Weeknight call evening check-in policy

Preamble

The purpose of this policy is **<u>not</u>** for residents to delay or accumulate cases that warrant urgent radiologist review. Rather, it is to further reduce the barrier to residents reviewing cases with the on-call staff and improve resident on-call support.

If a case would have warranted immediate discussion with the on-call radiologist prior to the institution of this policy, this case should be still be proactively discussed with the on-call radiologist and **<u>not</u>** held for the evening check-in call.

Cases from the previously established high impact cases developed in concert with the Emergency Department **<u>should be reviewed</u>** at time of check-in if not already reviewed with the on-call radiologist at time of scanning:

- Trauma Team Activation CT
- C-spine CT (Trauma only)
- CT Chest R/O Dissection
- Scrotal Ultrasound for R/O Torsion
- CT Abdomen/Pelvis with high clinical risk (e.g. ?ruptured AAA or ischemic bowel)
- MRI (infrequently offered after hours – requires high clinical suspicion or high risk rule out and likely need for intervention)

Policy overview

1. Mandatory telephone check-in on weeknights by on-call staff to review cases of concern by the on-call resident (both body and neuro between 8 PM and 10 PM)
2. All reviewed cases should have a preliminary report by the on-call resident (i.e. the check-in is not for primary read)
3. Preliminary status must remain clear even after check-in (as radiologist may not be reviewing from a diagnostic monitor); caveat should be kept on reviewed cases: "*This case has been reviewed with the on-call staff radiologist but remains a preliminary interpretation with comprehensive staff review and dictation to follow.*"
4. The case will be dictated in full by the appropriate subspecialty staff the next day, and any disagreements with the preliminary report may be discussed staff-to-staff by the reporting and on-call radiologist, if not the same person
5. Cases from the list of high impact cases (see above) should be reviewed at time of check-in, if not warranting immediate discussion at time of scanning

Policy algorithm

Clinically relevant diagnostic uncertainty

Warrants immediate review?

Yes → Review with backup resident and/or staff

No

Candidate for check-in

Prelim case

Review case at check-in

Edit prelim as necessary; reviewed but preliminary status should remain clear

Follow-up with clinical service prn

End

Edit prelim as necessary as per current practice

Follow-up with clinical service prn

End