

Image Interpretation and Reporting

Advice from an Expert Witness

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To explore

- What is an expert witness?
- Reporting - how do you stay safe
- Case study

What is an expert witness?

An expert in their field who, by virtue of education, training, certification, skills or experience is called upon to provide specialised knowledge, opinions or findings in a legal proceeding to help the judge understand complex issues.

Their role is to clarify the standard of care expected in their profession and to provide informed opinion on whether the actions of the defendant deviated from these standards.

They must never function as an advocate for one side or another

Bolam Test

Legal standard used in negligence cases to determine whether a healthcare professional (HCP) has acted in a manner that a reasonable body of HCPs practicing in the same field would deem appropriate.



What is breach of duty?

Failure to fulfil one's responsibility or obligation.

Failure to meet the expected standard of care in their field

In Imaging:

- Providing accurate and timely interpretation of imaging studies
- Following established protocols and guidelines
- Maintaining clear and effective communication
- Staying up to date with latest advancements in the field

Ultrasound practitioners are expected to use their professional judgement and technical skills to ensure the highest quality of care for patients undergoing diagnostic ultrasound scans.

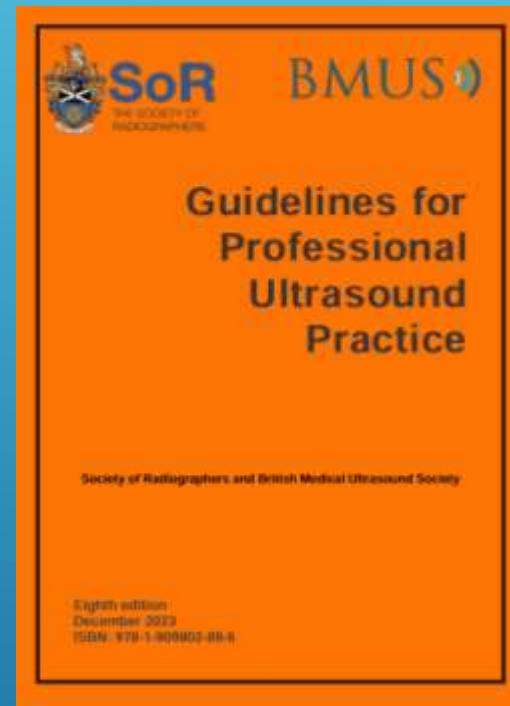
How do you stay safe?



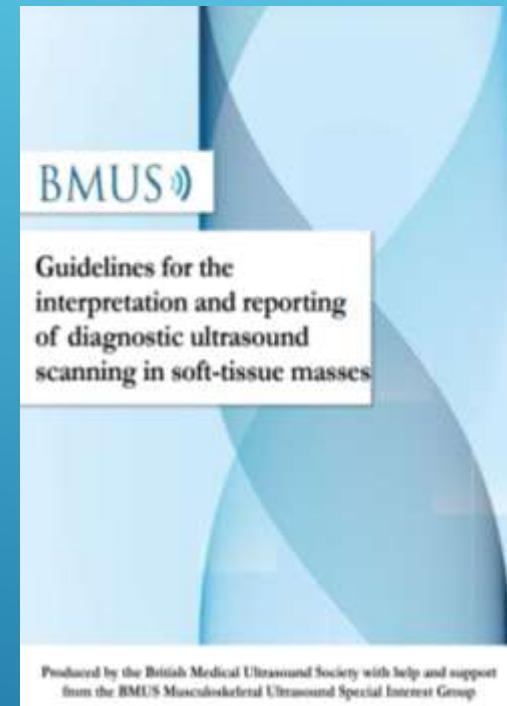
Accept referrals wisely



<https://www.bmus.org/policies-statements-guidelines/professional-guidance/guidance-pages/justification-of-referrals-in-primary-care/>



<https://www.bmus.org/mediacentre/news/now-available-8th-edition-of-the-sor-bmus-guidelines-for-professional-ultrasound-practice/>



https://www.bmus.org/media/resources/files/Guidelines_for_the_interpretation_and_reporting_of_diagnostic_US_scanning_a7W5Jce.pdf

Follow protocols and guidelines

Local

- Local governance
- Departmental guidelines
- Company guidelines

National

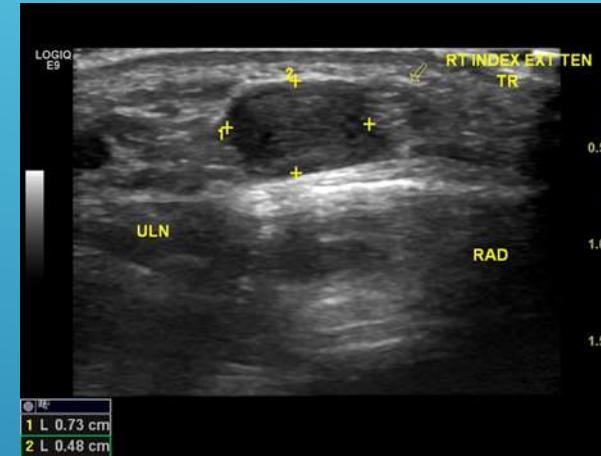
- NICE
- Area specific – British Sarcoma Group, RCOG



Make sure you are competent

Is this scan within your scope of practice?

- Are you trained/experienced and can prove it?
- When did you last scan this area?
- Can you fully utilise the equipment?
- Can you interpret and report the images
- Experience – are you sure of your diagnosis?
- If not, do you know someone who could help?
- Is ultrasound enough?



Communicate with your patient

- Glean extra information
- Explain procedure
- Clinically examine if appropriate
- Take consent
- Cover the entire area of concern
- Address any current issues
- Be clear about results

Keep representative images

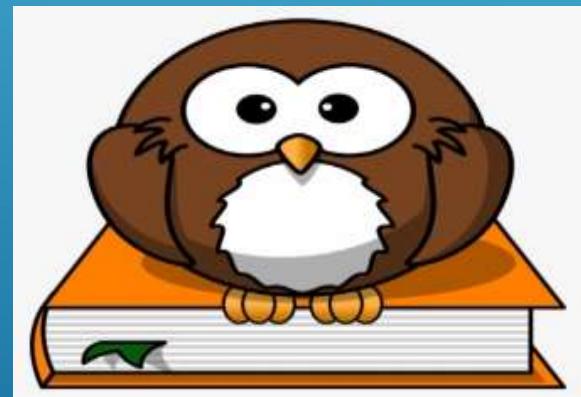
- Do they show normal anatomy and fulfil protocols?
- Do they show pathology?
- Have you used Colour/Power Doppler appropriately to support your findings?
- Have you accurately measured lesions in 3 planes?
- Are they correctly annotated?
- Are only the appropriate images stored?

Write a good report

- Clinical history – Is it clear? Have there been any changes since referral?
- Make it clear, concise, fulfilling specific criteria - is it easy to read?
- Say what you see, then say what that means – avoid 'radiology' terms
- Give reasons for doubt or onward referral
- Make recommendations if you can
- Does your report reflect the images saved?

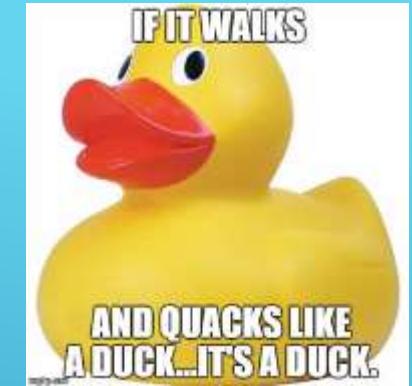
Be certain, or at least say if you're not

- Re-visit images
- Research
- Ask a colleague
- Rescan or further imaging?
- Suggest onward referral



Caveats – use wisely

How to avoid 'Malignancy cannot be excluded'



'Ultrasound cannot predict histology and if the lesion grows, becomes painful, further imaging is suggested'

'Appearances are consistent with your clinical diagnosis of..'

'Appearances are most likely to represent a however, if there is ongoing clinical concern, further characterisation may be required.'

'The degree of urgency or referral should be commensurate with the level of clinical concern'

Use wisely..

Make sure the report reaches the referrer

- Follow the protocol for communication and timescale of reports.
- Ensure that there is a particular pathway for urgent or sinister pathology and that it is followed.



If something goes wrong, does it help that I used
'appears to be'
'suggestive of'
'consistent with' instead of 'is'?

IT IS, IF IT IS!

Case study

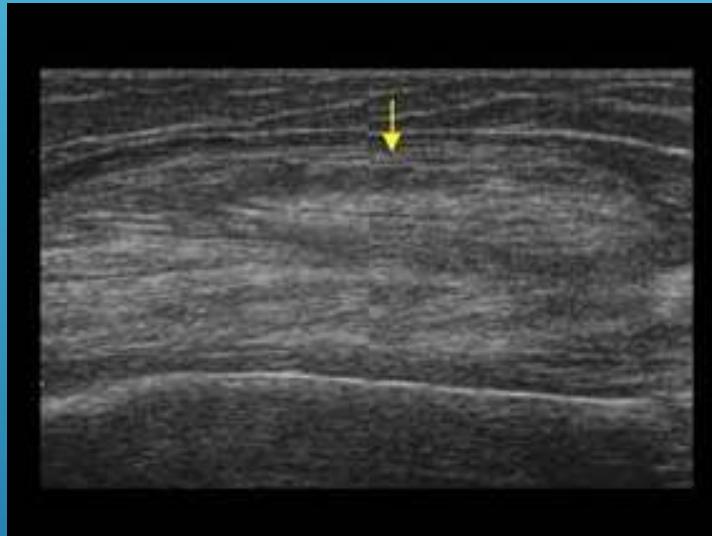
35yo female

Anterior abdominal swelling. Noticed 3 months ago. Non tender. Not obviously growing

Report

'Well defined, solid lesion within the muscle of the anterior abdominal wall. It measures 2cms in diameter. On ultrasound this appears to be a lipoma.'

Classic lipoma



and this?

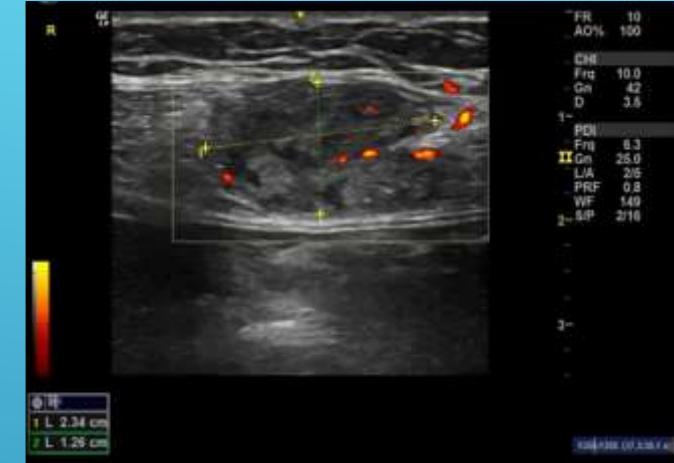


Features of concern requiring action

- Internal vascularity not mentioned
- Not typical of a lipoma – indeterminate, requires further imaging
- Intramuscular - MRI

Rescan 1 week later

'The swelling identified by the patient corresponds to an essentially solid lesion lying within the right rectus abdominis muscle measuring 2.3 x 1.3 x 3.2cm and showing mildly increased internal vascularity on Doppler. Although the lesion is apparently stable in size and non-painful, it is deep to the muscle fascia and is not typical for an intramuscular lipoma. National guidelines suggest further imaging to attempt characterisation of the lesion - the degree of urgency should be commensurate with the level of clinical concern.'



Referred to The Christie – diagnosis Desmoid tumour.

F/u with MRI every 3 months for 3 years

Take home messages

- Know your stuff
- Know your guidelines
- Accept referrals wisely – BMUS guidelines
- Take a good history/examination
- Take good images that reflect your 'diagnosis'
- Write a clear report
- Ask if you're not sure



Thank you