

**INTERNATIONAL
DAY OF RADIOLOGY**

NOVEMBER 8, 2017

**EMERGENCY
RADIOLOGY**

IDOR2017.COM

**International Day of Radiology 2017
Interview on Emergency Radiology
Albania/Dr. Durim Cela**

Dr. Durim Cela notes that workflow in his Albanian radiology department is hampered by an increased demand for imaging studies, while staffing levels remain stagnant

***European Society of Radiology:** Could you please describe the role of the radiologist in a typical emergency department in your country?*

Durim Cela: I would say the role of the radiologist is crucial in an emergency department. Imaging is among the most important data we have to determine the severity of trauma and to manage patients.

***ESR:** What does a typical day in the emergency department look like for a radiologist?*

DC: You will find a mix of moods depending on the time of the day: the emergency department is somewhat quiet in the morning; it gets stressful during the day, becoming exhausting, yet exciting, with interesting cases; and the mood is always beautiful with the correct diagnosis, but is sometimes disappointing without it. Then, the next day starts, and hopefully it is not the same.

***ESR:** Teamwork is crucial in the emergency department. How is this accomplished in your department and who is involved?*

DC: We have only five, full-time, senior radiologists on our team, and we share the workload, and more importantly, we try to create a friendly atmosphere to help us to cope with difficulties. I would stress that genial relationships among team members is crucial.

***ESR:** How satisfied are you with the workflow and your role in your department? How do you think it could be improved?*

DC: We are not happy at all with workflow in our department. The demand for imaging increases every day, but our staffing resources are the same as 15 years ago. We find it especially difficult to manage the workflow in the ultrasound room. Honestly, we don't see a way to improve workflow since there is a lot of pressure from clinicians, and even more pressure from the hospital's directors, to perform as many patient exams as possible. The main problem is that we lack of a model for calculating costs for exams. Solving this could improve workflow, but hospital management would need to make that decision. Protocols and guidelines also could improve workflow, but in stressful situations, they often work.

***ESR:** Which modalities are used for different emergencies? Could you please give an overview sorted by modalities?*

DC: We have two ultrasound systems running all of the time. One of them is in use almost non-stop for 24 hours. Therefore, ultrasound is a horrible rotation for our radiologists because they don't have time for a break. Also we have one x-ray room and one CT scanner.

***ESR:** Is teleradiology an issue in emergency radiology? If yes, how so, and how often is it used?*

DC: We had a teleradiology project to assist other regional hospitals, but our experience with it was not positive. Teleradiology created an extra workload, for which radiologists were not paid. Also, we had difficulties because some exams did not use the correct technique.

ESR: *Are emergency radiologists active anywhere other than emergency departments? Do they have other non-emergency roles, or other emergency roles in other departments?*

DC: Yes. Every day radiologists work in diagnostic imaging, where they perform routine, scheduled exams.

ESR: *Do you have direct contact with patients and if yes, what does it entail?*

DC: We try to have contact with patients whenever possible, and I strongly suggest radiologists meet with patients, even though it is sometimes time-consuming. Patients must be informed about the procedures and the challenges of making the correct diagnosis. I see a lot of patients who prefer to talk to and get explanations from radiologists rather than clinicians.

ESR: *How are radiologists in your country trained in emergency radiology? Is emergency radiology a recognised specialty in your country?*

DC: Emergency radiology is part of the radiology curriculum during the four years of postgraduate studies. Emergency radiology is not a subspecialty in our country.



Dr. Durim Cela graduated from the Faculty of Medicine, University of Tirana, Albania, in 1995; as a postgraduate, he specialised in radiology, with a doctorate in radiology. His research interests focus on radiology.

He has served as head of the radiology department of University Medical Centre 'Mother Teresa' (QSUT) since 2015. He has been a university lecturer at the University of Tirana since 2003.

Dr. Cela is the author of several articles and scientific presentations in national and international forums.