

Accountability

Taking accountability for your actions is an important aspect of our professional careers. In this session, we will discuss several scenarios centered around accountability in an effort to better understand what constitutes acceptable professional conduct.

Prior to the session, please read through cases below and be prepared to discuss your opinions at the session.

Case 1:

You are on the thoracic imaging service and are interpreting a plain chest film where a 1.5 cm lung nodule is seen on the current study. Prior to reviewing the image with your attending, you systematically go through the comparison studies and notice that the nodule was present on the two most recent chest films from 2 and 8 months ago, but was not present 2 years ago. The reports on those prior two studies do not mention a lung nodule.

What should you do?

What should you say in your dictation of the current chest image?

Case 2:

Resident X just came on the fluoroscopy service after the didactic morning conference. There is a busy schedule and it appears that the first two scheduled patients have already been imaged and have left the Department. Resident X is about to preview and plan out the next UGI study when they receive a page from Attending Y. Over the phone, a conversation ensues about the two studies done between 8 and 9 am. Apparently, Attending Y is no longer in the hospital and asks Resident X to dictate out the cases with their name.

Is Resident X responsible for the work performed between 8-9am?

Should Resident X agree to dictate the cases for Attending Y even though they were not present for the studies?

What should Resident X do?

Case 3:

You are asked to review a breast MR by Dr. Z from the Department of Surgery. The study has already been dictated by one of your colleagues who recommended biopsy and Dr. Z does not agree with this recommendation. Dr. Z asks you to review the case and issue an addendum stating that the biopsy is not necessary and that follow up imaging in one year would be sufficient.

Should you review the case or should you tell Dr. Z that he should discuss it with the interpreting radiologist?

If you disagree with your colleague's report and make a change in the recommendation, is a verbal discussion sufficient? Should you issue an addendum contradicting their recommendations or should you ask your colleague to do it?

Case 4:

The ultrasonographer brings you a case of a right upper quadrant ultrasound performed for right upper quadrant pain and asks you to review the images prior to her sending the patient home. You review the submitted images which all look normal to you and tell her it is okay to move on to the next case. Your attending comes by 2 hours later to review the pending US cases. When reviewing the case, your attending notices that there are no images of the abdominal aorta or IVC but asks that you include a statement in your dictated report that the aorta and IVC are normal in caliber so that the Department will be paid the full amount for the abdominal ultrasound rather than for a limited study.

Should you add this statement to your report?

What must you include in your report (i.e. pertinent positives and negatives) so that you correctly bill and get reimbursed for your work?

If you bill for a study and your report does not include all of the necessary information, could you be accused of fraud?