



# "Time Will Tell": Issues and Resolutions with Interim Staffing in the Radiology Workplace

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## Background

The COVID-19 pandemic reshaped the United States workforce. In their 2021 landmark paper, Dr. Sinsky and colleagues from the Mayo Clinic found that 1 in 5 American physicians intend to leave practice<sup>1</sup>. Labor shortages have forced employers to turn to interim staffing to fill the gaps. Historically, locum physicians were older and semi-retired, but scheduling flexibility and higher salaries have increased appeal among younger physicians.

Radiology departments across the country are taking advantage of remote work to supplement in-house staffing with locums. Unlike locums in other specialties, locum radiologists can be located remotely throughout the US. While this increases access to high quality physicians, it also poses many novel challenges.

## Purpose

We will discuss issues and resolutions associated with locum radiologists as it pertains to:

1. Technology
2. Resident Education
3. Referrer Communication

## Technology

When hiring locum radiologists, hospitals should consider the technology requirements to provide the necessary infrastructure for a productive environment.

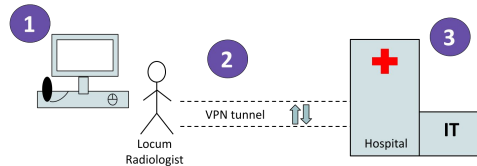


Fig 1: Technologic considerations when employing locum radiologists include: 1) workstations 2) connectivity 3) IT support.

### 1) Workstations:

- Shipping: workstation handover to delivery company, cost of insurance, breakage of units, lost units during transport.
- Standards: ACR guidelines for equipment specifications<sup>2</sup> for acquisition, compression, transmission, and display.
- Availability: limited hardware shared across locums and on-site physicians, backorder of units from suppliers.
- Monitoring: State specific monitoring requirements. For example in New York state, primary diagnostic monitor needs biweekly and quarterly software QA testing, annual evaluation by licensed medical physicist with external calibrated photometer<sup>3</sup>.

### 2) Connectivity:

- Internet speed: wired or wifi connection, at least 100MBps but recommended 1 Gbps.
- Virtual private network (VPN): primary hardware connection with backup software connection.

### 3) Information technology (IT) support:

- 24/7 IT support: covering locums across different time zones.
- Hybrid remote and technical support: different levels of technological competence, remote vs in-person support.
- Downtime procedures: scheduling flexibility for shift coverage in the event of technological failure.

## Resident Education

Academic institutions must consider resident education when employing locum radiologists.

### Networking:

(+) Connecting with physicians in other geographical locations.

### Mentorship:

(-) High staff turnover results in lack of continuity.

→ Establish a flexible, rotating mentorship program.

### Conferences:

(-) Locums may not be contractually obligated to give conferences, may be inadequate in-house staff.

→ Rely more on publicly available resources such as AUR core curriculum<sup>4</sup>.

### Readout sessions:

(-) Decreased in-person opportunities for readout sessions.

→ Utilize secure messaging or video applications for remote sessions.

(+) Exposure to different educational and training backgrounds.

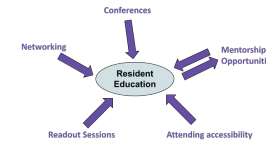


Fig 2: Factors that contribute to radiology resident education.

## Referrer Communication

Effective communication depends on trust and accessibility, it is critical to establish a direct line of contact between the referrer and the locum radiologist.

### Obstacles:

- Lack of uniform reports, structured or narrative reporting<sup>5</sup>.
- Inability to directly consult with radiologist regarding complex cases.
- Lack of confidence in unfamiliar providers.

### Solutions:

- Telephone conferences.
- Schedule list with locum phone numbers and best method of contact.
- Increased use of annotation and documenting image number.

## Referrers Continued

We propose several strategies to bridge communication between the locum radiologist and in-house staff as detailed in figure 3 below.

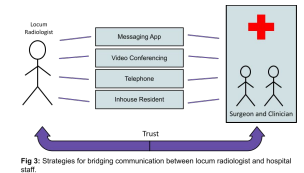


Fig 3: Strategies for bridging communication between locum radiologist and hospital staff.

## Conclusions

Interim staffing has become an integral component of the modern healthcare system. It is essential for both employers and employees to be aware of the inherent drawbacks and implement the necessary strategies to counteract them.

## References

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