

A decorative graphic consisting of a thick, grey diagonal line that starts from the top left and extends towards the bottom right. A large, grey, three-dimensional sphere is positioned where the line changes direction, appearing to be attached to it.

# The Practice Standards for Medical Imaging and Radiation Therapy

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**Advisory Opinion Statement**  
Guidance for the Communication of Clinical and Imaging Observations  
and Procedure Details by Radiologist Assistants to Supervising Radiologists

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## **Guidance for the Communication of Clinical and Imaging Observations and Procedure Details by Radiologist Assistants to Supervising Radiologists**

Communication of clinical and imaging observations and procedure details by the radiologist assistant to the supervising radiologist is an integral part of radiologist assistant practice. Without clear, consistent, appropriate and ascribed communication between members of the radiology team, there is a possibility of inadequate patient care, incomplete reports and diminished departmental productivity. Therefore, after reviewing literature, curriculum, position statements, scopes of practice, laws, federal and state regulations and inquiries received by the American Society of Radiologic Technologists Governance Department, the American Society of Radiologic Technologists is issuing the following advisory opinion statement.

### **Accountability and Responsibility of Medical Imaging and Radiation Therapy Professionals**

The profession holds medical imaging and radiation therapy professionals responsible and accountable for rendering safe, effective clinical services to patients and for judgments exercised and actions taken in the course of providing those services.

Acts that are within the recognized scope of practice for a given license or certification may be performed only by those individuals who possess the education and clinical proficiency to perform those acts in a safe and effective manner.

The medical imaging and radiation therapy professional's performance should be consistent with state and federal laws, established standards of practice, facility policies and procedures and be evidence-based.

### **Advisory Opinion**

It is the opinion of the American Society of Radiologic Technologists that based upon current literature, the curricula set forth by the ASRT, entry-level clinical activities by the ARRT, regulatory requirements and where federal or state law and/or institutional policy permits that:

#### **Methods of Communication and Documentation**

To create a safe and productive radiology environment, communication between the radiologist assistant and supervising radiologist must be free-flowing, consistent and relevant to the patient examination or procedure. This communication can take many forms, including verbal, written and electronic communication. These communications may be included and taken into consideration by the radiologist in creating a final report. However, initial clinical and imaging observations and procedure details communicated from the radiologist assistant to the radiologist are only intended for the radiologist's use and do not substitute for the final report created by the radiologist. These communications should be considered and documented as "initial clinical and imaging observations or procedure details."

### The Role of the Radiologist Assistant in Creation of the Final Report

While assisting radiologists in the performance of imaging procedures or during the performance of procedures under radiologist supervision, the radiologist assistant must be able to communicate and document procedure notes, observations, patient responses and other types of information relevant to the radiologist's interpretation and creation of the final report.

Radiologist assistants do not independently "report findings" or "interpret" by dictation or by any other means; and to avoid any confusion, these terms should not be used to refer to the activities of the radiologist assistant. However, radiologist assistants may add to the patient record (following the policies and procedures of the facility) in a manner similar to any other dependent nonphysician practitioner. Radiologist assistants who are authorized to communicate initial observations to the supervising radiologist using a voice recognition dictation system or other electronic means must adhere to institutional protocols ensuring that initial observations can be viewed or accessed only by the supervising radiologist. Initial clinical or imaging observations or procedure details created by the radiologist assistant resulting from the radiologist assistant's involvement in the performance of the procedure that are included in the final report should be carefully reviewed by the supervising radiologist and should be incorporated at the supervising radiologist's discretion.

(GRADE: Strong)

### **Rationale**

The ASRT's position is to determine the practice standards and scopes of practice for medical imaging and radiation therapy professionals. The practice standards' general stipulation emphasizes the importance of an individual being educationally prepared and clinically competent to practice in the profession of medical imaging and radiation therapy. With proper education and proven competence, the communication of clinical and imaging observations and procedure details by radiologist assistants to supervising radiologists provides quality patient services in a safe environment.

### **Definitions**

The following definitions can be found in the Glossary to The Practice Standards for Medical Imaging and Radiation Therapy:

Educationally prepared

Clinically competent

### **Evidentiary Documentation:**

#### Curriculum

The ASRT curricula for all practice areas were reviewed.

2015 ASRT Radiologist Assistant Curriculum

## **Communication of Findings and Validation of Clinical Practice**

### **Description**

Content introduces guidelines for communicating initial observations made by the radiologist assistant during imaging procedures and image assessments. The radiologist assistant's role focuses on the systematic analysis of clinical practice - the diagnosis and treatment, resources, evidence-based decision making, procedures and resulting outcomes, including the patient's quality of life.

### **Objectives**

1. Communicate initial observations to the radiologist based on practice guidelines.
2. Identify the required legal components of a report of findings following diagnostic testing.
3. Establish and evaluate benchmarks as they apply to diagnostic imaging.
4. Explain the rationale for performing clinical audits.
5. Identify audit schemes applied to the clinical setting.
6. Identify measurement criteria and instruments employed during a clinical audit.
7. Describe how sensitivity and specificity measurements apply to diagnostic imaging.
8. Distinguish between positive and negative predictive values when evaluating the results of diagnostic imaging.
9. Discuss the importance of sampling and biases on the internal and external validity of audits of diagnostic accuracy.
10. Participate in specialty presentations (i.e., The Gut Club)

### **Content**

#### **I. Clinical Reporting**

- A. Legal considerations and requirements
- B. Composing, recording and archiving a report of initial observations

#### **II. Evaluation of Diagnostic Accuracy**

- A. Benchmarks
- B. Sensitivity and specificity
- C. Predictive values
- D. Prior probability
- E. Bias

#### **III. Clinical Audit**

- A. Rationale
- B. Audit schemes
  1. External quality assessment
  2. Internal quality assessment
  3. Accreditation
  4. Clinical governance (i.e., credentialing)
- C. Audit categories
  1. Access
  2. Process
  3. Output
  4. Outcome
  5. Use of resources
- D. Measurement criteria and instruments (i.e., ACR Appropriateness Criteria)

(Quality of evidence: High)

Certification Agency Entry-Level Clinical Activities

The American Registry of Radiologic Technologists, 2018 Registered Radiologist Assistant Entry-Level Clinical Activities.

The *ARRT Registered Radiologist Assistant Entry-Level Clinical Activities* states that radiologist assistants may “Review imaging procedures, make initial observations, and communicate observations **ONLY** (*emphasis added*) to the radiologist, record observations of imaging procedures following radiologist approval, and communicate the radiologist’s report to appropriate health care providers consistent with ACR Practice Parameter for Communication of Diagnostic Imaging Findings.”

(Quality of evidence: High)

ASRT Practice Standards for Medical Imaging and Radiation Therapy, Radiologist Assistant Practice Standards (2018)

According to the *Radiologist Assistant Scope of Practice*:

Specific items.

6. Evaluating images for completeness and diagnostic quality and recommending additional images.
7. Obtaining images necessary for diagnosis and communicating initial observations to the supervising radiologist. The radiologist assistant does not provide image interpretation as defined by the American College of Radiology.
8. Providing follow-up patient evaluation.
9. Communicating the supervising radiologist’s report to the appropriate health care provider consistent with the American College of Radiology Practice Guidelines for Communication of Diagnostic Imaging Findings.

**2018 Radiologist Assistant Clinical Performance Standards**

**Standard Seven – Outcomes Measurement**

The radiologist assistant reviews and evaluates the outcome of the procedure.

*Specific Criteria:*

The radiologist assistant:

1. Performs follow-up patient evaluation and communicates findings to the supervising radiologist.

### **Standard Eight – Documentation**

The radiologist assistant documents information about patient care, the procedure and the final outcome.

#### *Specific Criteria:*

The radiologist assistant:

3. Reports clinical and imaging observations and procedure details to the supervising radiologist.

### **Radiologist Assistant Quality Performance Standards**

#### **Standard Eight – Documentation**

The radiologist assistant documents quality assurance activities and results.

#### *General Criteria:*

The radiologist assistant:

1. Maintains documentation of quality assurance activities, procedures and results.
2. Documents in a timely, accurate and comprehensive manner.

#### *Specific Criteria*

1. Documents and assists radiologist in quality reporting measures for the purpose of improved patient care.

(Quality of evidence: High)

#### *Federal and State Statute Reference(s)*

Not Applicable

(Quality of evidence: not applicable)

#### *Other*

(Quality of evidence: not applicable)

### **Determining Scope of Practice**

Each medical imaging and radiation therapy professional must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the medical imaging and radiation therapy professional is licensed and, if applicable within the jurisdiction in which he/she is employed, educationally prepared and clinically competent to perform.

The ASRT issues advisory opinions as to what constitutes appropriate practice. As such, an opinion is not a regulation or statute and does not have the force and effect of law. It is issued as a guidepost to medical imaging and radiation therapy professionals who wish to engage in safe practice. Federal and state laws, accreditation standards necessary to participate in government programs, and institutional policies and procedures supersede these standards. The individual must be educationally prepared and clinically competent as a prerequisite to professional practice.

Approved: June 19, 2011  
Amended, Main Motion, C-13.21 & C13.23, 2013  
Amended, Main Motion, C-16.11, 2016  
Amended, Main Motion, C-18.07, 2018  
ASRT House of Delegates

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