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A Radiologist at the Bedside

Nina S. Vincoff, MD

Today, for the first time since I finished my internship, I found myself back on an inpatient unit. I had the honor of being invited to shadow our team members on rounds, observing the way they interact with patients, with one another, and with their leaders.

Much has changed in medicine over the past 3 decades. Advances in imaging, therapeutics, and technology are obvious. Even more transformative has been the evolution toward a model of care grounded in partnership, respect, and the active engagement of patients and families.

Today I watched nurses interact with patients with empathy, curiosity, and respect. Conversations began with open-ended questions. Team members ensured that patients understood their care plans and responded directly to their questions and concerns. Colleagues treated one another with professionalism, and leaders were visible and engaged. There was a consistent focus not only on the care being delivered, but also on how it was being experienced.

I do not recall hearing terms such as “shared decision-making,” “patient experience,” or “patient- and family-centered care” during my medical training. Yet today these principles are woven deeply into the fabric of health care delivery.

Just weeks ago, I began my tenure as Chair of the American College of Radiology’s Commission on Patient- and Family-Centered Care. Today I was reminded that patient- and family-centered care is not a program or a committee. It is an approach that places the needs, values, and perspectives of patients and families at the center of every aspect of care.

For radiology, this philosophy has never been more important.

Nearly every patient’s health care journey includes diagnostic imaging. Whether screening for disease, evaluating symptoms, guiding treatment decisions, or monitoring response to therapy, radiology touches patients across the continuum of care. Our specialty may not always have the visibility of bedside medicine, but our reach is broad and profound.

At the end of the morning, I sat down with one of our patient experience leaders to debrief. Together, we considered a simple question: How can we translate the patient-centered principles I observed at the bedside into radiology?

It is a question worth asking.

How do we ensure that patients understand what to expect before an examination? How do we communicate results in ways that inform rather than confuse? How do we design imaging environments that reduce anxiety and improve access? How do we incorporate the patient voice into quality improvement, safety initiatives, and operational decisions?

These questions are not peripheral to our mission. They are central to it. They are questions I look forward to exploring within my department, through my work at the ACR, and within the pages of *Applied Radiology*.