POLICY ON:

Radiology Resident Communication of Findings from Imaging Studies

The Radiology Review Committee (RRC) released the following reports in 2008 regarding Resident Communication of Findings:

1. The responsibility or independence given to residents should depend on their knowledge, manual skills, and experience. The resident must have a minimum of 12 months of training in diagnostic radiology prior to independent in-house on-call responsibilities.

2. Residents at any level of training may be on call as long as **ALL** interpretations made by residents with less than 12 months of residency training are reviewed by faculty radiologists or more-senior radiology residents before patient care decisions are made.

It is not the intent of the RRC to change how things are done when there is a full complement of faculty present. It is assumed that there is timely review of all preliminary interpretations rendered by residents whatever their level of training during normal working hours.

Our departmental policy based on the RRC recommendations includes:

1. Residents at any level may send out preliminary reports before or after faculty has reviewed images during non-call hours, if the assumption of timely faculty review will be met. That is, the resident “signs off” the report in TALK.

2. Faculty should have an explicit discussion with residents on service to outline their expectations. For example, it may be logical for first-year residents to not send preliminary reports out on the first day or two after starting a new service, then send only normal reports – for a few days, then abnormal reports with high confidence of the findings after a week. This is up to the discretion of the individual faculty members and expectations should be clearly relayed to the residents, as there are inter-divisional variations on this topic.

3. If residents generate a report after the faculty has finished the last readout of the day, they should “sign off” report in TALK, so the report will be available as a preliminary report on PACs, WEBCIS, and RADPLUS.

4. REMEMBER – any substantive change to a report that has already been released should be made as an addendum and the findings communicated to the referring clinician.

The most updated version of this policy will appear on the UNC Radiology web site.