Correction to: Implementation of peer learning conferences throughout a multi-site abdominal radiology practice

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Correction to: Abdominal Radiology
<https://doi.org/10.1007/s00261-021-03114-8>

The original version of this article unfortunately contained mistakes in Fig. 1B and Fig. 3. The correct figures are given below.

The original article has been corrected.

The original article can be found online at <https://doi.org/10.1007/s00261-021-03114-8>.

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b

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Studies: 0 / 2
Days: 12 / 30

MR Abdomen without and with IV Contrast

Study Result

EXAM: MR ABDOMEN WITHOUT AND WITH IV CONTRAST

CLINICAL INDICATION: Liver transplant candidate

TECHNIQUE: Multi planar MR of the abdomen without and with 10 mL IV Gadavist and IV glucagon.

COMPARISON:

FINDINGS:
No suspicious lesion within the cirrhotic liver. Increased diffuse steatosis with fat fraction of 15.6% (previously 22%). No findings of hemosiderosis.

Patent hepatic vasculature, SMV and splenic. Conventional hepatic arterial anatomy. No accessory hepatic vein identified. Unchanged varices (gastroesophageal, perisplenic, recanalized umbilical vein, small spinal renal shunt). No ascites or fluid collection. Unchanged porta hepatis nodes measuring up to 1 cm in short axis.

Unchanged subcentimeter renal cysts. Stable caliber of the bile ducts postcholecystectomy Normal adrenals, spleen and pancreas. No distention or inflammation of the imaged portions of the gastrointestinal tract. Stable musculoskeletal structures. No pleural or pericardial effusion.

IMPRESSION:
1. No suspicious lesion within the cirrhotic liver.
2. Patent hepatic vessels.

Decision:

☒ 1 - Concur with Interpretation
☐ 2 - Discrepancy in Interpretation

☐ Notify Chair or Committee

Comments:

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Fig. 1 Screenshot examples of our baseline Peer-Review process. **a** Screenshot of a portion of the Radiology dashboard from our electronic medical record (EMR) demonstrates the status of the monthly PR requirements. All radiologists are assigned to pools to review specific types of exams (in this particular example, body MR exams performed from the FL campus). When ready to peer review a case, the radiologist clicks on the “Review study” hyperlink shown in red text (arrow), which launches a case in our integrated imaging viewer (not shown) as well as a popup window with the anonymized report (**b**).

The radiologist reviews the imaging and report, then either concurs with the report or indicates a discrepancy in interpretation (yellow oval in **b**). When discrepancies are marked, there is a text box in the report window (* in **b**) where the reason for the discrepancy can be explained. Cases marked as discrepant are automatically forwarded to the local quality chair for each site, who then reviews the case with the original interpreting radiologist to determine whether or not the discrepancy should be considered significant

Fig. 3 Screenshot examples from our new process to submit a case for Peer Learning conferences. **a** Screenshot of our Radiology EMR with a case open (study images not shown). Our EMR was constructed with a tool for saving interesting cases for any reason (yellow oval). Once selected, the Interesting Case tool launches a menu to further characterize the case in question (**b**). When “Teaching Case” is selected (highlighted in blue in **b**), a free text window opens where the reason for the case being interesting can be entered. We include the phrase “peer learning” in the comments box and explain why the case is a learning opportunity or a great call. We can then filter through all saved cases in this system using the phrase “peer learning” to retrieve all the cases submitted in this fashion