Accuracy of Radiology Trainee Major Trauma CT Reports
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Background

In the radiological assessment of poly-traumatized patients, reports must be both timely and accurate, as any misinterpretation can adversely impact on patient management. The complexities of injuries within this group combined with the large volume of data on each scan, adds to the challenge of reporting. As such, the accuracy of the trainees is important to monitor to ensure continued patient safety and good quality care.

In our level 1 trauma centre radiology trainees play an important role in the reporting of trauma scans and are usually first to provide a provisional report in the on-call setting. Provisional reports are then followed by a consultant’s final report within 24 hours.

Standards

Previous studies have shown rates of consultant amendment of discrepancies ranging from 17-24% of scans, with major amendments from 5-10% (Hillier et al 2003, Briggs et al 2010, Terreblanche et al 2011)).

Methodology

We retrospectively reviewed all major trauma CT scans, comparing provisional registrar reports with the final Consultant report, for the 6-month period April-Sept 2011. A trauma primary assessment proforma was introduced in December 2011. A year later, April-Sept 2012, a second cycle of the audit was performed.

Results

CYCLE ONE- PRE INTRODUCTION OF PRIMARY ASSESSMENT PROFORMA
Of 315 scans provisionally reported by trainees, 207 (67%) had major or minor injuries, and 108 (33%) had no identifiable injury or incidental findings only. 88 (41%) were amended on consultant review. Of these, 36 (17%) had no impact on patient management, 49 (23%) had minor impact, and 3 (0.1%) had major impact. The rate of discrepancy was not significantly different in senior registrars compared to junior registrars (p=0.11).

Discussion

The second cycle of audit, after introduction of a trauma primary assessment proforma, showed rates of consultant amendment comparable to or better than previously published studies, an improvement on the first cycle. 43% of registrar provisional reports were amended on the first cycle, down to 20% on the second cycle.

Conclusion

Introduction of a primary assessment proforma gives the trauma team essential information to manage life threatening injuries and allows the reporting radiologist “space” to give a primary report leading to fewer discrepancies between trainee and consultant reports. Trainees reporting major trauma scans is safe and an important part of radiology training.

References