

**INTERNATIONAL  
DAY OF RADIOLOGY**

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**EMERGENCY  
RADIOLOGY**

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**International Day of Radiology 2017  
Interview on Emergency Radiology  
Sweden/Dr. Seppo Koskinen**

**At Dr. Seppo Koskinen's hospital in Sweden, days are busy but workflow is stable, and teleradiology is not currently in use**

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

**Seppo Koskinen:** In most places, the radiologist is an integral part of the emergency team. The modalities included are x-ray, ultrasound, CT and MRI. Ultrasound-guided interventions are included in many hospitals, but in many places, an interventionalist performs these examinations. Intravascular interventions, however, are performed almost exclusively by interventional radiologists. Paediatric radiologists care for children.

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

**SK:** It varies. Small trauma, abdominal emergencies and stroke are keeping us busy. The typical day is from 7:30 to 16:00, after which an on-call radiologist stays overnight. The practice varies quite a bit, and the shifts may range from a few hours in the late afternoon or early evening up to 8 hours.

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

**SK:** As mentioned earlier, the radiologist is an integral part of the emergency team. During weekdays and on weekends, if needed, there are radiology meetings, or conferences, on a regular basis. Also, radiologists take part in interdepartmental educational activities.

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

**SK:** The workflow is, for the time being, relatively stable, and we are able to cope with it. Certainly, MRI could be used more. Currently, the number of emergency-MRI examinations is suboptimal.

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

**SK:** Teleradiology is not used in our department, but many hospitals rely on teleradiology services during the night.

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

**SK:** Radiologists perform educational activities (e.g. lectures and trauma-team training) in addition to their emergency roles.

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

**SK:** During ultrasound and in ultrasound-related interventions, radiologists do have contact with patients. Also, in case of ambiguous x-rays, it is not uncommon for the radiologist to perform a physical exam to find out where it hurts.

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

**SK:** Currently, emergency radiology is not subspecialty. Radiologists get emergency training during their residency, and after that, they have hands-on training in emergency radiology from more experienced colleagues.

Since 2014, **Dr. Seppo Koskinen** has been a professor in medical radiology at the Department of Clinical Science, Intervention and Technology at the Karolinska Institute in Stockholm, Sweden, as well as a senior consultant at Karolinska University Hospital. He completed his medical training in 1993 at the University of Turku, Finland, and later became an associate professor of radiology there in 2001.

Professor Koskinen's research is focused on trauma radiology. He has performed many research projects in collaboration with various clinical departments. He has authored or co-authored articles in more than 80 peer-reviewed publications and has given numerous invited lectures, tutorials and refresher courses at national and international meetings. Dr. Koskinen's professional memberships include: the National Committee for Uniform Criteria for Access to Non-Emergency Treatment: Imaging Studies from 2004 to 2005; the ESR Education Committee from 2010 to 2014; and the Emergency Radiology Scientific Subcommittee of the European Congress of Radiology (ECR) in 2013 and 2018. Also, he was the trauma guidelines reviewer for the Royal College of Radiologists' (RCR) 2010 guide, *Making the Best Use of Clinical Radiology*.

