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Title: Assessing the standard and accuracy of chest x-ray reporting by medical physicians in an acute medical take

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Body: Introduction: The reporting of CXRs for medical patients admitted to hospital vary across Europe. Comparison between physicians and radiology reporting has suggested radiologists provide improved quality (1) and accuracy (2) of reporting. In our trust the radiologist report on all the admission CXRs but this may not be available at the time of physician review. Aim: To assess if disagreement in reporting between general physicians and a radiologist would have an impact on the medical management of a patient. Method: We retrospectively compared the reporting of 50 CXRs by the medical physician with that of a radiologist. Results: The overall concordance of reporting was 78%. There were 21/50 normal CXRs of which the physician correctly reported 20/21 (95%) as normal. The remaining were either acutely abnormal (14/50, 28%) or had chronic abnormal changes (15/50, 30%). Only 6/14 (43%) acutely abnormal CXRs were reported correctly and 11/15 (73%) reported on chronic changes by the physician. Conclusion: Correctly identifying an acute diagnosis was less than 50%, particularly differentiating between pneumonia and heart failure, yet many trusts require the physician to report on CXRs. Undergraduate and post-graduate training in internal medicine does not formally train or examine in radiology and given these findings more training and service development needs addressing for patient safety. References: 1. Weiner SN. Radiology by nonradiologists: is report documentation adequate? Am J Manag Care. 2005 Dec; 11(12) 2. Zohair Al Aseri. Accuracy of chest radiograph interpretation by emergency physicians. Emergency Radiology, 2009; 16(2).