Challenges in the Radiologist-Technologist Relationship

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Tips on strengthening the relationship between radiologists and technologists.

In radiology, there’s no more important – no closer relationship – than the one between the radiologist and the radiologic technologist (RT). You work together day-in and day-out, but there’s no guarantee that your partnership is as healthy as it should be.

According to industry experts, effective radiologist-RT work habits should share some of the same characteristics, enabling those pairs to provide quality patient care. But, radiology has changed drastically over the past 25 years, and stumbling blocks challenge how smoothly your daily interactions will be in today’s environment.

“I remember the days of film in the 1990s when technologists would come into the reading room and hang the film,” said Paul Nagy, PhD, associate professor of radiology and radiological sciences at Johns Hopkins School of Medicine. “It was great because of the cross-section of interaction that happened when the radiologists looked at the film and gathered information from the tech for diagnostic purposes. But, there are several strains on the relationship today.”

There are strategies in place that are working to fortify the partnership, though, because this interaction is necessary to produce an actionable radiology report.

“The radiologist is very dependent upon the technologist to get the most information from patients,” said Michael Delvecchio, technical director of radiology at Brigham and Women’s Hospital. “It helps them get better reads and provide a better diagnosis.”

Challenges
The stumbling blocks for an effective radiologist-RT relationship stem from one greater issue – increased volume.

According to Michael Odgren, a radiology practitioner assistant at Diversified Radiology in Colorado, the combination of increasing workloads and decreasing staff levels is pressuring the relationship because fewer people are expected to churn out more reads in the same amount of time.

And, that need for faster reads gave way to the teleradiology explosion, Nagy said, creating a clinical environment where the radiologist and RT aren’t always in the same place.

“It’s a strain to have radiologists and technologists in different locations,” he said. “It’s a challenge because there’s a lack of facetime, so it’s hard to ask questions about quality and image control.”

Finding the time and energy to invest in relationship strengthening can be difficult, though. Simultaneously, greater digitization – including the introduction of the PACS – has eroded the personal relationship these two professionals once had, Nagy said. The complexity of new technologies, such as pulse sequencing and customizing of images, can also weigh heavily on the ability of the radiologist and RT to communicate correctly.

Making a Relationship Strong
Improving the existing radiology-RT relationship boils down to one thing, said Odgren, who also serves on the Board of Directors for the American Society of Radiologic Technologists. The keystone is open communication.

Regardless of the environment, he said, technologists should feel comfortable posing questions to or asking for guidance from radiologists. Patients are only well served when all medical personnel are free to practice to the full extent.

“I know the health care environment is changing, and radiologists now read for many different facilities that aren’t just where they happen to be sitting,” he said. “Work days are long and stressful, but they still take the time to answer questions if someone has them.”

He suggested facilities offer more interactions with radiologists when RTs first go through orientation. Introducing them to individual radiologists puts faces with names instead of relegating providers to being names listed in a PACS. In addition, he said, radiologists should provide RTs with more context around ordered studies. Why are they necessary and what is the radiologist trying to determine?

Delvecchio agreed: “We have to make sure everyone is doing the right thing in talking with each
other,” he said. “Everyone needs to be involved in the process.”
RTs must fully understand a radiologist’s orders, he said. And, gaining that knowledge should be relatively simple because most providers should readily answer questions if it ensures they receive a high quality product. Even then, if mistakes happen, it will be easier to identify why and how to prevent them in the future.

Making changes to PACS systems could also help RTs and radiologists improve their workflow and relationship, Nagy said. Designing more ways to provide direct feedback and raise red flags about image quality of study protocols from within the PACS system could help both professionals streamline their productivity and quality output.

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One Strengthening Strategy
But, it isn’t enough to say RTs and radiologists must practice better communication and work together more effectively. Systems and protocols must in place to ensure they are able to do so, Delvecchio said.

“The radiologist might be the physician involved with the patient care, but efficacy is based on processes and procedures,” he said. “Having methods in place can not only help all parties involved look at what can be done, but it can also help map out the ways they’ll be able to do it.”

Johns Hopkins has an initiative in place designed to reach this goal. According to Vince Blasko, a Johns Hopkins RT in charge of many quality protocols, this effort focuses strictly on imaging quality and improving the studies radiologists receive.

The driving force behind this push is education – having senior technologists guide new technologists to help them produce the highest quality work possible. Everyone works together and supervises all work. Consequently, everyone is held accountable for peer-to-peer reviews. Instead of concentrating on who’s responsible for checking behind whom, the emphasis is, instead, placed on compliance and whether controllable factors, such as image and contrast quality, are handled appropriately. Over time, a body of knowledge develops into how each type of study should be conducted.

“Technologists can take all that information and share it amongst themselves,” Blasko said. “It gives them a 50,000-foot, global view of how to best perform their duties and produce the best quality results.”

Working together also keeps RTs from feeling isolated. Even though they’re less likely to work directly with individual radiologists, they will have a community with which to discuss issues affecting quality and productivity. This support network also helps RTs as they work on annual quality control improvement projects that focus on image improvement.

In addition, the department holds regular staff and educational meetings to try to bring radiologists into the fold with RTs on a larger scale. It gives providers the opportunity to share their knowledge and vision for what an optimal study is, Blasko said. The more chances for this interaction facilities can create, the stronger the radiologist-RT relationship will be.

“We should be looking for a way to have more time where radiologists spend time with technologists face-to-face,” he said. “It’s basic relationship building.”

Ultimately, Delvecchio said, the strength and power of the radiologist-RT relationship comes down to how they view one another within the workplace. Improved technology and specially-designed systems can only go so far in establishing the best partnership possible.

“Mutual respect is a big part of the radiologist-technologist relationship being as strong as possible,”
he said. “Everyone must understand exactly what their roles of individual people are and what they can and can’t do.”

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