

**INTERNATIONAL  
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**International Day of Radiology 2017  
Interview on Emergency Radiology  
Chile/Dr. Victor Dinamarca Ortiz**

**Vast differences between Chile's public and private healthcare systems affect radiology staffing and workflow in emergency departments, according to Dr. Victor Dinamarca Ortiz of Santiago**

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

**Victor Dinamarca Ortiz:** In Chile, there is a big difference between the public and private healthcare systems. In the public system, there is a shortage of radiologists, so their participation in the emergency department is usually limited to reading the examinations requested by emergency physicians, whenever possible. Some of the radiology work is done through teleradiology. In the private system, radiologists are present around the clock, but only a few institutions have radiologists exclusively dedicated to emergency care. Our hospital does have that luxury, so our radiologists are immersed in emergency teamwork.

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

**VDO:** Each day is a challenge; you don't know what will happen. Radiologists need to be prepared for all possibilities, and it is challenging to solve such a diverse mixture of problems.

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

**VDO:** Undoubtedly, it is essential for us to work as a team within the emergency-radiology unit and with other members of the emergency department. We do our part by always being available to the emergency department staff and participating in case discussions and evaluations. We encourage our radiology colleagues to be proactive and leave the reporting room instead of waiting for clinicians to approach them.

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

**VDO:** I am satisfied with what we have achieved in our department. I believe the role of the emergency radiologist is well-defined, which contributes enormously to smooth workflow. Our goal is to improve the quality of our services and ensure adequate response times.

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

**VDO:** Our hospital cares for a wide variety of emergency patients. Most of them present with simple pathologies, for which a simple x-ray or ultrasound examination is sufficient. (By the way, radiologists perform all the ultrasound studies in our hospital.) For patients with more complex and trauma-related conditions, we often use CT. We have a dedicated CT scanner located in the emergency unit. Radiologists are particularly involved in trauma-patient management; they perform extended focused assessment with sonography for trauma (eFAST), interpret real-time examinations, and discuss the resulting diagnostic and treatment options. We usually don't perform MRI examinations on emergency patients.

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

**VDO:** In our hospital, we don't use teleradiology that often since we have two, on-site radiologists around the clock. We use teleradiology only for support from on-call subspecialists for complex cases.

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

**VDO:** Most of our radiologists work outside the emergency-radiology unit; however, we are gradually creating full-time or preferential positions in emergency radiology. Currently, we have two radiologists dedicated exclusively to emergency radiology.

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

**VDO:** We have frequent contact with patients, especially during ultrasound studies. In addition, we are located physically within the emergency department, so we can interact with patients whenever necessary.

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

**VDO:** In Chile, emergency radiology is not a formal subspecialty. But we are going in this direction as we consolidate our unit and consider starting a formal subspecialisation programme.

**ESR:** *Many cases you are faced with in the emergency setting are challenging, but can you remember what was your most impacting experience? What knowledge did you gain from that experience?*

**VDO:** I remember one case in great detail. One of our radiologists suffered severe polytrauma with vital risk. We applied all of our resources to help. This incident highlighted the impressive teamwork of all those involved in our colleague's emergency care. Thanks to our collective efforts, our colleague fully recovered.

**Dr. Victor Dinamarca Ortiz** is an emergency radiologist at Clínica Las Condes Hospital in Santiago, Chile. He has been heading the emergency radiology unit in Clínica Las Condes since 2003. He trained in general radiology at Universidad Católica de Chile in Santiago and completed an emergency radiology residency at Jackson Memorial Hospital in Miami, United States. Dr. Dinamarca is an active speaker in Chile. He also is a member of the Sociedad Chilena de Radiología (SOCHRADI) and a corresponding member of the Radiological Society of North America (RSNA).

