



FOCUS ON
HEALTH

Portfolio of Evidence (POE)

For

Radiologists and Radiographers

Topic

The Radiology Request Form

Activity Reference Number

A16(26)



Part 1 (Reflective Notes) of this activity is approved for **(10) Clinical** Continuing Education Units (CEU's)

Part 2 (Images with notes) of this activity is approved for **(5) Clinical** Continuing Education Units (CEU's)

Part 3 (Case study) of this activity is approved for **(5) Clinical** Continuing Education Units (CEU's)



PORTFOLIO OF EVIDENCE (POE)

The Portfolio of Evidence (PoE) entails the provision of a theme-based set of articles or a synopsis of several articles on a topic and then a three-part portfolio must be completed.

The medical professional must read through and reflect on what he/she has read and what it means to him/her in terms of their working environment.

This may seem time-consuming but consider jotting down what you already know for your thoughts to flow naturally.

HOW TO COMPLETE THE (POE)

- Refer to Part 1: “*The Reflective Notes*” and identify the key elements you need to reflect on after reading the articles included in this activity.
- We are not looking for quantity (how many lines were completed), but evidence of an honest effort towards honing your skills and continuous development.
- Remember to maintain patient anonymity throughout.

THE STRUCTURE OF THE (POE)

Part 1: Reflective notes

[10 CEUs]

Answer the questions provided to reflect on how the articles may have broadened your knowledge or validated observations you have seen in your field.

Part 2: Practical Examples

[5CEUs]

Include images / examples from your practice with notes to reinforce your learning.

Provide a sample of an inadequate or incomplete x-ray referral form highlighting the gaps noted [hide confidential patient information]

Part 3: Case study

[5CEUs]

Write a brief case study about a patients’ [imaging](#) referral form that you or your colleague received in a similar situation (inadequate or incomplete) and explain how you dealt with it.

[CLAIM YOUR CEUs BY SCANNING IN YOUR PoE AND EMAILING IT TO INFO@FOH-CPD.CO.ZA](mailto:info@foh-cpd.co.za)



FOCUS ON HEALTH

www.foh-cpd.co.za

Cell: 074 230 3874

Tel: 012 653 0133 / 2373 / 2394

Mon-Fri: 08:00-16:00

400 Theuns van Niekerk Street

Wierda Park

0157

PO Box 71

Wierda Park

0149

*FOH number

*HPCSA number

I hereby declare that the completion of this document is my own effort without any assistance.

SIGNED:

DATE:

Part 1: Reflective notes

This part is accredited for **TEN (10) CLINICAL** CEU'S.

Read the **Background** information below, then access and read the articles by clicking the links below. This will then form the context within which you answer the questions provided to reflect on how the article(s) you have read have broadened your knowledge or validated observations you have seen in your specialty.

- https://drive.google.com/file/d/1bJA-S0i5MzMqrv7HQB4aVB_Oc3XUWABV/view?usp=sharing
- <https://drive.google.com/file/d/1wh3yp3H-39yf7t5D3lGyouK0Xp1VBqf/view?usp=sharing>
- <https://drive.google.com/file/d/1rCw-B-4Lev-yc2-drURnt9ryr11yWrQE/view?usp=sharing>

BACKGROUND

Medical Imaging (Radiography) || Intern Radiographer || Research in Healthcare Enthusiast
January 21, 2025

By David Agbley

Every imaging department has that one corner where stacks of radiology request forms are kept. They might seem like just another part of the daily grind, but have you ever stopped to think about their true importance? These forms are more than just routine paperwork—they are a critical link between referring physicians and radiographers, providing all the information necessary to ensure accurate imaging and effective patient care. Overlooking them often leads to incomplete data, miscommunication, and even diagnostic delays.

For radiographers, an incomplete or unclear request form can feel like solving a puzzle with missing pieces. Without proper clinical details or a clear question to address, it becomes challenging to provide the right imaging or interpret findings accurately.

In this edition of **RadScope**, we'll explore the true value of the radiology request form, uncover common pitfalls in completing it, and discuss practical steps to enhance its accuracy. Whether you're a radiographer or a referring clinician, understanding the importance of this document is key to improving patient outcomes and optimizing workflows.

Let's dive in!

At first glance, the radiology request form may seem like just another administrative tool. However, its significance extends far beyond paperwork—it is the foundation of effective imaging and patient care.

What is the Radiology Request Form?

At its core, the request form is the communication tool that links the referring clinician's clinical concerns to the radiographer's technical expertise. It provides the essential details radiographers need to perform the right imaging study, using the right modality and technique to address the patient's condition.

Why is it important?

- 1. Provides Clinical Context:** The request form outlines the patient's symptoms, provisional diagnosis, or clinical questions. This allows radiographers to understand the purpose of the imaging and tailor their approach accordingly. Without this context, imaging can feel like shooting in the dark.
- 2. Ensures the Right Imaging for the Right Question:** By specifying the clinical question and suspected diagnosis, the form helps radiographers choose the appropriate modality and technique, ensuring efficiency and accuracy.
- 3. Enhances Patient Safety:** A well-filled request form ensures the patient is not exposed to unnecessary radiation or invasive imaging methods. It also reduces the chances of errors, such as imaging the wrong site.
- 4. Improves Diagnostic Accuracy:** Accurate and complete information on the form supports radiologists and clinicians in interpreting images effectively, leading to timely and precise diagnoses.

Every request form has the potential to directly influence the quality of patient care. A single missing or incorrect piece of information can lead to delays, repeat imaging, or misdiagnoses—outcomes that no one wants. Recognizing the power of this form is the first step to using it effectively in everyday practice.

Common Issues with Radiology Request Forms

Despite their importance, radiology request forms are often fraught with issues that can hinder efficient imaging and compromise patient care. From missing details to vague instructions, these errors can create challenges for radiographers and radiologists alike.

- 1. Missing or Incomplete Information:** Crucial details like patient history, clinical symptoms, or the specific area to be imaged are often left blank. This causes the radiographer to struggle to determine the appropriate imaging protocol, leading to delays or the need for follow-ups. A typical example is a request for a cervical x-ray that doesn't mention a suspected swallowed stuck bone may result in standard imaging instead of a focused view to detect the bone.
 - 2. Vague or Ambiguous Requests:** Phrases like "rule out pathology," "X-ray of the head," or "check abdomen" provide little guidance on the clinical question being addressed. Ambiguity increases the likelihood of performing unnecessary imaging or missing key findings.
 - 3. Illegible Handwriting:** Despite the growing use of electronic systems, handwritten request forms remain common in many facilities. Handwritten forms that are difficult to read make it difficult to decipher critical details. A requesting physician with illegible handwriting may cause confusion between similar terms like "right rib" and "right hip," potentially leading to imaging the wrong site.
 - 4. Incorrect or Conflicting Information:** Errors in patient demographics, imaging requests, or clinical details can arise due to oversight. These mistakes increase the risk of imaging the wrong patient, using the wrong modality, or failing to meet clinical needs.
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The Consequences of Poorly Completed Forms

- 1. Delays in Patient Care:** Incomplete or unclear forms often require follow-up with the referring clinician, delaying imaging and treatment.
 - 2. Increased Workload:** Radiographers and administrative staff must spend additional time clarifying details.
 - 3. Increased Errors:** Vague or conflicting information increases the likelihood of mistakes, such as scanning the wrong site or missing important findings.
 - 4. Compromised Safety and Accuracy:** Errors in imaging requests can lead to unnecessary radiation exposure or misdiagnosis.
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Radiographer's Role in Reviewing Request Forms

Radiographers are more than just operators of imaging equipment—they are critical gatekeepers in ensuring that every imaging procedure aligns with the clinical need. Reviewing and verifying radiology request forms is a key responsibility that directly impacts patient outcomes and diagnostic accuracy. How does the radiographer carry out this role?

- 1. Ensuring Accurate Patient Identification:** Even a small error in patient demographics can lead to serious consequences, such as imaging the wrong patient or mislabeling results. Radiographers have the exclusive role to verify all patient details (name, date of birth, ID) on the request form against patient records and identification or even confirm patient identity directly through verbal checks to eliminate any doubts.
- 2. Ensuring Clinical Relevance:** Without a complete clinical history or a clear reason for the imaging study, the radiographer may fail to address the clinician's diagnostic question. The radiographer must confirm the clinical indication, suspected diagnosis, or question that the imaging is meant to answer. Reach out to the referring clinician if critical details are missing or unclear before carrying out the study. This enables radiographers to tailor imaging protocols and techniques to address the clinician's diagnostic question.
- 3. Evaluating the Appropriateness of the Imaging Request:** The choice of imaging modality (e.g., X-ray, CT, MRI, ultrasound) depends heavily on the clinical question. An incorrect or unclear request can result in unnecessary scans or missed diagnoses. Radiographers are key in assessing whether the requested exam is suitable for the clinical concern. They can suggest alternatives if the request seems inappropriate (e.g., an X-ray for soft tissue evaluation where an ultrasound or MRI might be better).
- 4. Identifying Contraindications and Safety Risks:** Some imaging procedures involve potential risks, such as radiation exposure, contrast allergies, or contraindications to certain modalities (e.g., MRI in patients with metallic implants). A review of the request form by the radiographer for any contraindications noted by the clinician is important for patient safety. Pre-imaging tests or checks should be conducted when necessary (e.g., verifying renal function for contrast-enhanced studies or screening for implants in MRI patients).
- 5. Advocating for Patient Safety:** Radiographers act as the last line of defense in ensuring that imaging procedures are performed safely and effectively. Unclear, incomplete, or inappropriate requests must be addressed to avoid unnecessary risks.

Balancing Professionalism and Advocacy

Radiographers often find themselves in the position of questioning or correcting requests from senior clinicians, which can be daunting. However, by maintaining professionalism and emphasizing patient care,

radiographers can build a collaborative environment where everyone's goal is the same: accurate imaging and improved patient outcomes.

How to Improve the Quality of Radiology Request Forms

- 1. Provide Training:** Offer training on the essential details required for accurate imaging requests.
- 2. Use Structured Templates:** Implement clear, structured templates with prompts to ensure consistency and completeness.
- 3. Adopt Electronic Forms:** Use electronic request forms with mandatory fields and error-checking mechanisms.
- 4. Foster Collaboration:** Encourage collaboration between radiographers and clinicians for clarifying unclear requests.
- 5. Conduct Periodic Reviews:** Regularly review request forms to identify and address recurring issues.

This streamlined approach ensures clarity, reduces errors, and enhances the overall imaging workflow.

Radiology request forms are more than just administrative tools—they are critical to ensuring accurate imaging and quality patient care. By addressing common challenges, improving communication, and adopting structured practices, healthcare teams can streamline workflows and minimize errors. When properly completed, these forms act as a bridge between clinical questions and diagnostic answers, ultimately leading to better outcomes for patients and more efficient healthcare delivery.

Every request form is an opportunity to enhance care—let's not overlook its value.

A. LEARNING OUTCOMES

1. What knowledge did you gain about essential elements of a radiology request form?

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2. In what ways do request forms commonly fall short, and what improvements are required?

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3. Were you able to suggest or implement improvements?

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4. If no changes are needed, what did the articles confirm about current departmental practices?

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5. How does your department manage incomplete or inadequate x-ray referral forms?

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6. How would you introduce or suggest, monitor, and evaluate any proposed changes in your department?

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7. What benefits did this activity provide for your daily work or patient care?

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8. Which future CPD topics or resources would you suggest?

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9. How should future activities be designed to improve uptake and practical application?

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B. METHODS OF LEARNING

1. Reading through the articles / doing additional internet searches on the topic / discussing it with colleagues / identifying cases from my practice.

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TIME TAKEN FOR LEARNING ACTIVITY:



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Cell: 074 230 3874

Tel: 012 653 0133 / 2373 / 2394

Mon-Fri: 08:00-16:00

400 Theuns van Niekerk Street

Wierda Park

0157

PO Box 71

Wierda Park

0149

*FOH number

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DATE:

Part 2: Images and Notes

This part is accredited for **Five (5) CLINICAL** CEU'S.

1. Select any number (but not less than 5) radiology request forms that in your opinion were incomplete. Add these to your PoE.
2. Provide detail of why in your opinion the request forms were incomplete.
3. Add imaging findings if relevant

TIME TAKEN FOR LEARNING ACTIVITY:



1. **Introduction** - Brief overview of the case.
2. **Patient History** - A summary of the patient's medical history, including age, gender, relevant clinical background, and the presenting symptoms or complaints that led to imaging. Focus on how and where the Radiology Request Form was incomplete.
3. **Clinical Examination** - Any physical findings or clinical assessments performed by the healthcare team that guided the imaging decision.
4. **Radiographic Examination** - Details of the radiographic procedure(s) performed, such as:
 - Type of imaging (e.g., X-ray, CT, MRI, ultrasound, etc.)
 - Specific views or angles taken
 - Equipment and techniques used
 - Any specific protocols or considerations due to the patient's condition (e.g., positioning, shielding)
5. **Findings** - A description of the radiographic images and what was observed, including normal or abnormal results. Any specific pathological findings, such as fractures, tumours, infections, or anatomical anomalies which could have or were initially missed due to an incomplete Radiology Request Form.
6. **Diagnosis** - The clinical or radiological diagnosis based on the findings. This section may include interpretation from the radiologist or other healthcare providers.
7. **Discussion** - Interpretation and analysis of the case in relation to current clinical and radiographic practices.
8. **Conclusion** - Summary of the case, key findings, and lessons learned. Reflection on how the case may influence future practice or approaches in radiographic procedures.
9. **References** - Citing any literature, guidelines, or studies referenced in the case study.
10. **Appendices** – **Add** your suggested improved Radiology Request Form.

[illegible]



TIME TAKEN FOR LEARNING ACTIVITY: