# Tips for New Docs

# How To:

## Discuss urgent scans with a consultant radiologist.

It’s the thing every new FY1 dreads. Your consultant or registrar wants a scan and you’re instructed to “have a word with radiology to see if we can get it done today.”

Yes, it’s daunting. And yes, the radiology department sometimes has a bad rep for being difficult to talk to but just think about if the shoe was on the other foot for a second.

In between reviewing and interpreting who know how many different scans from different specialties, attending regular MDTs to discuss complex cases and doing everything else that radiologists do behind the scenes every single day that we don’t know about, there’s a fairly constant stream of people who you’ve likely never met before essentially just popping in to ask you for a favour, a favour that their consultant said is DEFINITELY more important that the favour the last person in asked you for, whose consultant also said that about the person before them. Can you see how that could be a bit frustrating?

### Know the patient:

Have the patient details handy: name, date of birth, hospital number, so the radiologist can look them up straight away. Take time to familiarise yourself with the patient – if it’s an MRI you’re after, make sure you’ve really checked they don’t have a pacemaker. Take the notes with you if needs be! You’ll be judged less harshly for having to quickly flick back a couple of pages in the notes to double check something rather than standing their dumbstruck saying “I don’t know” when you’re asked a question.

### Have a specific clinical question:

Ties in with knowing the patient. Make sure you have a specific clinical question that a particular scan will help you to address and know how the results of that scan will influence your management plan.

Asking for an urgent CT scan because the registrar said we need one or to rule out a list as long as your arm of “query” diagnoses is not remotely helpful. Asking for an urgent CT scan because “this patient is vomiting, hasn’t opened their bowels in 5 days, has a tender, distended abdomen and we are considering surgical intervention if this is a bowel obstruction” is much more likely to get the urgent scan you need.

Using the SBAR format might also be useful to make sure you’ve included all the relevant information. Take a look at our guide for referring to specialty from A&E if you’re not familiar with SBAR yet.

### Try speaking to the appointments office or radiographers/sonographers:

Consultant radiologists are busy people and they might not be available right away. If you can, speak to the appointments office or better still go and speak to one of the technicians who will actually be doing the scan. They’re just as knowledgeable about what constitutes an urgent scan, and if they’ve got a half an hour spare before their next appointment comes in they might just be able to slot someone in.

### And finally…be polite!

Seriously, and without being too patronising, manners cost nothing. Starting a conversation with “Hello Dr … I’m sorry to disturb you. I’m … an FY1 in colorectal surgery. Do you have time to discuss this CT request?” will go down a heck of a lot better than “Hi, my consultant sent me to ask if you’d do this scan today please?”