PJNMed PJNMed PJNMed PJNMed PJNMed PJNMed

Drawing a clear picture by joining the (...) dots! Learn how to "Tell it like it is"!

Muhammad Babar Imran

Pakistan Journal of Nuclear Medicine
Volume 10(1):49–50

Pakistan Society of Nuclear Medicine
contact@psnmed.com
https://pjnmed.com

Received: 29 May 2020 **Accepted:** 05 June 2020
Type of Article: COMMENTARY
https://doi.org/10.24911/PJNMed.175-1590778849

Correspondence to: Muhammad Babar Imran
Punjab Institute of Nuclear Medicine PINUM, Faisalabad, Pakistan.
Email: muhammadbabarimran@yahoo.com

I start this editorial with an example of three cases referred to our nuclear medicine department on a single day last week. The first case was a young male with a history of fall on outstretched arms, 3 months back, who complained of persistent pain. Fracture of the scaphoid was diagnosed and bone scan was requested. The second case was a middle-aged female with long-standing MNG. Thyroid scan was requested. The third case was an infant with suspicion of biliary atresia. HIDA scan did not show any tracer in the bowel, sent for another scan without specifying what. What are you reporting? How would it help the patient's management? Do you think you did your job if you reported on these cases? I call it reflex reporting, just because a patient is referred, you inject radionuclides and reflexively report, without a serious or even conscious thought. The onus lies on nuclear physicians to accept patients with an appropriate indication, to address the clinical question, and to seek out what the question is if it is not clear on the requisition. The nuclear medicine department should not act like a black box, giving the same output same as the input, for example, MNG in and MNG out. These concerns are addressed to some detail in this issue by Sabih DE [1] in his article, Tell it like it is.

The practice of nuclear medicine is the science and art of looking through the human body from the window of normal or deranged physiology. Many derangements at the cellular or sometimes even at the subcellular level can create signatures in the form of aberrant photons, visible as dots, and recounted in pixels. Nuclear medicine physicians join these dots and explain them in the language of pathophysiology. Finally, this is compared with a known normal pattern and any deviation thereto is highlighted. Then, this process is comprehensively condensed to an important singularity "the report."

The report is an upshot of the nuclear medicine specialty. The value of any product is always defined by the need of the user. The user here, in the case of a report produced by a diagnostic department, is the referring physician. Our reports must satisfy the needs of the referring physician. Quite often, it is the only and major communication between the nuclear medicine physician and referring physician. It is a binding legal document, a contract that implies the best intent and total professional commitment, and it is an instrument that conveys much more than what is visible on the scan. In addition to the scan, the report also conveys the reporting physician's confidence, his or her capability and grasp of relevant knowledge, command of language, and his or her own clarity of thought.

There is an abundance of material in the published literature regarding good report writing habits, on how to recognize a bad report [2], and trying to explain the psychological processes of why a "bad" report might be created [3]. Surely nobody wants to write a bad report. Everyone connected to nuclear medicine practice understands that collective and individual reputation hangs by a very fine thread on the value of their report(s). It is surprising that for a process as important as writing the report, no formal courses exist in most training programs and many reports are considered inadequate [4]. Sabih, in this issue, has raised an important *proviso* of generalizable stipulations on reporting issues for nuclear physicians [1]. He has pioneered in establishing and sharing a wealth of resources on the issue of reporting the nuclear medicine scan. It is highly useful for those embarking on the journey of nuclear medicine specialization and for those who just wish to brush up on their reporting skills. Simply named "How to Report a Nuclear Medicine Scan" is an open-access, book-length document with each chapter dedicated to one organ system or, in the case of FDG-PET, one test type. These chapters have been developed by practicing nuclear medicine experts from Asia-Oceania, who are members of the faculty and alumni of the Asian Nuclear Medicine Board (ANMB). There is no copyright, but the authors and the ANMB expect any use to be properly cited and acknowledged.

At the time of writing this editorial, all of the chapters are with the editors and will be uploaded to the website as soon as they are formatted. Just like everything else within the ANMB, emphasis is placed on rapid evolution of form and currency of content.

These chapters can be accessed at www.ANMBoard.org/education/book.

There is one more aspect to the practice of nuclear medicine, and that is to equip referring physicians with some basic knowledge of diagnostics as well. Again someone, preferably the same group mentioned earlier, may take

up this job too. Concise and comprehensive material to inform referring physicians can be prepared, and nuclear medicine physicians can spread that material in their surroundings by seminars, CPCs, and undergraduate lectures. It can be beneficial if referring physicians understand the limitations of scans they are asking for. Proper referral with a valid clinical query will help a lot more to improve the quality of nuclear medicine reports.

It is hoped that Sabih's article and this editorial will encourage others to debate this issue. Letters and comments are most welcome as long as they are within the parameters of common courtesy.

Nuclear medicine physicians, do not let the fear of being wrong rob you of the joy of being right, be careful but very clear! Yes, extremely clear in your response to any posed or self-raised clinical query.

References

1. Sabih DE. Tell it like it is! The nuclear-medicine scan report. PJNM. 2020;10(1):51–53.
2. Armas RR. Qualities of a good radiology report. Am J Roentgenol. 1998;170(4):1110.
3. Sabih DE, Sabih A, Sabih Q, Khan AN. Image perception and interpretation of abnormalities; can we believe our eyes? Can we do something about it? Insights Imaging. 2011;2(1):47–55. https://doi.org/10.1007/s13244-010-0048-1
4. Obaldo, JM. Musings on the written scintigraphy report. Philippines J Nucl Med. 2010;5(1):3–13.