

Introduction

Informing patients about procedures and examinations provides a powerful means of decreasing anxiety (Ballantyne et al, 2009). From experience, patients that have little knowledge of examinations may be uncooperative, as they may not tolerate the injection of the radiopharmaceutical or they may be restless during the procedure. This might cause images to be non-diagnostic leading to increased examination time, or a need for alternative imaging. Providing clear and concise information is known to minimise the anxiety of patients (Cardinal et al. 2011) and without access to good quality information, patients may not be able to make informed choices about their treatment. Informing patients helps in the move towards patient autonomy which promotes the patient as a human being rather than an object (Sia et al. 2010). It has been reported that there is an element of inadequacy regarding radionuclide information concerning inpatients, outpatients and nursing staff leading to problems such as increased radiation dose due to inadequate hydration (Higgins and Hogg 2002).

Aim: To critically evaluate the information available and given to radionuclide bone scan patients in Wales.

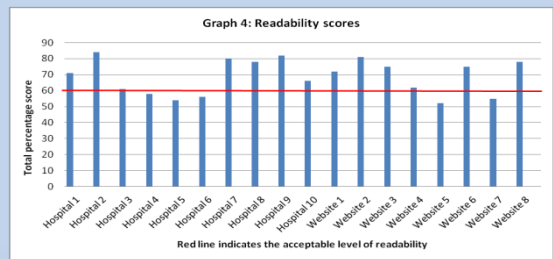
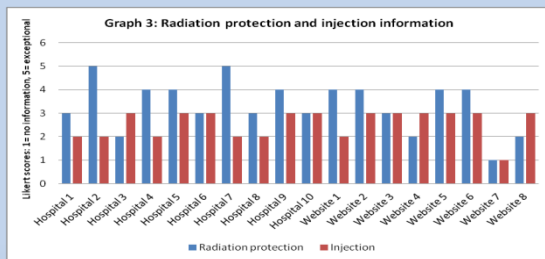
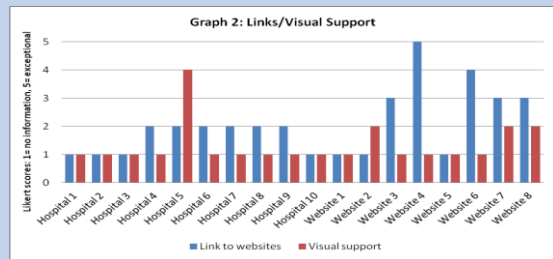
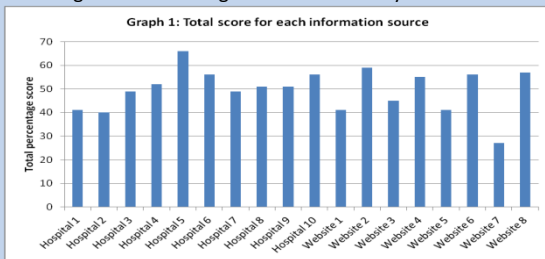
Objectives: To gather bone scan information leaflets from all the hospitals in South Wales; to search for information available on the internet for radionuclide bone scans and to assess the quality of both leaflets and internet information.

Method

Information leaflets were gathered from South Wales hospitals and a qualitative content analysis was employed to systematically assess the information. Information sources on the internet were gathered by searching on a general search engine using the key term 'Radionuclide bone scan'. Evaluation of the quality of information was assessed by an experienced radionuclide imaging radiographer and considered procedure preparation, contraindications, complications/risks, aftercare, result availability, links to other relevant websites, visual support and contact details. The readability of the material was assessed using the Flesch reading ease tool.

Results

The overall quality of the information from all sources was low, with scores between 27% and 66%. Readability scores from the Flesch reading ease chart showed that most sources were easy to read except for 3 hospital leaflets and 2 websites, which were below an agreed standard score of 60. The graphs below show the range of scores along with the readability test scores.



Discussion

The information available and provided to patients for a radionuclide bone scan was not of an excellent quality. In particular links to suitable websites was generally lacking, a significant factor considering the importance of directing patients to appropriate, trustworthy sites to minimise the risk of misinformation (Eysenbach et al. 2002). Visual illustrations improve patients' understanding of procedures (Bunge et al. 2010) and reduce anxiety (Spalding 2003) and it is disappointing therefore that most sources did not include visual graphics. Except one website, all sources included information regarding the radiation dose and injection, essential for informed consent, ensuring that patients are not compromised in their ability to weigh the risks versus benefits (Lee et al. 2010). Apart from three sources all the information was easy to read being above the accepted Flesch level of 60 (Bernstram et al. 2005).

Conclusion

The information available and given to patients for a radionuclide bone scan examination is not comprehensive. While the readability score for most of the information was good, there were some sources that could be difficult for patients to read.

References

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