

Radiology Reporting Preferences of Non-Radiologist Ordering Clinicians: Prose? Do You Even List ?



Authors and Disclosures

Dane Van Tassel MD, Tabarik Al-Abbadi MA, Albert Roh MD,
Giuseppe Carotenuto BA, Daniel Gridley MD

No Disclosures



What is the role of a Radiologist?

The traditional view of the radiologist as a **physician who adds value** to the health care system solely by generating and interpreting diagnostic images is outdated. The radiologists' roles have expanded to encompass economic gatekeeping, political advocacy, public health delivery, patient safety, quality of care improvement, and information technology. It is through these roles that radiologists will continue to find new ways to add value to the healthcare system.

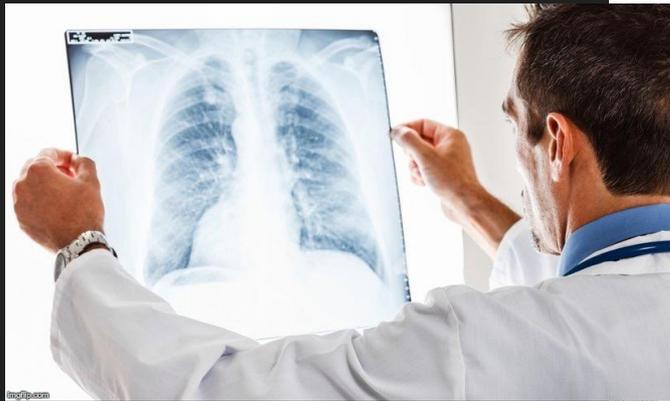
Communication:
means of connection between
people or places, in particular.

Intro

What is the ideal reporting style for radiological dictations?

Primarily debated amongst radiologists

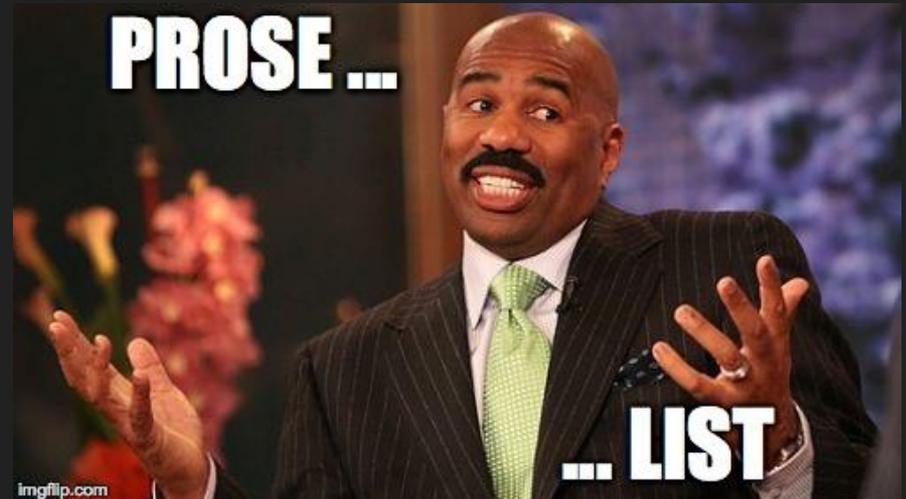
However, it is primarily non-radiologists i.e. clinicians that rely on the radiologist's report for diagnostic guidance



Purpose

Expand the limited knowledge regarding non-radiologist physician preferences in radiology reporting styles and content

Teamwork:
the combined action of a group of people, especially when effective and efficient.



Methods & Materials

- IRB approved
- 17-question survey distributed nationally via email from 2012-2016
- Comparison of the most widely accepted reporting styles used today:
 - List and Prose style dictations.

Example of List Dictation

EXAM: CT abdomen and Pelvis with IV contrast

TECHNIQUE: Axial images of the abdomen and pelvis were obtained with the use of intravenous contrast. Reformatted images were viewed in the sagittal and coronal planes.

REASON FOR EXAM: RLQ pain

COMPARISON: None

FINDINGS:

LUNGS: There are moderate sized bilateral pleural effusions without evidence of consolidation or atelectasis.

LIVER: Nodular with a cirrhotic morphology. There is an irregular 2.2 cm area of heterogeneous contrast enhancement within the anterosuperior right hepatic lobe (Couinaud segment 8/Series 4, Image 48). The portal vein is patent.

GALLBLADDER: Normal in size and morphology with two calcified 4mm gall stones within the fundus.

SPLEEN: The splenic vein in patent.

ADRENAL: Within Normal Limits

PANCREAS: Within Normal Limits

KIDNEYS: There is a 9 mm rounded, well circumscribed hypodensity within the superior pole of the left kidney, measuring simple fluid density and most likely representing simple cyst. There is a 3 mm rounded, well circumscribed hypodensity adjacent to the hilum of the left kidney, too small to adequately characterize. The right kidney is absent.

STOMACH: Within Normal Limits

SMALL BOWEL: Within Normal Limits

LARGE BOWEL: Within Normal Limits

APPENDIX: The appendix is retrocecal and contains a 4mm appendicolith within the proximal portion of the lumen. The appendiceal lumen is enlarged with each appendiceal wall measuring approximately 6 mm. There is adjacent periappendiceal fat stranding and inflammatory changes.

BLADDER: Distended with no evidence of luminal filling defect.

UTERUS: Within normal limits with a 1.8 cm fibroid with central calcification at the fundus.

OVARIES: Within Normal Limits

SPACES: There is a moderate amount of intraperitoneal ascites with no evidence of free air.

BONES: There is diffuse anterolateral osteophytosis of the imaged thoracolumbar spine. There is diffuse degenerative disc disease, most prominent at the L5-S1 level with moderate disc space narrowing.

IMPRESSION:

Findings consistent with acute appendicitis.

There is a 2.2 cm heterogeneously contrast enhancing lesion within the liver. Given associated findings of ascites and liver cirrhosis, further evaluation with dedicated three phase liver CT or MRI is recommended.

Moderate bilateral pleural effusions.

Cholelithiasis without evidence of cholecystitis.

Additional findings as above.

Example of Prose Dictation

EXAM: CT abdomen and Pelvis with IV contrast

TECHNIQUE: Axial images of the abdomen and pelvis were obtained with the use of intravenous contrast. Reformatted images were viewed in the sagittal and coronal planes.

REASON FOR EXAM: RLQ pain

COMPARISON: None

FINDINGS:

There are moderate sized bilateral pleural effusions without evidence of consolidation or atelectasis.

There is a moderate amount of intraperitoneal ascites with no evidence of free air.

The liver appears nodular with a cirrhotic morphology. There is an irregular 2.2 cm area of heterogeneous contrast enhancement within the anterosuperior right hepatic lobe (Couinaud segment 8/Series 4, Image 48). The gallbladder is normal in size and morphology with two calcified 4mm gall stones visualized within the gallbladder fundus. The portal vein and splenic vein are patent.

The pancreas, adrenal glands and spleen are within normal limits.

There is a 9 mm rounded, well circumscribed hypodensity within the superior pole of the left kidney, measuring simple fluid density and most likely representing simple cyst. There is a 3 mm rounded, well circumscribed hypodensity adjacent to the hilum of the left kidney, too small to adequately characterize.

The right kidney is absent.

The stomach, duodenum, small and large bowel are unremarkable without evidence of wall thickening or inflammation. The appendix is retrocecal and contains a 4mm appendicolith within the proximal portion of the lumen. The appendiceal lumen is enlarged with each appendiceal wall measuring approximately 6 mm. There is adjacent periappendiceal fat stranding and inflammatory changes.

The bladder is distended and there is no evidence of luminal filling defect. The uterus is within normal limits with a 1.8 cm uterine fibroid with central calcification within the fundus. The bilateral ovaries are unremarkable.

There is diffuse anterolateral osteophytosis of the imaged thoracolumbar spine. There is diffuse degenerative disc disease, most prominent at the L5-S1 level with moderate disc space narrowing.

IMPRESSION:

Findings consistent with acute appendicitis.

There is a 2.2 cm heterogeneously contrast enhancing lesion within the liver. Given associated findings of ascites and liver cirrhosis, further evaluation with dedicated three phase liver CT or MRI is recommended.

Moderate bilateral pleural effusions.

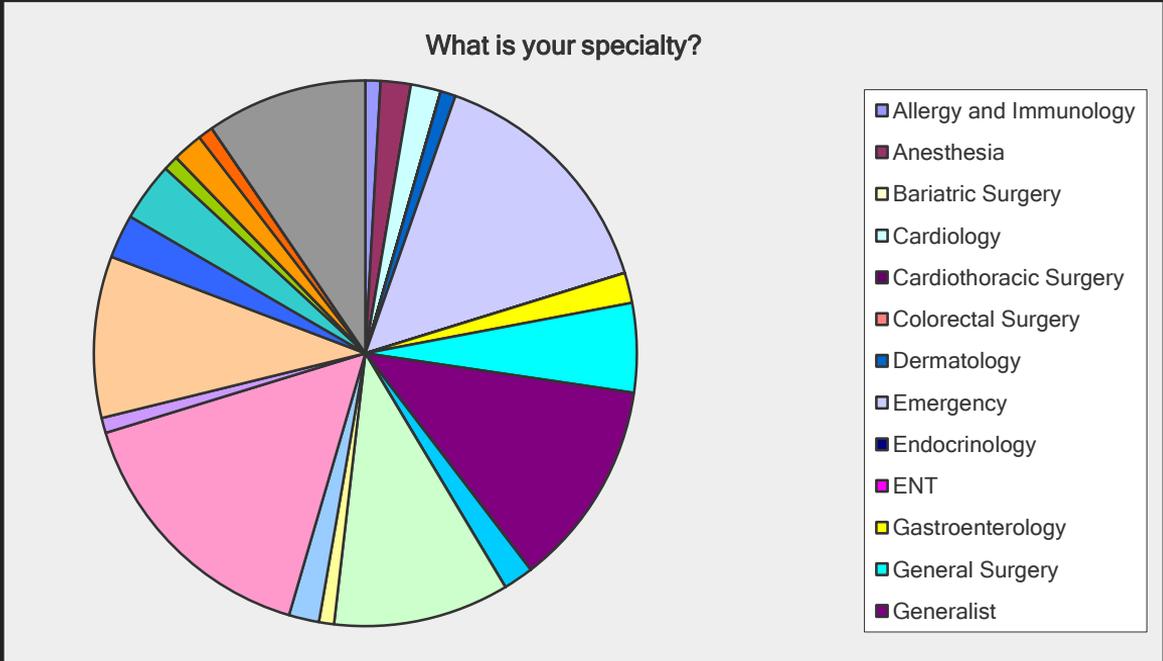
Cholelithiasis without evidence of cholecystitis.

Additional findings as above.

Results

★ 114 responses

Demographic Data:
Gender, age, years
working in practice,
location of institution,
patient care
involvement

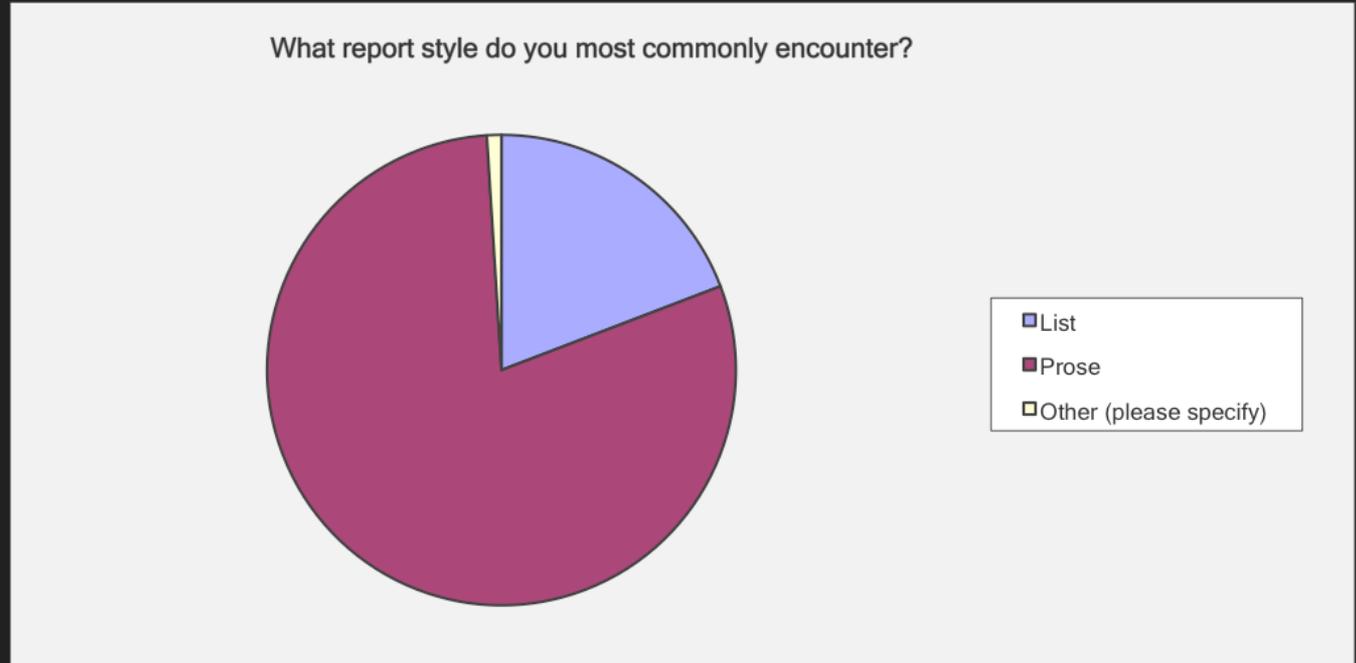


Most Commonly Received Reporting Style

List: 19 (19.2%)

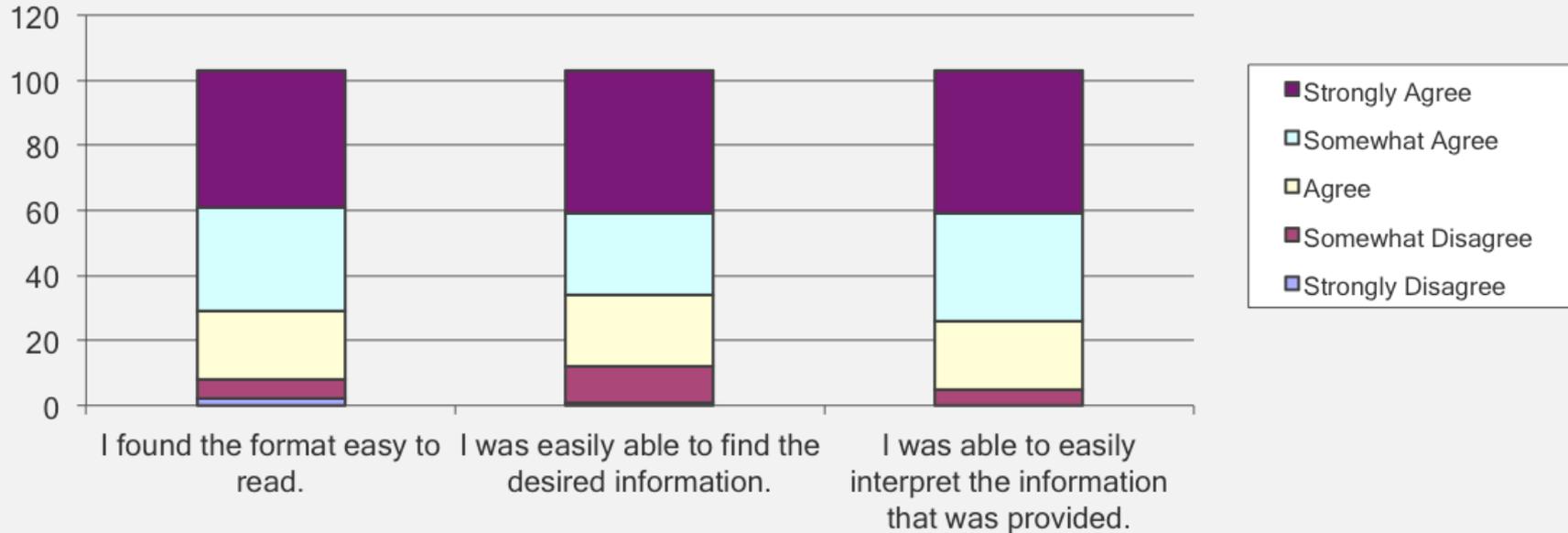
Prose: 79 (79.8%)

Other: 1 ?



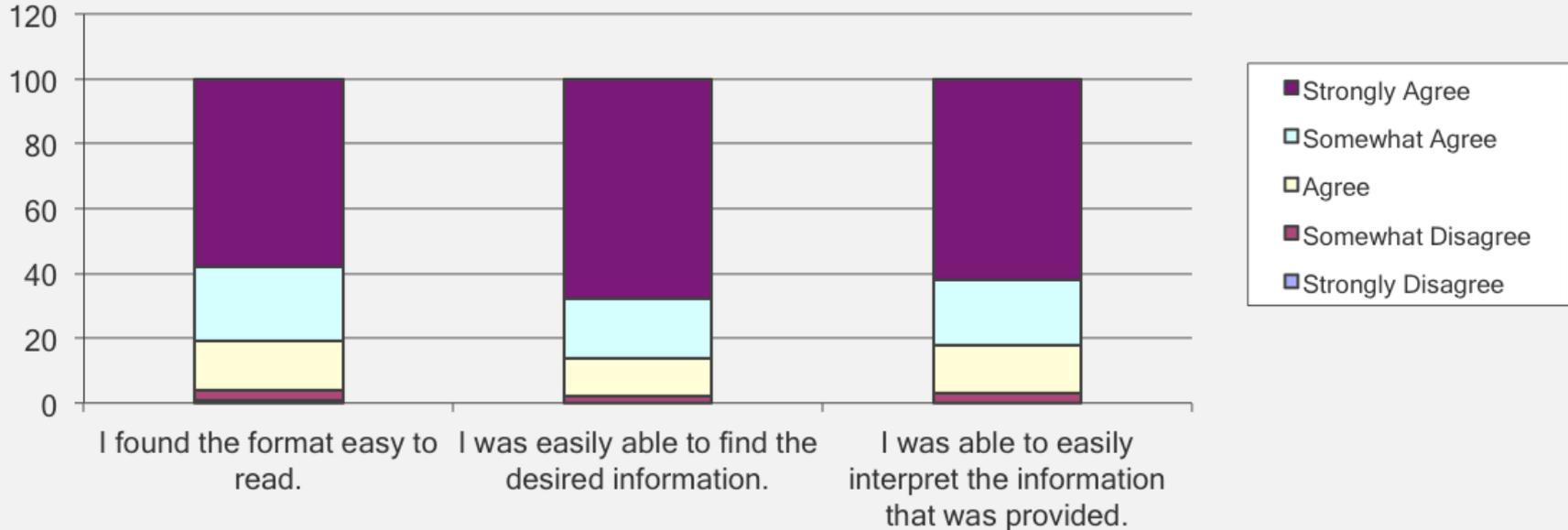
Information Regarding Prose Reports

Please rate the following regarding the PROSE style (example above) of dictation.



Information Regarding List Reports

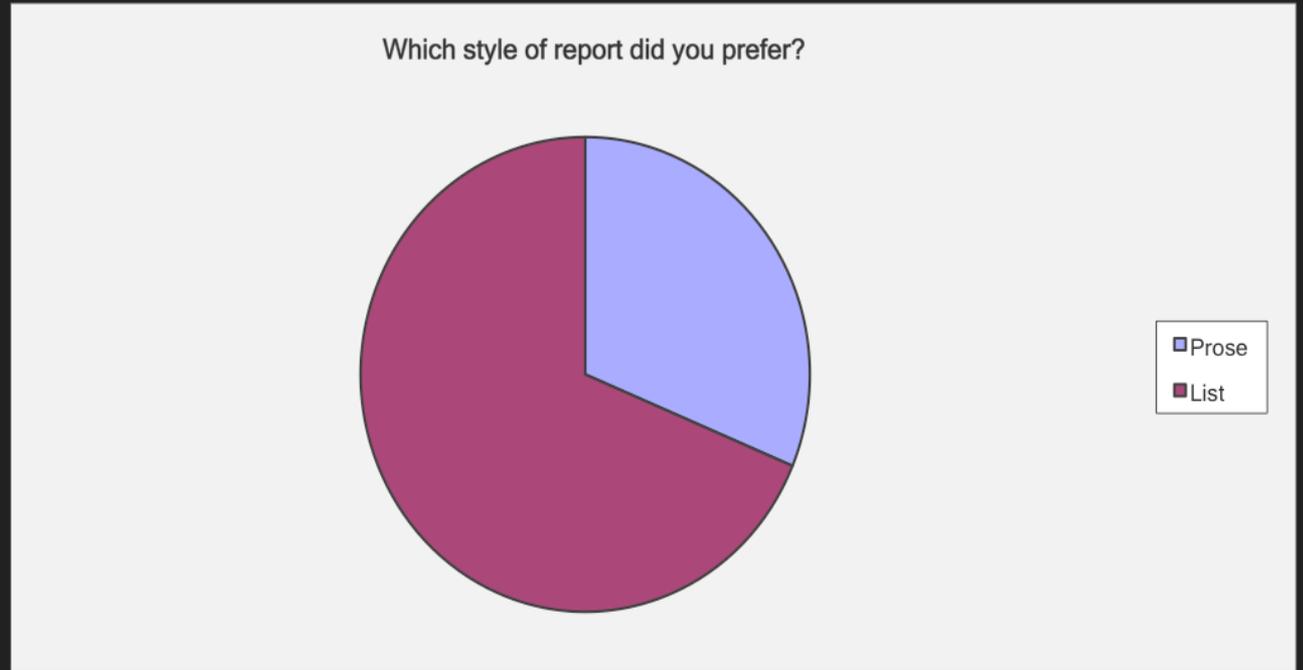
Please rate the following regarding the LIST style (example above) of dictation.



Preferred Reporting Style

Prose: 31 (31.3 %)

List: 68 (68.7%)



Discussion and Conclusion

Non-radiologist physicians ***most often receive prose*** style reports from radiologists; however, a statistically-significant majority of clinicians from all over the country ***prefer list*** style dictations ($P < 0.0001$).



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Questions?

Dane Van Tassel
vantasse@gmail.com