Staff Member?

- Let them **vent**
- Consider who is at **pHALT**? Are you or them hungry, angry late or tired (or is it personality?)
- Above all be **nice** (the caveat is do NOT apologise for calling – they are on call!)
- **Ask for help** – doctors like to feel important and being asked for help is a way to 'feel important'
- Use **Negotiation Skills**
    - *"Credibility, authority, and **being LIKED** are powerful persuasion tools"* Cliff Reid (2013)
- Show a genuine respect for the patient/colleague's opinion – show respect for their point of view even if you don't agree with them… Attempt to negotiate
- Seek to compromise - Make the conversation about the patient care and not your disagreement(s)
- Involve senior colleagues early
- Close the loop – repeat back what has been discussed – cross-check what will happen now

Rules to follow in your new hospital environment

1. Know your environment
2. Anticipate and plan
3. Call for help appropriately
4. Prioritise
5. Allocate attention wisely and use all available information
6. Distribute workload and use all available resources
7. Communicate effectively

Lecture Take Homes

- **Calling Orthopaedics Checklist** – **iSBAR** format (keep it brief), patient haemodynamics, fracture closed v open, type (e.g. spiral, simple comminuted…), location of fracture, arm dominance if upper limb, fragment position, neurological status, vascular status.
- **Don't miss the second abnormality** (a cognitive bias known as 'search satisfaction' is common)
- **Central Lines** - position varies but ideally should be in the proximal SVC. check for pneumothorax...
- **Endotracheal Tubes** - should be around 4cm above the carina (between clavicles)
- **Nasogastric Tubes** – should be in stomach at least 10cm below the diaphragm
- **Trauma Neck Imaging** – Worry about patients with any of the following (1) Neurological Deficit, (2) Persistent Spinal Tenderness (Midline), (3) Altered Mental Status/Level of Consciousness, (4) Intoxication, (5) Distracting Injury (especially chest injuries). CT is more reliable than C-spine XR

*Pictures from **FOAMed** including www.emergencypedia.com / www.lifeinthefastlane.com / www.radiopaedia.com (**Disclaimer** – opinions my own, use your brain)*