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, different laws, federal and state regulations and inquiries received by the American Society of Radiologic Technologists, the ASRT 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 individually 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, skill and 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.

Definitions

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

Educationally prepared: The successful completion of didactic and clinical education necessary to properly perform a procedure in accordance with accepted practice standards.

Clinically competent: The ability to actually perform a procedure in a clinical setting through the completion of clinical education and documented through an assessment by a qualified instructor.

Evidentiary Documentation:

Current Literature

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

1 American Society of Radiologic Technologists, “Practice Standards for Medical Imaging and Radiation Therapy: Glossary” Effective June 27, 2010
A white paper developed by the American Society of Radiologic Technologists, American Registry of Radiologic Technologists, American College of Radiology and Society for Radiology Physician Extenders. February 2011.

(Quality of evidence: High)

Curriculum

2015 The ASRT Radiologist Assistant Curriculum

Report Communication of Findings and Validation of Clinical Practice (Pages 45-46 62-64)

Description

Content introduces guidelines for communicating reporting initial observations made by the radiologist assistant during radiology 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. Provide 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 the benchmarks as they apply to diagnostic imaging testing.
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 testing.
8. Distinguish between positive and negative predictive values when evaluating the results of diagnostic imaging testing.
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
   1. Demographics
   2. Patient name and identification source
   3. Name of referring physician
   4. Name or type of examination
   5. Date of the examination
   6. Time of the examination
   7. Date of report of initial observations
   8. Body of report
a. Procedures and materials
   1) Contrast media
   2) Medications
   3) Catheters and devices used
   4) Any patient reaction or complication
b. Observation details
e. Potential limitations
d. Clinical issues
e. Comparative data (i.e., previous examinations or reports)
f. Observation summary

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 Content Specifications

The American Registry of Radiologic Technologists, 2013 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 previously communicated initial observations of imaging procedures according to approved protocols and communicate the radiologist’s report to appropriate health care providers consistent with ACR Practice Guideline for Communicating Diagnostic Imaging Findings (Revised 2005-Res.13 or its successor document).”

(Quality of evidence: High)

ASRT Position Statements (June 2010)

Evaluating Medical Images for Technical Adequacy

It is the position of the American Society of Radiologic Technologists (ASRT) that the technical adequacy of medical images produced by a registered or licensed radiologic technologist only be evaluated by a registered radiologic technologist within their scope of practice.

Adopted, Resolution 05-3.03, 2006
Amended, Main Motion C-09.54, 2009
Recinded, Main Motion C-13.10, 2013

(Quality of evidence: Low)

ASRT Practice Standards for Medical Imaging and Radiation Therapy, Radiologist Assistant Practice Standards (2015 2010)

According to the Radiologist Assistant Scope of Practice (Page 5):

“Postprocedural responsibilities include, but are not limited to, evaluating images for completeness and diagnostic quality, reporting initial observations to the supervising radiologist, providing follow-up patient evaluation and communicating the radiologist’s report to the appropriate health care providers. The radiologist assistant does not provide an image interpretation as defined by the American College of Radiology (ACR).”

Specific standards for documentation exist in Standard Eight of the 2015 Radiologist Assistant Clinical Performance Standards and Standard Five of the 2015 Radiologist Assistant Professional Performance Standards.

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1 American Registry of Radiologic Technologists, “Registered Radiologist Assistant Entry-Level Clinical Activities” Effective January 2011

2 American Society of Radiologic Technologists, “Practice Standards for Medical Imaging and Radiation Therapy: Radiologist Assistant Practice Standards” Effective June 27, 2010
Standard Seven – Outcomes Measurement (Page 14)

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

Specific Criteria:

The radiologist assistant:

1. Evaluates images for completeness and diagnostic quality, and recommends additional images.

2. Reports clinical and imaging initial observations and procedure details to the delegating supervising radiologist.

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

Standard Eight – Documentation (Page 15)

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

Specific Criteria:

The radiologist assistant:

3. Reports the initial observations from the examination to the delegating radiologist.

4. Communicates the delegating radiologist’s report to the appropriate health care provider consistent with the American College of Radiology Practice Guidelines for Communication of Diagnostic Imaging Findings.

Radiologist Assistant Quality Performance Standards (Page 23)

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 in accordance with established guidelines.

2. Provides Documents in a timely, accurate and comprehensive manner documentation.

3. Provides documentation that adheres to protocol, policy and procedures.

Radiologist Assistant Professional Performance Standards (Page 28)

Standard Five – Ethics

The radiologist assistant adheres to the profession’s accepted ethical standards.

Specific Criteria:

The radiologist assistant:

2. Determines accuracy in all patient data including coding, billing and medical records.

3. Communicates with the supervising radiologist prior to providing final diagnosis to other health care providers.

(Quality of evidence: High)

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5 American Society of Radiologic Technologists, “Practice Standards for Medical Imaging and Radiation Therapy: Radiologist Assistant Practice Standards” Effective June 27, 2010
It is the opinion of the American Society of Radiologic Technologists 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 type 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 non-physician 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. 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.

**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 - 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
ASRT House of Delegates