

Good report ,bad report?

Rhodri M Evans

Good report?

- “ Correct.
- “ Succinct.
- “ Makes sense.
- “ Easily read.
- “ Answers the question?

Good Request?

- “ Asks the question.
- “ Correct question.

Reports

- “ Reports give a retrospective view of an enterprise/event
- “ Not a “blow by blow” account of events, but one structured to help readers see the implications.

Reports-writing style

- “ To ensure directness and clarity of style, it always helps to think of the people you’re trying to communicate with through the report. Imagine them looking for answers to their questions.
- “ Readers are interested in clear, positive analysis-not in hedged statements and tentative conclusions. They respond to vitality in style..... See further under Plain English

Plain English

Despite the name, Plain English is only partly about language. It also emphasises the importance of document design.

Any document needs clear layout, in sections and paragraphs that express the structure of the information and with effective headings and subheadings to identify local content.

Adequate white space between sections also makes the information more accessible.

Plain English

Despite the name, Plain English is only partly about language. It also emphasises the importance of document design. Any document needs clear layout, in sections and paragraphs that express the structure of the information and with effective headings and subheadings to identify local content. Adequate white space between sections also makes the information more accessible.

Plain English

Despite the name, Plain English is only partly about language. It also emphasises the importance of document design.



Any document needs clear layout, in sections and paragraphs that express the structure of the information and with effective headings and subheadings to identify local content.



Adequate white space between sections also makes the information more accessible.

Plain English

- “ The most important principle of Plain English is to keep the reader in mind as you write. Think of yourself as communicating to someone across the table, and of how each sentence sounds.
- “ Plain English can clarify communication, it also reduces reading errors, reduces complaints and lawsuits related to official documents.

Communication

- “ Communication problems are a causative factor in up to 80% of medical malpractice cases.

Failure of radiological communication-*Appl Radiol* 2010.39.1-12



© Stanford Chau 2003

What makes a good report?

- “ 100 Ultrasound reports – random selection - 9 days
- “ Reviewed by three Radiologists
- “ Poor/Satisfactory(Acceptable)/Good.
- “ Requests not seen.
- “ No criteria given.

Radiology Review

“ Mean

“ Poor : 11

“ Satisfactory /acceptable :48

“ Good : 41

What do you think?

“ US Anterior Abdominal Wall

“ The lump being palpated just above the umbilicus is confirmed as a small mid line para umbilical hernia with a defect in the linea alba measuring 6mms and the hernia contained omental fat.

G G S

Ultrasound Abdomen

The liver is slightly enlarged and there are multiple ,focal ,hypo-echoic lesions throughout the liver, consistent with hepatic metastases. I cannot see an obvious primary abdominal or pelvic mass on ultrasound today. Normal appearances to the pancreas, gallbladder, CBD, spleen and kidneys. There are small bilateral pleural effusions. The bladder is almost empty.

I have not given Mr. Rosser any information as to the result of this scan. I gather he is expecting to have upper and lower GI endoscopy. I would be happy to perform CT scanning in addition to this. I assume that this patient has been referred to a Gastroenterologist at Neath Port Talbot Hospital. Please send me a CT request form.

G G S

US Abdomen

Multiple calculi are identified in a distended, thickwalled gall bladder which contains biliary sludge. There is air in the biliary tree but no intrahepatic duct dilatation seen. The liver appears otherwise normal. The CBD measures 12 mm. No obvious calculi are seen within the CBD. The pancreas and aorta were not well seen due to overlying bowel gas. There are parapelvic cysts or a mild hydronephrosis seen of the left kidney as seen previously on ultrasound. The right kidney and spleen appear normal.

Discussed with Dr

PPS

Identify level of consultation.

- “ Images reviewed withConsultant Radiologist,who agrees with my interpretation.
- “ Patient also scanned bywho agrees with my findings and interpretation.
- “ I have discussed the findings with ...who advises

What makes a good Gynaecological Ultrasound report?

- “ 100 Gynaecological reports – random selection
- “ Reviewed by Supt & Radiologist
- “ Poor/Satisfactory(Acceptable)/Good.
- “ 11 poor /83 Acceptable/ 6 Good
- “ Do you agree ?

Ultrasound pelvis : 23 yrs

**Normal uterus - endometrium measures 3mm.
Both ovaries have an increased ovarian volume
and contain multiple tiny cysts/follicles on their
peripheries. These appearances are consistent
with polycystic ovaries.**

Right ovarian volume = 10ml

Left ovarian volume = 16 ml

No adnexal masses or free pelvic fluid noted

Acceptable

Ultrasound pelvis : 37 yrs

TA and TV with consent. No latex allergies. Tristel clean used.

LMP 1-2 weeks.

Anteverted uterus. Endometrium measures 9 mm.

The cyst in the right ovary can no longer be seen. The known right ? dermoid today measures 24 x 23 x 23 mm (TA measurments).

Within the left adnexa there is a 73 x 72 x 69 mm rounded echogenic area which has the appearance of a dermoid. Patient informs me that she is aware of a left sided dermoid however previous scan reports do not show this.

No free fluid.

No hydronephrosis.

Poor

Ultrasound pelvis : 22 yrs

The uterus is partially bicornuate

Endometrium left horn 6mm, right horn 5mm

Both ovaries appear normal

No adnexal masses seen

The bladder appears normal

Both kidneys identified

No renal dilatation noted.

Good



© Stanford Chau 2003

Reporting skills.

“ Understand the words you use.

“ “probable”

“ 70%

“ “possible”

“ 30%

“ “equivocal”

“ 50%

Reporting skills.

- “Characteristic,”
- “ Feature would occur in 90% of cases
- “Typical”
- “ 60% of cases
- “Often ”
- “ 30% of cases

Reporting skills.

- “ Be concise.
- “ Paragraphs.
- “ Conclusion.
- “ Assume knowledge but don't obscure the facts.
- “ Help the patient.
- “ Answer the question.
- “ Requesting skills?



Good request, bad request?

- “ 100 Ultrasound referrals
- “ All referral sources
- “ Good/Satisfactory(Acceptable) /Poor
- “ Good 20
- “ Satisfactory 61
- “ Poor 9
- “ Do you agree?

USS Abdomen (female 62yrs)

- “ c/o Discomfort in right hypochondrium and epigastrium.
- “ No nausea/bloating/weight loss.
- “ Bowels regular.

- “ On examination abdomen:
tender++hypochond.& epigastrium. No masses palpable. Bowel sounds normal.
- “ Impression ? Gallstones Good

US LKKS (male 67yrs)

- “ High LFTs
- “ clinically signs of ascites and mass RUQ could be liver

Poor

USS Liver/GB/ducts

****urgent**** (Female 74 years)

“ Hx Inoperable duodenal Ca-has stent.

“ Jaundiced.

“ O/E no mass

“ ? Dilated ducts/mets

Good

Good report ,bad report;good request,bad request?

- “ Communication skills
- “ Request or report
- “ Patient



© Stanford Chau 2003