

FFI - TRAINING BULLETIN #1

Resident Judgment

The signing Radiologist will have the option to judge the Fellow/Resident report, using a 4-point scoring system. This step is optional, but it will allow the Fellow/Resident to find cases where they may have missed significant findings.

1. To render a judgment, click on one of the buttons in the Resident Judgment window (right-hand side of reporting window). The button will highlight to indicate that it has been selected:



2. Fellows/Residents can access the judgment(s) rendered by the Signing Radiologist under the Completed Jobs tab. The score for each report is listed under the Score column:

Action	Patient	Exam	Accession	RIS Status	Job State	Prev. Author(s)	Signing Author	Score
	BIOPSY, Murphy Carol BIOP0227112 (Production)	CT CT - Unkznwn	BIOP39518165 4/11/2016 8:49 AM	Available/Completed	4/29/2020 1:41 PM Signed	Radiologist, Resident	Rad, Attending	2 - Minor Miss
	CR - PHILIPS, ONE PH000 (Production)	Face CT - FACE	3165043 4/11/2016 9:49 AM	Available/Completed From	4/29/2020 1:41 PM Signed	Radiologist, Resident	Rad, Attending	No Score
	US - GENERAL, EXAMPLES E1462 (Production)	US VENOUS US - VENOUS	5422337269 4/11/2016 8:49 AM	Available/Completed	4/29/2020 1:41 PM Signed	Radiologist, Resident	Rad, Attending	4 - Totally Agree

3. To review the report judged by the Signing Radiologist, the Fellow/Resident can click on the score button for the corresponding report. Any changes/edits will be represented within the Report Discrepancies window. Each change will be numbered. Items rendered in green represents text that was added. Items that were removed from the report are rendered in red and crossed out. The report edits completed by the signing radiologist are visible on both rated reports and those with "no score". This provides an additional learning opportunity for the original creator of the report:

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Report History ×

Versions		= removed in later version	= added in later version
User	Date		
<input checked="" type="checkbox"/> Rad, Attending	4/29/2020 2:19 pm		
Rad, Attending	4/29/2020 2:15 pm		
Rad, Attending	4/29/2020 2:15 pm		
<input checked="" type="checkbox"/> Radiologist, Resident	4/29/2020 2:08 pm		
Radiologist, Resident	4/29/2020 2:08 pm		

Technique:

[[1] Postcontrast IV contrast enhanced CT [2] scan pulmonary angiogram of the chest]

Findings:

[There are intravascular filling defects noted bilaterally in the segmental and subsegmental pulmonary arteries of both lower lobes, in keeping with acute pulmonary emboli. The previously demonstrated pulmonary embolism in the segmental pulmonary artery in the lung field has resolved [3] as in the interval.

The main pulmonary artery caliber is minimally dilated, measuring about 3 centimeters. Mild right-sided pleural effusion with underlying right lower lung lobe collapse and atelectasis.[4] There is also a focal area of consolidation the right lower lobe posteriorly.

The heart is unremarkable. No pericardial effusion. Three-vessel tiny coronary calcific atheromatous plaques noted along with extensive mitral and aortic valve calcifications. Right heart strain cannot be totally excluded.[5] ~~If there is any concern about right heart strain echocardiography study would be recommended for further evaluation.]~~

Impression: