Impaired or Incompetent Collegaues

The goal of this session is to better define what is meant by impairment and incompetence and to understand the proper channels by which to report concerns about colleagues that might endanger patient safety. By the end of the session, participants should be able to handle these challenging situations and understand how to intervene in a professional manner.

During the session, we will discuss the following radiology-specific scenarios and think about some general themes including:

What is your responsibility to your colleague and to patients?

When does patient safety take precedence?

Are there any legal ramifications of reporting (or not reporting) suspected impairment for you or your colleague?

Case 1: You are on service in nuclear imaging as a first year resident and have yet to rotate through abdominal CT. Your attending tells you that you are going to be reading PET/CT for the week. Although there are only 3-4 cases each day, your attending tells you that he can read the PET but that you will need to be sure not to overlook anything on the CT part of the study as he is not certified in diagnostic radiology. You do not feel qualified to interpret these studies as you really have not been trained to do so.

Questions for thought: Should you ask to read out with a different attending? Should you find an abdominal attending to help read out the CT portion of the test (but they do not really want to do so since they do not like how the CT was performed)? Who should you talk to about this?

Case 2: One of your colleagues is a locums tenens radiologist employed by the hospital to interpret general diagnostic studies as he is a cheaper alternative than hiring another FTE. One day while covering, the colleague misses an obvious epiglottis and the patient (a 40 year old father of four young children) died within a few hours of the imaging study.

Questions for thought: What is your responsibility to ensure quality of interpretaions? Should locums tenens radiologists be held to a different standard than full-time employees of a hospital? Are you obligated to report this event to the Board of Medicine?

Case 3: You are working with an attending on a stereotactic breast biopsy. You obtained consent from the patient and have explained to the patient that the calcifications are faint and very posterior in the outer and upper left breast. The technologist positions the patient on the table with her arm through the hole and using a lateral approach. You take the scout images and the stereo pair. You are not sure that you see the calcifications but your attending is confident that the calcifications are at the posterior margin of your window. He tells you to go ahead and position the needle in the breast. You go ahead and take the pre-fire images. You notice that you really cannot see the target and the needle tip is projecting over the pectoralis muscle. You express some concern to your attending that you are not sure if you are in the right spot. Your attending tells you not to worry and go ahead. You deploy the device and the woman screams in pain. The post fire images show that the calcifications are not near your needle and you no longer can see the tip of the needle. You are very concerned about taking any biopsies. Your attending is annoyed as he feels you are stalling and tells you to get going as he has a meeting to get to. You reluctantly take the biopsies. Final pathology reveals skeletal muscle and no calcifications.

> Questions for thought: Should you have proceeded ahead? How could you have told your attending that you were not comfortable going ahead? Can you do this and if so, how?

Case 4: One of your fellow residents is always late to his shifts in the ED and always seems to have an excuse about why she is late. You want to be supportive but this has happened at least three times to yourself. You then notice that when you relieve her that she often has not completed her work and you inherit a large number of cases to interpret. You start wondering whether she may be depressed or has some other personal problem.

> Questions for thought: What should you do? Should you talk to her directly about this or to whom should you speak? Are there any resources to help you to figure out what to do?

Case 5: You are rotating at a neighboring institution where you notice that Dr. S seems to appear disheveled at times and may occasionally have the smell of alcohol on his breath, although you are not quite sure. Later that week, you notice that he is still wearing the same tie which is stained. When reading out with Dr. S., you have not noticed any impairment in his clinical performance. You have only known Dr. S. for this week but you are concerned that Dr. S. may have a drug or alcohol problem.

> Questions for thought: What should you do? Should you confront him directly?What resources are available to you and to Dr. S.? If you do not report your concerns, are you liable if any harm comes to a patient because of Dr. S's problem?