

Pre-congress course Videofluoroscopy



ESSD 2024 14th Annual Congress

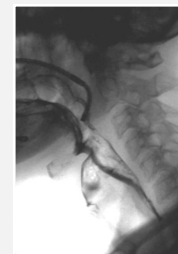
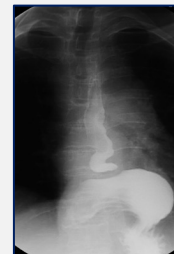
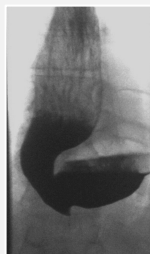
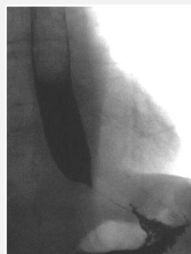
From 23 to 27 September 2024, Münster, Germany

"From bench to bedside"

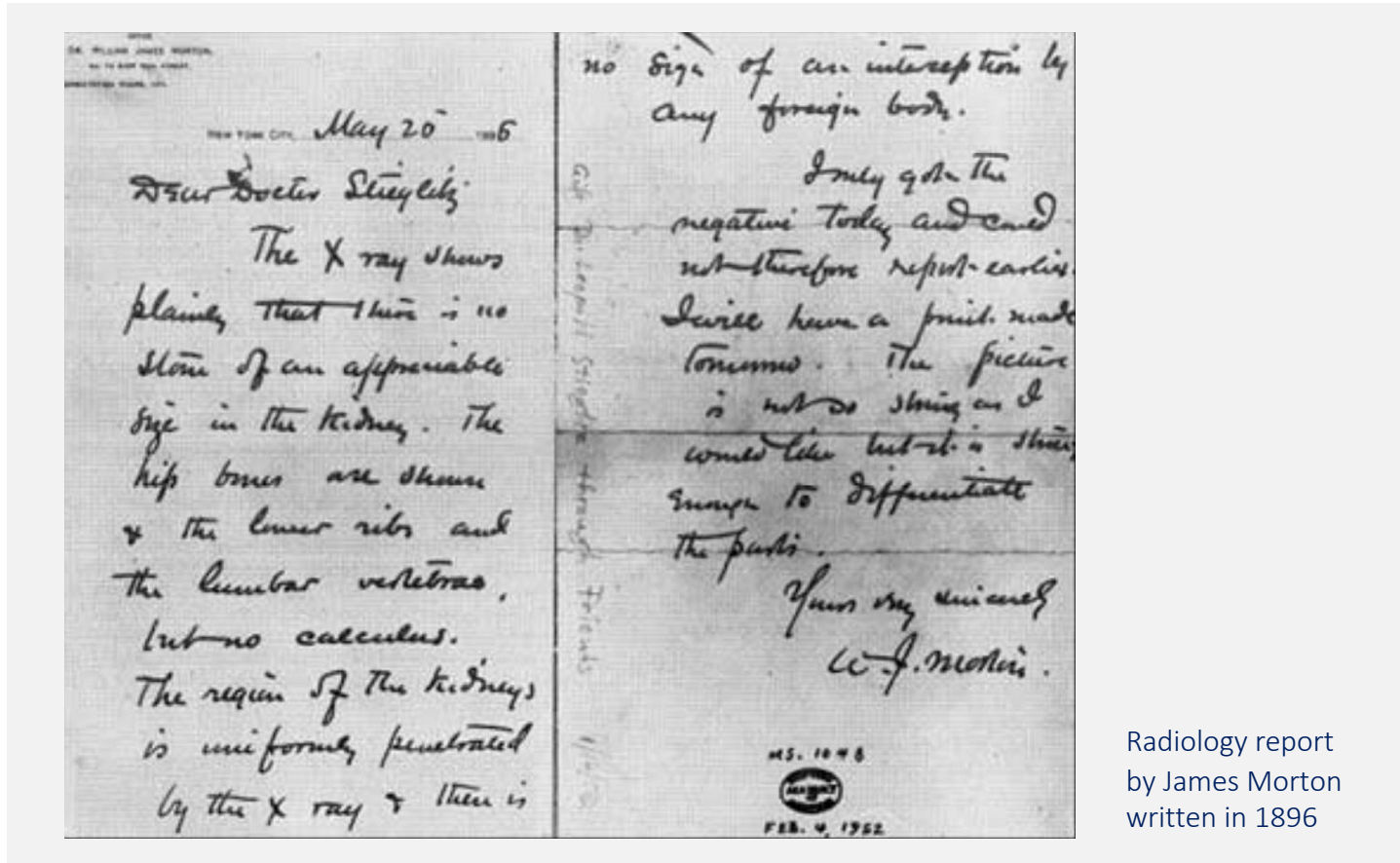
How to build a report

Martina Scharitzer, radiologist

Medical Univ. of Vienna, Austria



What is a good report?



Radiology report
by James Morton
written in 1896

What is a good report?

The „C“ factor

clear

complete

correct

consistent

concise

Confidence high

What is a good report?

The „C“ factor

clear

- no ambiguous terms
- Reader should understand report quickly

What is a good report?

The „C“ factor

correct

- No errors
- For error-free report: education
training
experience
skill / diagnostic ability
knowledge of interpreting

What is a good report?

The „C“ factor

- brief
- No complex, wordy, redundant phrases

concise

What is a good report?

The „C“ factor

complete

- Sufficient details
- Entails critical findings
- Provides interpretation (cause of disease, further management, relation to age, patient condition, ...)

What is a good report?

The „C“ factor

- Uniformity
- Consistency
- organization

consistent

What is a good report?

The „C“ factor

- Uniformity
- Consistency
- Organization

Confidence high

What is a good report?

- timely manner
- Signature, date
- key images?
- „Eyes and minds“: description of abnormalities + discussion and interpretation

→ *Grabs the attention*

→ *Conveys a message*

→ *Elicits a response*

What is a good report?

- timely manner
- Signature, date
- key images?
- „Eyes and minds“: description of abnormalities + discussion and interpretation

→ *Costly procedure*

→ *Legal document*

Key report sections

Pre-procedure features

Reason for referral, information from clinical history interview (previous investigations)
Frame rate / pulse rate

Intra-procedure features

Patient positioning (standing, sitting, chair, ...)
FOV, areas covered (oropharynx, lateral/frontal position, oesophagus)
Number of trials tested, use of additional radiographs
Contrast medium: type, volumes and consistencies used
Administration / feeding utilities of contrast medium
Description of compensatory strategies/postural manoeuvres used
Technical and patient-related limitations affecting the diagnostic accuracy

Post-procedure features

Image storage location
Radiation dose

Outcome measures

- Timing of bolus passage in relation to morphology
- PAS (Rosenbek)
- Residue scales
- Overall rating (DOSS, DIGEST)

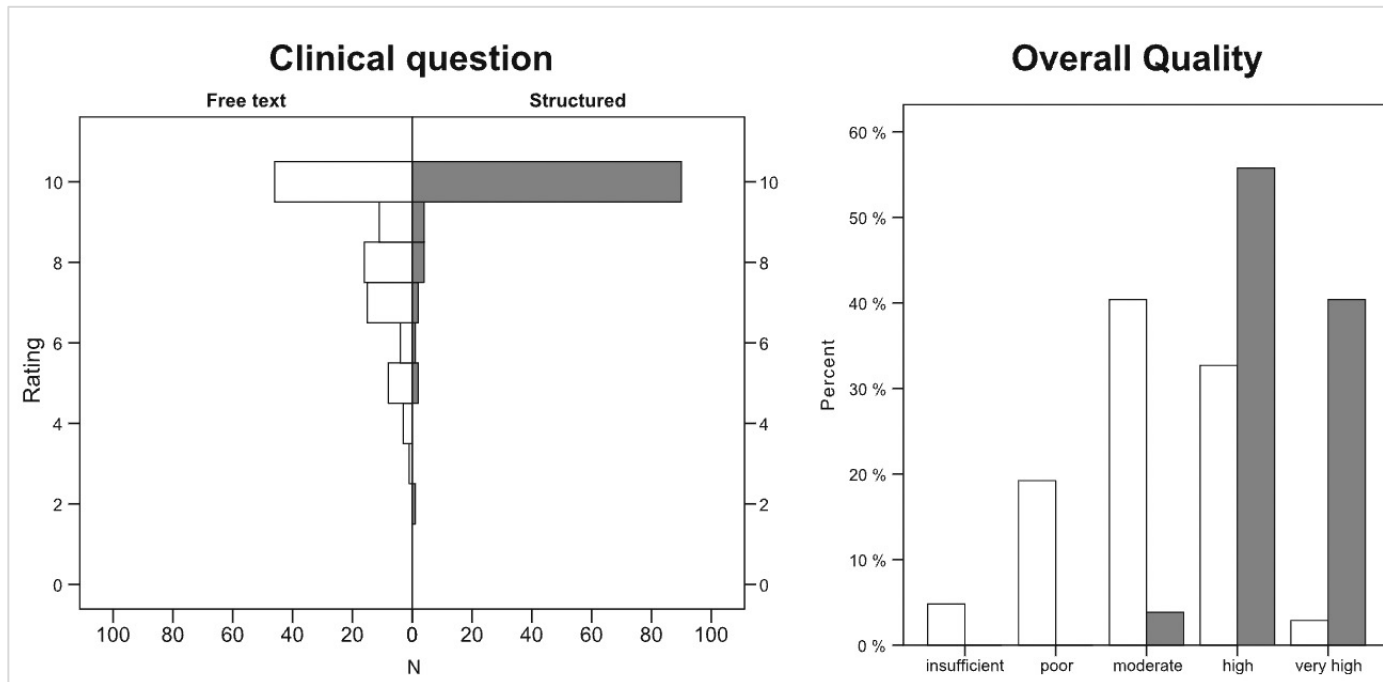
Overall Impression

- Safety on oral intake
- Risk factors
- Therapeutic recommendations, management plan
- Are VFSS findings reflective of routine swallowing performance?
- Limitations: fatigue, positioning, individual patient condition

Value of structured report

Structured reports of videofluoroscopic swallowing studies have the potential to improve overall report quality compared to free text reports

Franziska Schoeppe¹ • Wieland H. Sommer¹ • Mareike Haack² • Miriam Havel² • Marika Rheinwald³ • Juliane Wechtenbruch² • Martin R. Fischer⁴ • Felix G. Meinel¹ • Bastian O. Sabel¹ • Nora N. Sommer¹



 **YOU HAVE ACCESS** | The ASHA Leader Archive | Feature | 1 Oct 2003

Responding to the Dysphagia Consult: A Report-Writing Primer

Joseph Murray

<https://doi.org/10.1044/leader.FTR1.08192003.4>

MULTIDISCIPLINARY TEAM

Dietitian
Ergotherapy
Gastroenterology
Thorac surgery
ENT
Pediatric Surgery
Pediatrics
Logotherapy
Neurology
Patient
Environment
Physiotherapy
Pulmology
Radiology

