that comprises a large volume of settings 3–7 and improve the
tentorium cerebelli) 13 can help
distributions (e.g., periventricular,
or lesions with certain spatial
neurologists from other institutions were used to minimize bias during
There were no other exclusion criteria. The final study population included 156 contrast-enhanced brain
radiology impression did not support a diagnosis of MS or other demyelinating disease were excluded (n=3).
Study Population
reports (15 template and 15 non-template) selected by random number generator were also rated by two
including: enhancing lesions, T2-weighted/FLAIR white matter hyperintensities, T1-weighted white matter
hypointensities, number of lesions, brain volume loss, and comparison to prior examinations (Table 1). The
Reports using the template contained significantly more relevant
to MS management compared to non-template reports (11.1 ± 0.7 findings
66/66 (100)
Comparison with prior (if applicable)
Any explicit discussion
Comparison with prior (if applicable)
Quantification

Effect of template reporting of brain MRIs for multiple sclerosis on report thoroughness and neurologist rated quality: results of a prospective quality improvement project

Introduction

Multiple sclerosis (MS) is a chronic neurologic disease that

Methods

Neurologist survey on template reporting

Results

Table 1

Study findings regarding the impact of structured reporting

There was no significant difference in the rating of

Table 2

Table 3

Potentially important findings unrelated to MS were also reported

Discussion

Structured templates organize information and remind the radiologist what elements are

Acknowledgements

References


