

# When routine screening is not routine Preparing patients for the unexpected

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Learning from one another in medical encounters

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Résumé de l'article

In our current environment of value based care and payment models, greater emphasis is placed on completing evidence based, routine screening tests for patients. While there is clear preventive health benefit, population based initiatives may overlook opportunities to prepare individual patients for possible abnormal results. Efforts to manage expectations, address health literacy gaps and ensure emotional support may help limit unnecessary distress and suffering during the screening process.

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## WHEN ROUTINE SCREENING IS NOT ROUTINE

### Preparing Patients for the Unexpected

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#### ABSTRACT

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*In our current environment of value based care and payment models, greater emphasis is placed on completing evidence based, routine screening tests for patients. While there is clear preventive health benefit, population based initiatives may overlook opportunities to prepare individual patients for possible abnormal results. Efforts to manage expectations, address health literacy gaps and ensure emotional support may help limit unnecessary distress and suffering during the screening process.*

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**KEYWORDS:** Patient-centered care

**M**r. A, a 75-year-old has come to me for his semi-annual office visit. He sits on the edge of his chair and holds out a folder full of test results in his trembling hand. He is not his usual smiling, understated self.

“I guess you saw the notes from the urologist, right?” he announces more than asks.

I tell him I had reviewed the reports and am sorry to hear of his recent prostate cancer diagnosis. With face flushed, he takes in a deep breath and looks like he is holding in more than just ambient air. Seeing this as an opportunity for connection, I stop looking through his records and ask him to tell me his story.

Mr. A explains that he visited the urologist at my suggestion, because of a rising PSA test. The urologist reviewed his bloodwork, performed a digital rectal exam and said, "You have a bump on your prostate. I need to schedule a biopsy." He left the urologists' s office feeling confident and reassured that the doctor did not seem alarmed by the findings. The biopsy was painful but swift, and he felt well the following day. When he returned for his urology follow-up visit, accompanied by his wife, they sat patiently and waited for the expected good news, that everything was fine and he could go on in his usual state of excellent health. Soon the urologist entered the room, sat down and presented the result without mincing words. "It appears that you have prostate cancer." Mr. A and his wife were stunned speechless by this news, and the shock has not worn off despite reassurance that he has early stage disease.

Mr. A's experience presents challenges in managing expectations, assessing patients' health literacy and ensuring support. Our current era of population management and transition to value-based payer reimbursement has placed renewed emphasis on health maintenance and prevention. Health system experts have, in turn, explored a variety of team-based and behavioral economic strategies for improving patient adherence to evidence based screening guidelines.[1] In our zeal to help our patients meet these quality goals we may occasionally lose sight of the emotional impact on individual patients when an abnormality is detected. While discovering a screening test abnormality is stressful under any circumstance, insuring a basic understanding of the test and its purpose will get the process started on solid footing. Moreover, ensuring support in the event of an unexpected finding may help patients better process unsettling news and proceed with important follow-up care.

What might this look like in clinical practice? The messaging content need not vary, but delivery will differ depending on whether the screening discussion happens face to face, or through asynchronous electronic, phone or mailed outreach. First, we must help patients understand that, although we hope for normal results and reassurance, the purpose of screening *is* to find abnormalities if they do exist, hopefully at an early, treatable stage. Ideally this would be followed by a teach-back to ensure understanding.[2] There is an added challenge in testing comprehension of instructions when outreach and test scheduling is done outside of the office. In this case, narrative instructions might begin with a multiple-choice question:

What do you think is the purpose of your (test being ordered)?

- a. To tell me everything is OK.
- b. To decrease my chance of getting (illness being screened for).
- c. To find any problems in my (area screened) at an early and more treatable stage.

This could be followed by a concise explanation of why c is the correct answer. Mr. A would have selected choice a; he was expecting only reassurance and did not seem aware that his PSA and biopsy could lead to a serious diagnosis. This should come as no surprise, as statistics show a large percentage of US adults have low health literacy, especially in vulnerable populations.[3]

Of equal importance, we can let patients know that if a screening test discloses an abnormality, the clinical team will be there to support and guide them through the follow up process. It is important this is messaged with sensitivity, in a way that is reassuring yet not alarming. For example: "Mr. A, I hope and expect that everything will turn out fine with your test. If in the unlikely chance something is abnormal, I will be here to guide you through next steps." This approach may have helped Mr. A accomplish his prostate cancer screening with clearer expectations, and greater assurance that he would be received with empathy and support regardless of the result.

Screening and preventive care must seek to balance population based and individual patient concerns. Tracking metrics of success in screening at-risk populations may overlook opportunities to improve health literacy, provide guidance and emotional support. Clearer explanations of the purpose of screening, testing for understanding, and assurance regarding follow up will go a long way. ■

## REFERENCES

1. Mehta S, Pepe R, Gabler N et al. A randomized controlled trial of financial incentives to increase colorectal cancer screening: Presidential Poster Award, AJG: October 2018;113:S144-S145.
2. Yen PH, Leasure AR. Use and effectiveness of the teach-back method in patient education and health outcomes. Fed Pract. 2019 Jun;36(6):284-89. PMID: 31258322; PMCID: PMC6590951.
3. Vernon J, Trujillo A, Rosenbaum S et al. Low health literacy: implications for national health policy [Internet] University of Connecticut; 2007. Available from: [https://publichealth.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10\\_4\\_07.pdf](https://publichealth.gwu.edu/departments/healthpolicy/CHPR/downloads/LowHealthLiteracyReport10_4_07.pdf)