



Stanford  
MEDICINE | Radiology

# Diversity Newsletter

Vol. 2, Issue 4



*“The single biggest problem in communication is  
the illusion that it has taken place.”*

*— George Bernard Shaw*

Communication

# Dear colleagues,

Our May newsletter discusses the timely topic of “communication”. Effective and competent communication of physicians with their patients and colleagues constitutes one of the core dimensions of patient-centered health care. As radiologists, we need to communicate with patients, families, clinical colleagues, trainees and staff. We need to communicate effectively in order to acquire high quality images of the correct body area with the most appropriate imaging modality, to obtain pertinent information for the interpretation of the acquired images and to relay the results of imaging tests in an accurate and time-efficient manner.

“Communication” has also become a buzzword. I noticed that almost every job applicant, from high school student to Radiology resident and senior faculty, mentions their superior communication skills in their curriculum and during their interview. How can someone self-grade their communication skill? How does anyone know what they don’t know? Recently, I asked the communication experts what the term “communication” means to them. I received essentially three types of answers: (1) Communication is transmission of information, (2) Communication is an exchange of information, (3) Communication is a process that leads to mutual understanding and shared meaning. I noticed that #1 people deliver long monologues. #2 people actively ask questions. #3 people acknowledge difference in opinions and seek to find some common ground with the goal to reach mutually beneficial outcomes. Not surprisingly, I noticed that #3 people often had a history of exposure to largely divergent opinions and world-views.

As our authors point out, cross-cultural communication skills are important in the hospital and research environment. Effective communication enables us to make better diagnoses, share critical information, improve patient care and continuously refine and optimize our practice. By enabling free expressions of different viewpoints, we foster mutual respect, new insights and fresh ideas, which nurture collaboration and productive outcomes.

Thank you for joining the conversation!

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## GET COMFORTABLE WITH BEING UNCOMFORTABLE

Luvvie Ajayi isn't afraid to speak her mind or to be the one dissenting voice in a crowd, and neither should you. "Your silence serves no one," says the writer, activist and self-proclaimed professional troublemaker. In this bright, uplifting talk, Ajayi shares three questions to ask yourself if you're teetering on the edge of speaking up or quieting down -- and encourages all of us to get a little more comfortable with being uncomfortable.

[https://www.ted.com/talks/luvvie\\_ajayi\\_get\\_comfortable\\_with\\_being\\_uncomfortable](https://www.ted.com/talks/luvvie_ajayi_get_comfortable_with_being_uncomfortable)

## PATIENT COMMENTS

*My experience was perfect. We were greeted with an infectious smile at the registration desk. I needed an IV for my scan. Tara was very friendly and made me feel at ease. I have bad veins but she got one on the first try. The scan was simple and comfortable. The technicians were super nice and turned a scary situation into a positive experience. The most stand-out part for me was to feel that the employees in this hospital seem to be genuinely happy.*

I have been working in the hospital for more than 30 years, but never had an MRI myself. I realized how long the time in the waiting room feels, if you are the patient. Every smile and every compassionate gesture of the staff made a huge difference for me. I wished I could have checked in online for my scan. I can check in online for a flight, why not for an MRI scan? It was really hard to lay still in the magnet because I had so much pain. I then had to wait for the results of my exam, which felt like an eternity. Even though I work in healthcare, I did not understand all the medical terminology in my report. Radiology reports are primarily written for the referring physician. I am surprised that nobody has invented a two report system yet: One report in technical terms for the medical professional and a second version in lay terms for the patient. My one advice to the Radiology team: Beware of the Curse of Knowledge: when you know something, it is hard to imagine what it is like not to know it.

I found the Stanford Children's App super helpful. Besides finding your way around and learning more about the artwork in the hospital, it provides access to your child's health information through my chart.

<https://itunes.apple.com/us/app/stanford-childrens/id1304574164?mt=8>

## THE PYGMALION EFFECT

In an interesting article, Shane Parrish describes how our expectations can affect our communications and performances of those around us. In the 19th century, William Von Osten claimed that his horse could understand everything he said. Known as Clever Hans, the animal could answer questions with 90% accuracy by tapping his hoof. The psychologist Oskar Pfungst found the explanation for this unusual communication skill and psychologists studied in the decades to follow how expectations affect us.

The Pygmalion effect is a psychological phenomenon wherein high expectations lead to improved performance. Understanding the Pygmalion effect is a powerful way to positively affect those around us, from our children and friends to employees and leaders.

<https://getpocket.com/explore/item/the-pygmalion-effect-proving-them-right>

# The Art of Verbal Communication

As a liaison in Pediatric Radiology, there is a vast array of offices, nursing staff, surgical staff, schedulers, front desk staff, and numerous departments and physicians, all needing information regarding the patient at the center of their world at any given moment. While patient information is available in a variety of formats, from charts, graphs, images, historical foundations and test results, etc. the art of verbal communication and expression can convey the attitude of personal care that touches the heart and mind to give confidence and concern. With the rise of artificial intelligence and mechanical knowledge, the faith in medical experience and constructive listening can become missing components in our values and mission.

Behind the scenes I enjoy gifting each caller with my personal touch of a warm welcome on the phone and a smile in person, actively listening to their needs and helping them to find the needed radiologists and staff, hopefully to provide a better experience and better care for their patient. Each patient could be a neighbor, family member, friend, or co-worker who has a need for medical care. I decided almost 35 years ago to bring this essence of patient care to not only my every day life but also in dedication of my work here at Lucille Packard Stanford Children's Hospital. As a mother of two wonderful children and 2 glorious grandchildren it was and continues to be one of my values I bring to this department and into my world of love and caring. I am Annette Scott, Pediatric Radiology Reading Room Assistant, mother, grandmother and I enjoy my work.



*Annette Scott*

Lucile Packard Children's Hospital  
Reading Room Assistant  
Stanford Medicine | Radiology

# Our Unique Role to Provide Information



Within the field of medicine, there is a great emphasis on the necessity of open and fair communication. As Radiologists, communication can easily be considered the most important skill that we must acquire and cultivate, as it is our unique role to provide other physicians with information critical to patient care - information that cannot safely or easily be obtained by other means.

Over time it is easy to get the impression that communication within Radiology only consists of writing concise reports, carefully laying out impressions, and documenting when and to whom we report acute findings. In a field where our lives are dominated by gray images on computer screens, checkboxes, multiple clicks of the mouse, and the unforgiving clock which ticks faster and faster toward the imperious "turn-around time," it is easy to forget the reason we went to medical school - to take care of the sick.

At this time of legendary and ever-increasing burnout rates amongst physicians, including Radiologists, I believe that we should strive to see communication as something more than just the formulaic and oftentimes burdensome relay

of information within a certain timeframe. Rather, we should view each of our communications, be it via report, in person, or on the phone, as a personal encounter with those individuals who care directly for the patients we serve. Communication, when approached with openness and positivity, is not only a Radiologist's most vital skill, but can also serve as a means to combat burnout and maintain our overall purpose: providing vital and irreplaceable patient care.

*Maria T. O'Malley, MD*

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# Communication of Imaging Results in High-Level Athletes

Communication of imaging results to referring physicians is an integral and critically important aspect of radiology practice. In today's world of electronic medical records and patient portals, it is becoming the standard for patients to get direct access to their exam reports. Although a positive thing for the patient, complexities can arise when patients access potentially significant or critical imaging findings before their physicians have had a chance to review results.

Efforts continue to evolve to “put a face to the radiologist”, whereby the radiologist holds direct meetings with patients to review imaging findings. I was interviewed on this topic for the New York Times by the journalist Gina Kolata several years ago (<https://www.nytimes.com/2014/11/25/health/radiologists-are-reducing-the-pain-of-uncertainty.html>). In principle, I am enthusiastic about the idea of the radiologist communicating directly with patients, though the comment of mine she elected to print (“radiologists just do not have time to meet with many patients”) glossed over the nuances of the situation. Describing diagnostic imaging results directly to patients doesn't always fit into a straightforward narrative across radiology subspecialties.

I have been fortunate in my practice at Stanford to have worked with many professional and collegiate athletes for their imaging workups and image-guided treatments. How to handle the interpretation of studies and communication of results can be challenging for these patients, because there can be numerous subtle peripheral non-clinical issues at play.

Consider the interpretation of MRI scans in athletes. We obviously aim to carefully investigate and report any injury findings that are clinically suspected, such as torn ligaments, muscle strains, fractures, etc. Yet a substantial number of studies show “incidental findings” that may or may not be relevant. For example, I've discovered incidental testicular masses, lymphoma, congenital uterine and kidney anomalies, and other important findings that clearly need further workup and management. But what about advanced arthritis of the hip in a 20-something pro athlete being imaged for a thigh muscle strain, distant from the asymptomatic hip joint? In this situation, what I report can be quite impactful. If the athlete is well along in their career, it is not unusual to see advanced degenerative changes in knees, shoulders, hips, and ankles, albeit unfortunate. Such athletes are usually established and making millions of dollars, so reporting that they are “degenerated” is not surprising and doesn't really change their situation. If these players change teams, the medical staffs carefully evaluate their “preconditions” and may adjust their salary contract or have the athlete sign a waiver that precludes compensation for lost time if due to a known condition. By contrast, consider that finding in an athlete undergoing initial signing by a team. Over-reporting an incidental finding can have major implications. Many “abnormalities” we see such as mild arthritis, torn menisci or the hip labrum may be asymptomatic, but a player's draft status or salary may be affected if the imaging is reported without appropriate context and nuance. Although it is our professional responsibility to report legitimate imaging findings, how much emphasis is placed on



# Communication of Imaging Results in High-Level Athletes

the findings and the context in which we report them is critically important. A recent interpretation on an extremely high-level athlete of a minor strain injury near the pelvic brim, included a separate, incidental asymptomatic “sports hernia”, caused a “social crisis” for this athlete and his parents, the team orthopedist, and coaches, as he was soon to enter the NFL draft. In practice, what seems to work best is to directly review the imaging studies with the referring orthopedist before finalizing the report, to help avoid these situations (sports hernia is a misleading and charged-up term and should never be used in a report, in my opinion) and to put things into a more appropriate clinical context.

In addition to the words we choose in our interpretations, the chain of communication can have many complex “links” when it comes to athletes. Take an NFL, NBA, or MLB athlete. A radiologist may discuss imaging results with a team orthopedist, who informs the trainers, who informs the general manager and coaches, who then briefs the media relations person. This latter person may relay “no structural damage” or “ACL tear”, for example, to the media. This may all happen before we finalize the report! At the same time the athlete may be shipping his imaging studies to their agent, who may well have other radiologists and orthopedists review the studies. Miscommunications can occur easily within this complex network, so it is best to have very clear channels of communication. One also has to consider the heightened medicolegal environment and professional consequences dealing with athletes. In 2017, the New Orleans Saints orthopedic surgeons were fired for missing a fibular fracture ([https://www.washingtonpost.com/news/early-lead/wp/2017/08/16/saints-reportedly-fire-their-team-doctors-after-injury-misdiagnosis-left-sean-payton-liv-id/?utm\\_term=.040fc7fd2a1b](https://www.washingtonpost.com/news/early-lead/wp/2017/08/16/saints-reportedly-fire-their-team-doctors-after-injury-misdiagnosis-left-sean-payton-liv-id/?utm_term=.040fc7fd2a1b))

This risk can be compounded when we are asked to review outside imaging studies on athletes, particularly if medical actions are based on “curbside” interpretations. Fortunately, here at Stanford we have great working relationships with our clinical colleagues who are on the front lines with university and professional athlete patients.

*Christopher F. Beaulieu, MD, PhD*

Professor  
Stanford Medicine | Radiology

# Communication and Cultural Sensitivity

During my first few years living in the US, I had to learn how to communicate with the correct tone and word choice in English. The Chinese language (my native language) is not as “polite” in a sense that we do not usually greet strangers (or even our acquaintances) with “hi, how are you today?” or similar expressions before we ask a question or start a conversation. We do not always say “may I” or “please” before we do our work. If taken the wrong way, the Chinese people may seem rude and intrusive. It doesn’t help that our natural voice is also loud and assertive, which may sound harsh sometimes. Given our overpopulated living environment in China, nodding and saying hi to a stranger just walking by (or even a person you repetitively run into) is not a common practice or habit. Because I have a straightforward and introverted personality, I had to repetitively learn to say “hi, how are you?”, introduce myself first before asking for something, and add “thank you”, “please”, and “much appreciated” to my daily verbal or nonverbal communication. When living in a foreign country or encountering a foreigner, it is important not only learning the foreign language, but also developing a sensitivity for these cultural differences. On the other hand, it is important for people who encounter a new foreign colleague to be open-minded and also show cultural sensitivity for differences in their colleagues’ verbal and non-verbal communication styles. If we reprogram our minds towards trying to connect with everyone we meet or see, we will judge less, understand more and create a better community.



*Luyao Shen, MD*

Clinical Instructor, Body Imaging  
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## *Want to Get Better at Public Speaking?* Consider Working with a Coach

An elderly patient came to his doctor complaining of not feeling as mentally alert as he used to. Since his vital signs were normal and his mind seemed sharp as ever, the doctor asked when he'd first noticed this decline. "Oh," the patient replied, "when I turned 100."

While your health at 100 may not be a top priority right now, the success of your career probably is. Critical to that success is public speaking - your ability to communicate your ideas clearly and persuasively to colleagues, customers, your board and the larger community.

Yet no matter how self-aware you are, it's all too easy to assume that because you're smart, accomplished and knowledgeable all you have to do is open your mouth and let your thoughts spill out. Unfortunately, that's not enough to ensure that you're using the full range of abilities that becoming a great speaker requires.

According to the famous surgeon and writer Atul Gawande,\*

**"Coaching done well may be the most effective intervention designed for human performance."**

# Want to Get Better at Public Speaking?

## Consider Working with a Coach

**SELF-PERCEPTION** – We often spend a crazy amount of time digging up the latest facts and figures and creating slides, while typically devoting disastrously little attention to finding out how we're perceived by our listeners.

An outside expert can show you how to break down your presentation into its critical components and deliver it with confidence:

- Are you hard to hear?
- Is your subject difficult to follow?
- Do you really need all that professional jargon?

**HABITS** – I once had three women in class who shared the same ancestry. Years ago one moved from her original country to San Francisco, one to Brooklyn and the third had immigrated just the year before. The first two laughed at how such habits as body language, tone of voice and facial expressions now mirrored their new cities while the recent arrival still reflected a youth spent in a very different cultural environment.

Of course, we all pick up habits. The problem is that some habits can hold us back:

- Talking too fast
- Awkward gestures
- Poor organization
- Confusing explanations
- Saying too much
- Dull delivery

According to Charles Duhigg, author of *The Power of Habit*, we can create a "Habit Loop" to improve. He suggests a three-step process:

1. Set up a cue (Work with a coach/colleague or videotape yourself)
2. Follow a routine (Practice before every important speaking opportunity)
3. Reward (Request feedback – what worked? What needs to improve?)

**OPTIONS** – At Stanford Graduate School of Business, selected students create and deliver 9-minute LOWkeynote presentations that aim to change lives, organizations and the world. Working closely with a coach, speakers receive weeks of constructive feedback which pays off in their final talks to a large audience of students, alumni and the public while being videotaped. You should see the standing ovations!

Perhaps you could borrow from their playbook and engage a respected colleague or trusted advisor to help you zero in on options you may not have considered. This would probably upgrade your delivery, cut preparation time in half and, yes, let you enjoy the experience a lot more.

- Why not try standing when you speak?
- How about going without notes?
- Might you be more persuasive if you consistently focused on "what's in it for them?"
- Could you use more compelling examples, metaphors, analogies, questions and humor
- to keep your audience engaged?

# Want to Get Better at Public Speaking? Consider Working with a Coach

From my years of working with highly accomplished leaders, I know we perceive ourselves quite differently than others do – even, I assume, when we're 100. In fact, like the elderly patient, we may worry about things that are relatively unimportant while being oblivious to those that have merit.

Have you worked with a presentation skills coach? If so, I'm interested in hearing about your experience. If not, you may want to think about how private coaching could make you a better communicator.

\*Atul Gawande: "The Coach in the Operating Room," The New Yorker Magazine. 10/3/2011

<https://www.newyorker.com/magazine/2011/10/03/personal-best>



**Mayla** helps individuals and teams design and deliver the best presentations possible. In her training workshops, private coaching and talks, she provides her clients with a methodology to ensure that their communications are clear, concise, precise and persuasive.

She consults with Stanford University, Stanford Medical School, Hewlett Foundation, Packard Foundation, Bailard Wealth Management, Apple Computers, Cisco Systems, Intuit, Yahoo and Shearman & Sterling Law.

You can learn more about Mayla's background and programs at [www.maylclark.com](http://www.maylclark.com) or contact her at [clarkmayla@gmail.com](mailto:clarkmayla@gmail.com). Phone: (650) 799-5349. Office: 825 San Antonio Road, Palo Alto, CA. 9430



*“Judge tenderly, if you must. There is usually a side you have not heard, a story you know nothing about, and a battle waged that you are not having to fight.”*

*– Traci Lea Larussa*