

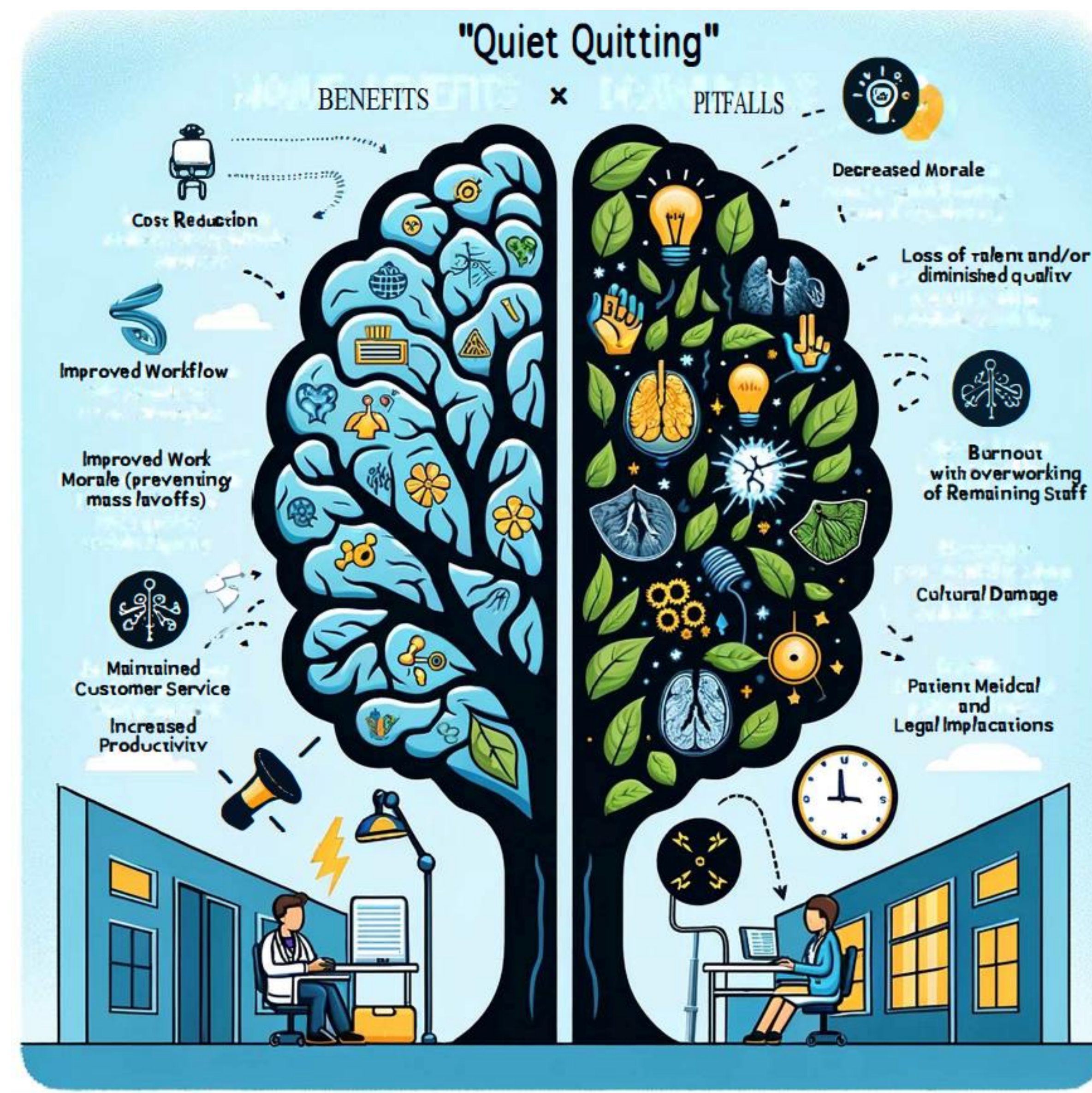
## BACKGROUND

"Quiet Cutting" in radiology refers to the elimination of job positions, with reassignment of remaining staff to accommodate departmental needs. This practice, though well-intentioned, poses ethical, legal, and clinical challenges within radiology departments. Radiologists and radiologic staff play pivotal roles in image acquisition, interpretation, and reporting, making their involvement to the radiology workflow essential. This abstract reviews the practice of "Quiet Cutting" and explores the potential benefits and pitfalls of reassigning radiologists and staff to different roles within radiology departments.

## OBJECTIVES

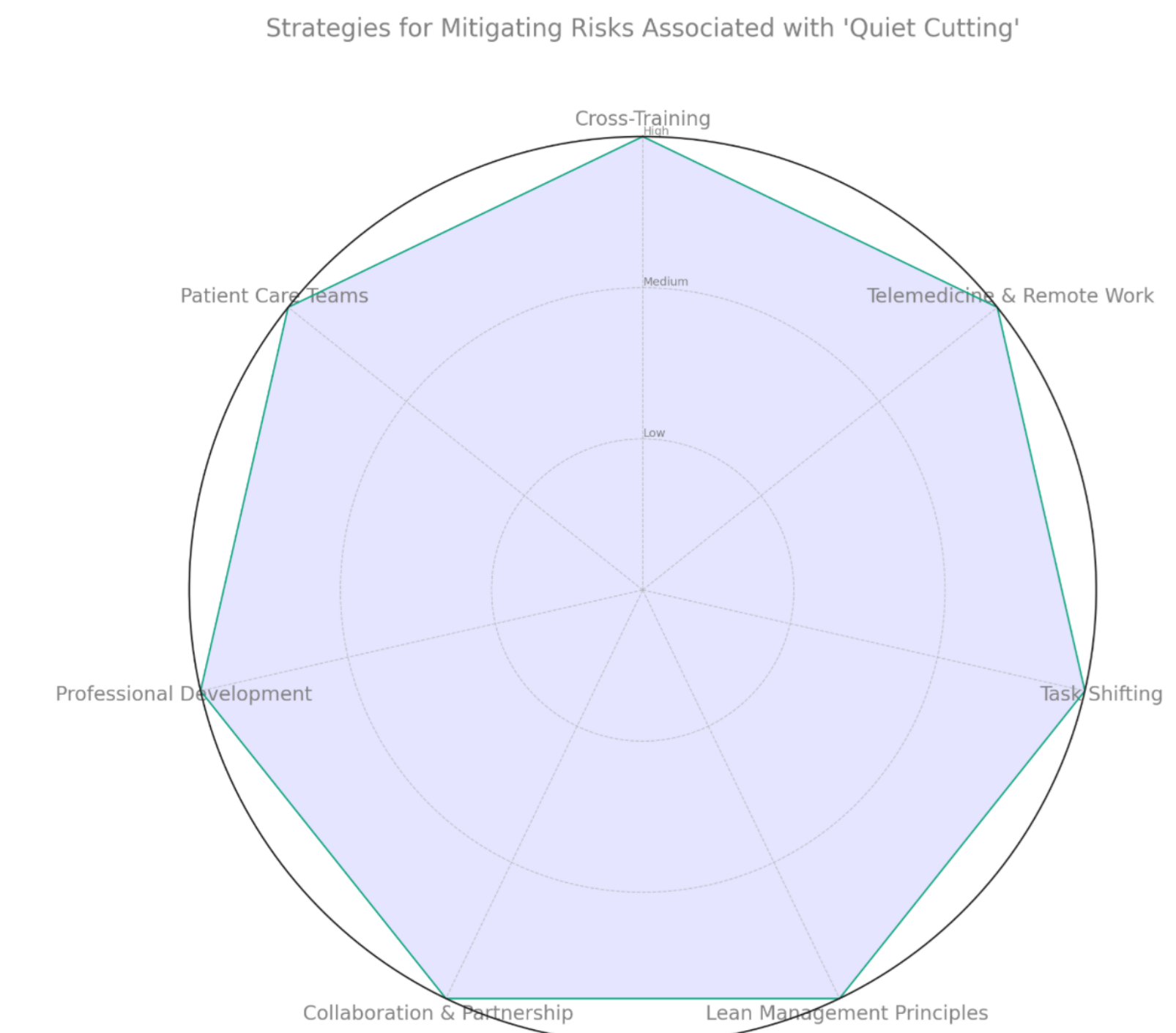
- To comprehend the concept of "Quiet Cutting" in radiology and its potential implications for patient care.
- To assess the benefits and challenges of reassigning radiologists and staff to different roles to address "Quiet Cutting."
- To propose potential strategies for radiologist and staff reassignment as a means to mitigate the risks associated with "Quiet Cutting."

## Results



"Quiet Cutting" may occur due to various factors, including time constraints, workload pressures, and a changing dynamic within the radiology workforce.

## Strategies for Improvement



## CONCLUSION or DISCUSSION

"Quiet Cutting" is an issue that requires significant attention within radiology departments. Radiologists and radiologic staff should actively participate in addressing this practice to promote efficiency and quality of patient care. The reassignment of roles within a radiology department must be done in a manner that emphasizes quality control, peer review, education, and compliance can help mitigate the risks associated with "Quiet Cutting."

## REFERENCES

1. Galanis, Petros, et al. "Quiet quitting among employees: A proposed cut-off score for the "Quiet Quitting" Scale." (2023).
2. Smith, Ray. You've Heard of Quiet Quitting. Now Companies Are Quiet Cutting. Wall Street Journal. Aug 2023