

**Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick**

**PEER ASSESSMENT REPORT
DIAGNOSTIC RADIOLOGY**

PAC# : _____

Group: _____ **Solo:** _____

Is this a reassessment? Yes ___ No ___

Date of Assessment: _____

Assessor Name: _____

Assessor Signature: _____

PAC NUCLEAR MEDICINE – FILM REVIEW SHEET

For each criteria item place a: “√” for Yes, “x” for No and “N/A” for Not Applicable

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient identifier (exam #, patient initials)					
Examination date					
Examination type					
Examination clinically indicated					
Final report includes:					
- Previous studies available (if applicable)					
- Assessment of the problem requested and documentation in the body of the report					
- Diagnosis not description					
- Recommendations if needed					
Interpreting physician/technologist initials					
Image quality – diagnostic / under diagnostic					

Comments:

Patient 1
Patient 2
Patient 3
Patient 4
Patient 5

PAC BONE MINERAL DENSITOMETRY – FILM REVIEW SHEET

For each criteria item place a: "√" for Yes, "x" for No and "N/A" for Not Applicable

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient identifier (exam #, patient initials)					
Examination date					
Examination clinically indicated					
Final report includes: deformities if present					
Absolute bone density values					
"T" score					
Relative fracture risk					
Significance of change from previous & baseline					
Recommendations for further assessment (if applicable)					
Is the report accurate and does it meet IHF standard for form and content					
Is the report turnaround acceptable					

Comments:

Patient 1
Patient 2
Patient 3
Patient 4
Patient 5

PAC Radiography - STUDY REVIEW SHEET

For each criteria item place a: "√" for Yes, "x" for No and "N/A" for Not Applicable

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient identifier (exam #, patient initials)					
Examination date					
Examination type					
Examination clinically indicated					
Pertinent clinical issues raised in the request for the examination					
Comparative information with previous examination					
Is the report accurate and does it meet IHF standard for form and content?					
Is the report turnaround acceptable?					
Appropriate imaging sequences?					
Patient identifier (exam #, patient initials)					
Examination date					

Comments:

Patient 1
Patient 2
Patient 3
Patient 4
Patient 5

PAC GENERAL ULTRASOUND – FILM REVIEW SHEET

For each criteria item place a: “√” for Yes, “x” for No and “N/A” for Not Applicable

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient identifier (exam #, patient initials)					
Examination date					
Examination type					
Examination clinically indicated					
Pertinent clinical issues raised in the request for the examination					
Comparative information with previous examination					
Is the report accurate and does it meet IHF standard for form and content?					
Is the report turnaround acceptable?					

Comments:

Patient 1
Patient 2
Patient 3
Patient 4
Patient 5

PAC COMPUTED TOMOGRAPHY - FILM REVIEW SHEET

For each criteria item place a: "√" for Yes, "x" for No and "N/A" for Not Applicable

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Patient identifier (patient initials)					
Examination date					
Examination type					
Examination clinically indicated					
Pertinent clinical issues raised in the request for the examination					
Comparative information with the previous examination					
Is the report accurate and does it meet IHF standard for form and content?					
Is the report turnaround acceptable?					
Appropriate imaging sequences					

Comments:

Patient 1
Patient 2
Patient 3
Patient 4
Patient 5

Please consider the following parameters during and after your image review

Reporting Parameters	Appropriate	Appropriate with Suggestions	Concerns	N/A
1. The examination date and patient identifiers are evident i.e. exam #, patient initials				
2. The examination is clinically indicated.				
3. The requisition is present.				
4. The clinical information is indicated on the requisition or supplemented by the technologist.				
5. Ensure the examination includes interrogation of all relevant anatomy using appropriate transducers and gain settings.				
6. The examination is being performed according to CAR guidelines for radiographic modality.				
7. A sufficient number of images have been obtained for the examination to be interpreted by a third party.				
8. The quality of the examination(s) is/are of diagnostic quality.				
9. The conclusion/diagnosis is...				
Section Recommendation	Appropriate	Appropriate with Suggestions	Concerns	N/A

