

Clinical radiology feedback on practice: reflection on a complaint

Title and Description of Activity or Event

Date: May 2013

Which category of activity does this match?
Feedback on my practice - complaint

Complaint received via PALS

Patient recalled from breast screening and attended my assessment clinic. Underwent standard assessment procedures including explanation of reason for recall, further mammography, clinical examination and ultimately a stereotactic vacuum assisted biopsy under local anaesthesia. The procedure was technically challenging and the patient experienced pain. Before leaving the department she was given an appointment to return for results as is standard practice. Staff supporting the patient at the time did not highlight any particular concerns to me and all departmental procedures were followed.

A few days before the results appointment a phone call was received by PALS and the patient was extremely distressed. She felt that there must have been a problem with the anaesthetic and had a number of queries about how the procedure was carried out. In particular she recalled being informed that she would be discussed the following week. She thought that this discussion was because the staff considered that she had been weak in expressing pain. Overall her recollection of events as recounted to PALS was inaccurate. PALS passed the concerns on to our service manager who alerted me.

At her results appointment I apologised for the distress she had suffered. I reassured her about the local anaesthetic and that this had been administered according to standard practice. I explained about the nature of the Multidisciplinary Meeting (MDM) as the forum in which she was discussed together with all other biopsy results. At the close of the appointment she was content and stated that I had addressed her concerns. I did not disagree with her account of events despite it being inaccurate.

What have you learned as a result of the activity?

I had not observed this patient to be particularly anxious at the time but clearly the experience of recall and assessment had been distressing for her.

- * I have learned that investigations that are routine and relatively minor are of major significance to the individual undergoing them and may have an impact on their emotional state.
- * It is also apparent that comments made by staff can be misunderstood or misinterpreted, particularly at times of emotional stress.
- * Even when a patient's recall of events is inaccurate there is little to be gained by contradicting them as it would be likely to aggravate the situation. I did however document the events as I recalled them in my records.

What has been the short and long term impact on your professional practice and patient care?

- * I take extra care to explain the need for further investigation and to highlight that all biopsy results are discussed in an MDM.
- * Patient experience of VACB has been evaluated with pain questionnaires and has not suggested a need for any change in practice.
- * All staff are experienced in dealing with distressed and anxious patients and are encouraged to raise any particular concerns when the patient is present.

State any action points to be carried out following this activity

- * The relevant staff groups were made aware of this complaint at their next staff meetings, particularly the issue of misunderstanding MDM discussion.
- * I have reviewed the patient information leaflet for the procedure and do not consider that there are any corrections required.

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