RESEARCH ARTICLE

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Perception and Impact of Computed Tomography Reports in the Emergency Department: The Clinician's Perspective

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ABSTRACT: **Introduction:** Imaging reports are the primary means of communication between radiologists and clinicians, playing a crucial role in medical practice given the impact of imaging studies on diagnosis and treatment planning. This study aims to assess how non-radiologist clinicians working in the Emergency Department (ED) interpret and value imaging reports from head and chest computed tomography (CT) scans. **Methods:** An exploratory cross-sectional observational study was conducted in the ED of Unidade Local de Saúde (ULS) Santa Maria, Lisbon, Portugal. A questionnaire was sent to non-radiologist physicians working in the ED to gather their perspectives on head and chest CT imaging reports. **Results:** Nearly all physicians from the core ED team at Santa Maria participated (25 valid responses). On average, clinicians evaluate 3 CT scans of each type during a 12-hour shift. Most review the images before reading the report (n=17) and always read the full report. Overall trust in the reports is high, although many clinicians rely on them only partially to support clinical decisions (n=15). Reports produced by on-site radiologists inspire greater trust than those generated via teleradiology (n=21). Not all clinicians fully understand the terminology used in the reports, and many report limited formal training in imaging during their education. Most consider the reports adequately detailed and affirm that they usually answer the clinical question. **Conclusion:** In the Emergency Department, head and chest CT reports are widely used by clinicians and are considered essential support for clinical decision-making. However, teleradiology is viewed with some scepticism, and clinicians often have limited training in image interpretation. The adoption of structured reports and the establishment of direct communication channels (including with teleradiology radiologists) may help reduce distrust and misinterpretation, thereby improving interprofessional communication and the utility of CT studies in emergency care.

KEYWORDS: Radiology, Emergency Medicine, Telemedicine

INTRODUCTION

The radiology report is the primary vehicle of communication between radiologists and clinicians. Due to its critical impact on diagnosis and therapeutic strategy, this document is intrinsically linked to patient safety and the quality of clinical care, assuming paramount relevance in clinicians' daily practice.

Several studies have shown that the structure, language used and content of the report influence comprehension, reading time and the degree of trust attributed to

the findings, with a potential impact on clinical decision-making[1-3]. At the same time, the increasing reliance on outsourced teleradiology services has introduced new challenges to interprofessional communication, with potential repercussions on the perception of accessibility and trust in reports. In an emergency context, these aspects are particularly critical, as emergency physicians operate under strict time constraints, managing complex patient volumes while relying heavily on objective, hierarchically structured, and readily interpretable information.

Despite the growing interest in this topic, relevant knowledge gaps persist, especially regarding how reports are used in an emergency context; In particular, there is little data describing it in the Portuguese context. The absence of this information limits the ability of Radiology Departments to tailor reports to the actual needs of end users and to implement improvements.

In this context, the present study aims to assess how non-radiologist clinicians interpret and value imaging reports from head and chest Computed Tomography (CT) scans in an emergency setting. Specifically, it aims to: Characterize the habits of reading the report and viewing the images; assess the degree of trust and perceived clinical usefulness of the report; identify barriers in the understanding of radiological terminology; evaluate the impact of the care delivery model (on-site radiologists *vs.* outsourced teleradiology) and collect suggestions for the improvement of reports.

MATERIALS AND METHODS

An exploratory cross-sectional observational study was conducted in the Emergency Department (ED) of the Unidade Local de Saúde (ULS) Santa Maria, a tertiary care unit in Lisbon, Portugal. The target population comprised physicians from the core emergency medical team, and a convenience sample corresponding to professionals who worked continuously between 1st of August and 1st of September 2025 was used. Physicians who were not working regular shifts during this period due to medical residency rotations, medical leave or vacation were excluded.

A dedicated survey was developed focusing on head CT and chest CT reports, as these represent the most frequently requested emergency CT examinations and have a great impact on acute clinical decision-making.

Data collection was carried out through an online questionnaire with 44 questions, using the Microsoft Forms® platform. The questionnaire included closed- and open-ended questions and was available during the aforementioned period and disseminated via institutional email to the participants (Appendix A). The questionnaire was developed by the authors based on previous similar studies[1,3], and the content was validated by two senior specialists. Data collection was conducted anonymously, and no personally identifiable information was collected.

Data were analysed using descriptive statistical methods, with absolute and relative frequencies (n, %) for categorical variables and measures of central tendency and dispersion for continuous variables. The study was approved by the Ethics Committee of the Lisbon Academic Medical Centre (CE-CAML).

RESULTS

The questionnaire was sent to 29 physicians, and 26 responses were obtained. One answer was duplicated, so it was removed. Therefore, the response rate was 86% (n = 25). Only the responses for head CT and chest CT were compared due to the small sample size.

Demographic data are presented in Table 1. Most participants were female (72%) and the median age was 33. Regarding professional status, most were specialists

TABLE 1. Demographic characteristics of the participants.

	n (%)
Sex	
Female	18 (72%)
Male	7 (28%)
Age (Years)	
Median	33
Range	26–63
Professional Status	
General medical Resident (Interno de Formação Geral)	0 (0%)
Specialty Resident (Interno de Formação Específica)	1 (4%)
Specialist	13 (52%)
No Specialty	11 (44%)
Specialty	
Internal Medicine	10 (72%)[a]
Emergency Medicine	1 (7%)
Transfusion Medicine	1 (7%)
Emergency Medicine + Internal Medicine	2 (14%)
Have you ever done an internship in a Neuroradiology/Radiology department?	
Yes	2 (8%)
No	23 (92%)
No. of years working in Emergency Department	
Median	7
Range	2–18[b]

a – Includes one Speciality Resident. b – Two answers were removed due to incorrectly entered information (n=23)

(52%) and the most frequent specialty was Internal Medicine (69%). Regarding the number of years of work in ED, of the 25 answers obtained, two were removed due to incorrectly entered information. The median was 7 years. When asked if they had already completed an internship in radiology or neuroradiology, only 2 (8%) answered positively.

The complete results are available in Table 2. The median number of exams that, on average, clinicians contact with in a 12-hour shift in the ED was 3 for both modalities (head CT and chest CT). Almost all of them reported viewing the images (96% on head CT *vs.* 100% on chest CT), and the visualization of the images was mostly done before reading the report (64% on both CT scans). Participants reported always reviewing the radiology report and always in its entirety.

The vast majority of clinicians trust the report, but 60% only partially trust this information as an important source of support for clinical decisions; the rest fully trust the opinion of the neuroradiologist/radiologist. Only one person reported having little trust in the chest CT report. Most of the participants answered that their degree of trust was higher for in-person reports (84% for both CTs).

Regarding the language used in the reports, not all clinicians answered always understanding the termi-

TABLE 2. Results of the questionnaire sent to the clinicians of the ED of ULS Santa Maria

		Head CT n (%)	Chest CT n (%)
In a 12-hour shift in the ED, on average, how many times do you contact with: (median)		3 (range=1–6)	3 (range=1–10)
Do you check the images of the requested exam?	No	1 (4%)	0 (0%)
	Yes, before reading the report	16 (64%)	16 (64%)
	Yes, after reading the report	8 (32%)	9 (36%)
	I only check the images	0 (0%)	0 (0%)
How often do you read the report?	Always	25 (100%)	25 (100%)
	Almost always	0 (0%)	0 (0%)
	Sometimes	0 (0%)	0 (0%)
	Never	0 (0%)	0 (0%)
What part of the report do you read?	The entire report	25 (100%)	25 (100%)
	Only the conclusion and scan the rest of the report	0 (0%)	0 (0%)
	Just the conclusion	0 (0%)	0 (0%)
	I only check the images	0 (0%)	0 (0%)
How much do you trust the report?	Complete trust (100%) in the opinion of the neuroradiologist/radiologist	10 (40%)	9 (35%)
	Partial trust (75%), as an important source of support for clinical decisions	15 (60%)	15 (60%)
	Little (25%), it simply contains useful information	0 (0%)	1 (4%)
	None (0%), I don't trust the opinion of the neuroradiologist/radiologist	0 (0%)	0 (0%)
If you have doubts about the report of an exam, how do you proceed?	Contact the radiologist who wrote the report	25 (100%)	24 (96%)
	Contact another specialty	0 (0%)	1 (4%)
	Do not feel comfortable contacting neuroradiology/radiology	0 (0%)	0 (0%)
Regarding the language used in the reports:	I always understand the terminology used	12 (48%)	17 (68%)
	I almost always understand the terminology used	12 (48%)	8 (32%)
	I often have doubts	1 (4%)	0 (0%)
	I don't understand the terminology used	0 (0%)	0 (0%)
Do you think that the length of the reports is appropriate in the emergency context?	I think it's too long	2 (8%)	4 (16%)
	I think it's appropriate	22 (88%)	20 (80%)
	I think it's not very detailed	1 (4%)	1 (4%)
Regarding the interpretation of the result of the report:	They usually answer the question that motivated the request	20 (80%)	19 (76%)
	Sometimes they answer the question that motivated the request	4 (16%)	6 (24%)
	They rarely answer the question that motivated the request	1 (4%)	0 (0%)
Is a description of the technique of the exam carried out (equipment specifications, sections, etc.) usually present in the report?	Yes	19 (76%)	21 (84%)
	No	6 (24%)	4 (16%)
	I never noticed	0 (0%)	0 (0%)

TABLE 2. Continued

Do you think this information is relevant and should be included in the report?	I think it's important	14 (56%)	20 (80%)
	It is not necessary to include	5 (20%)	2 (8%)
	I don't have an opinion formed	6 (24%)	3 (12%)
When contrast is used, is this information usually present in the report?	Yes	25 (100%)	25 (100%)
	No	0 (0%)	0 (0%)
	I never noticed	0 (0%)	0 (0%)
Do you think that information on contrast is relevant and should be included in the report?	I think it's important	25 (100%)	25 (100%)
	It is not necessary to include	0 (0%)	0 (0%)
	I don't have an opinion formed	0 (0%)	0 (0%)
Does the report provide information regarding whether it is carried out by telemedicine or by doctors in-person?	Yes	7 (28%)	8 (32%)
	No	15 (60%)	15 (60%)
	I never noticed	3 (12%)	2 (8%)
Do you think that informing whether the report is carried out by telemedicine is relevant and should be included in the report?	I think it's important	22 (88%)	22 (88%)
	It is not necessary to include	2 (8%)	2 (8%)
	I don't have an opinion formed	1 (4%)	1 (4%)
Your degree of trust in the report	Is higher if it is done by doctors in-person	21 (84%)	21 (84%)
	Is the same if it is done by telemedicine or by doctors in-person	4 (16%)	4 (16%)
	Is higher in reports made by telemedicine	0 (0%)	0 (0%)
What is the average response time for obtaining reports from this exam?	It is the same if it is done by telemedicine or by doctors in-person	1 (4%)	1 (4%)
	It is lower in reports made by telemedicine	7 (28%)	9 (35%)
	It is lower if it is done by doctors in-person	10 (40%)	9 (35%)
	I never noticed	7 (28%)	6 (24%)

nology used, with fewer reporting always understanding in head CT studies versus chest CT studies (48% vs. 68%).

Most clinicians consider the length of the reports to be adequate and report that they usually answer the clinical question that motivated the request. Participants value the inclusion of the description of the technique used, the use of contrast and the indication of if the report was done in-person versus by telemedicine.

When asked about suggestions for improving the reports, several answers were obtained, highlighting the need for greater communication between professionals, greater objectivity in answering the clinical question and apprehension was expressed in relation to telemedicine and the use of Artificial Intelligence.

DISCUSSION

The report is the primary vehicle of communication between radiologists and referring clinicians. Therefore, it is essential that the reports adequately address the clinical question, especially in the high-pressure context of an ED, where timely, actionable and definitive findings have an immediate clinical impact. This study is of particular relevance due to the scarcity of Portuguese data on the subject and its specific emphasis on head and chest CT studies, which constitute key diagnostic tools in the ED. The evaluation of practical and daily operational workflows allows us to identify actionable opportunities for improvement in interprofessional communication.

The number of exams that, on average, clinicians encounter during a 12-hour shift in the ED shows substantial clinical exposure, with a median of 3 examinations per 12-hour shift for both head and chest CTs. However, only two of the participants completed an internship in radiology or neuroradiology. This discrepancy highlights the unmet need for continuous training in emergency imaging for clinicians at different levels of training.

In this study, all participants reported always reading the entire report for both exams, which represents a higher adherence rate than previously reported in similar studies[1,3,4], although this result should be interpreted with caution, as it may reflect an institutional standard specific to this particular ED or it may be the result of social desirability bias.

Almost all clinicians report viewing the images, and this visualization was preferentially performed before reading the formal report, which aligns with data from other studies[3]. The preference for viewing the im-

ages prior to reading the report might suggest that the clinician initially seeks autonomous validation of his/her diagnostic hypotheses, positioning the report not as an initial discovery, but as a critical instrument of confirmation, technical refinement and diagnostic safety. This result can also be explained largely by the fact that images are often made available before the report.

The degree of trust in the report was globally high, with partial trust predominating, followed by total trust, for both exams, suggesting that the report is perceived as an important decision-support tool that should be integrated with bedside clinical evaluation and direct analysis of images. Studies conducted in other clinical settings report similar results[1].

Trust in reports appears to be inversely influenced by physical and technological distancing. Outsourced teleradiology introduces substantial friction to direct communication, leading to an erosion of interpersonal consultative relationships and impeding real-time resolution of diagnostic ambiguities. At the same time, apprehension regarding AI may reflect the fear of dilution of human oversight, as well as insufficient digital literacy about the role of algorithms in emergency decision support. Both factors underline the need for collaboration models that preserve the role of the radiologist as an active consultant, ensuring that technology and geographical distance do not compromise the clarity needed in the ED.

Regarding the language used, most participants indicated that they always or almost always understood it, suggesting considerable accessibility of the terminology. Even so, the literature shows that certain terms used by radiologists are prone to divergent clinical interpretation, reinforcing the importance of clear and standardized reporting lexicons[2,5].

Regarding the interpretation of the results, most clinicians recognize that the report answers the primary clinical question. However, the expressed need for more incisive and targeted conclusions suggests that the adoption of structured reports can optimize the fidelity and speed of information transfer. It is important to note that the effectiveness of this communication is strictly bidirectional and contingent upon the clarity of the initial clinical question; Ambiguity or paucity of clinical data in exam requests constitutes a reciprocal barrier that can compromise the assertiveness of radiological interpretation[6,7].

Among the main strengths of this study is the fact that the sample is composed of a high proportion of specialist physicians (52%), which ensures that perceptions captured reflect autonomous and consolidated clinical practice, giving greater weight to the critiques directed at teleradiology and terminological clarity. This study gains special relevance in the current context of the nationwide reorganization of Local Health Units in Portugal, where the optimization of internal communication channels and the integration of care are fundamental pillars for the efficiency of high-complexity EDs.

Regarding the limitations of the study, although the absolute number of participants is small, the high response rate (90%) among the core ED team confers a significant internal robustness to the data, minimizing the common selection bias in voluntary survey-based studies. However, the non-inclusion of external contract physicians ("tarefeiros" / locum tenens physicians) who provide part of the care activity in the ED represents an important limitation. This group, often characterized by higher turnover and, in some cases, less differentiation or experience in the specific context of the institution, may have different perceptions and habits regarding the use of the radiology report. Their exclusion may therefore have resulted in an overestimation of the degree of trust and proficiency in terminological interpretation. In addition, the fact that the study was carried out in a single tertiary university Hospital limits the generalizability of the results. Communication dynamics and trust in reporting (especially in the on-site *vs.* teleradiology dichotomy) can vary significantly in peripheral hospitals or under different organization models.

Future multicentre studies are warranted to validate these conclusions, by incorporating diverse organizational models and broader spectrum of clinical profiles (including locum and non-resident medical staff). This approach will provide greater external validity and a more comprehensive understanding of the clinico-radiological interaction at a national level. In addition, the development of continuous medical education initiatives in ED imaging, alongside the optimization of communication channels in teleradiology, represent essential strategic steps toward enhancing diagnostic safety and interprofessional trust in the radiology report.

CONCLUSION

In the ED, head CT and chest CT reports are widely utilized by clinicians, and are generally considered clinically adequate for this context and reliable to support clinical decision-making. However, the transition to outsourced teleradiology models, combined with

limited formal training in diagnostic radiology during medical education, creates tangible barriers to the optimal use of these exams. The reinforcement of literacy in radiology and the humanization of teleradiology services are, therefore, fundamental goals for the future. Ultimately, the optimization of CT workflow and reports in the emergency context will depend on fostering bidirectional interprofessional communication and the implementation of structured reporting models that mitigate the growing physical and technological distance between the radiologist and the attending emergency physician.

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FUNDING: *The author(s) received no specific funding for this work.*

ETHICAL COMPLIANCE: *This study was conducted in accordance with the Declaration of Helsinki and approved by the Ethics Committee, with reference number 206/25, of the Centro Académico de Medicina de Lisboa (CAML) signed off on 18th of August 2025. All participants gave their informed consent. Data collection was conducted anonymously, and no information that could allow the identification of participants was obtained.*

APPENDIX A

Questionnaire sent to the clinicians of the ED of ULS Santa Maria

SECTION 1 - DEMOGRAPHICS

1. Gender:
   - *Female*
   - *Male*
   - *Other*
2. Age:
3. Professional status:
   - *General Training Intern*
   - *Specific training intern*
   - *Specialist*
   - *No specialty*
4. If you are a specific training intern or specialist, what is your specialty?
5. Number of years working in the Emergency Department:
6. Have you ever done an internship in a Neuroradiology/Radiology department?
   - *Yes*
   - *No*

SECTION 2 – HEAD CT

7. In a 12-hour shift in the ED, on average, how many times do you contact with a head CT?
8. Do you check the images of head CT?
   - *No*
   - *Yes, before reading the report*
   - *Yes, after reading the report*
   - *I only check the images*
9. How often do you read the report?
   - *Always*
   - *Almost always*
   - *Sometimes*
   - *Never*
10. What part of the report do you read?
    - *The entire report*
    - *Only the conclusion and scan the rest of the text*
    - *Just the conclusion*
    - *I only check the images*
11. How much do you trust the report?
    - *Complete trust (100%) in the neuroradiologist's opinion*
    - *Partial trust (75%) as an important source of support for clinical decisions*
    - *Little (25%), it simply contains useful information*
    - *None (0%), I don't trust the neuroradiologist's opinion*
12. If you have doubts about the report of an exam, how do you proceed?
    - *Contact the neuroradiologist who wrote the report*
    - *Contact another specialty*
    - *Do not feel comfortable contacting neuroradiology*
13. Regarding the language used in the reports:
    - *I always understand the terminology used*
    - *I almost always understand the terminology used*
    - *I often have doubts*
    - *I don't understand the terminology used*
14. Give examples of terms you don't understand:
15. Do you think that the length of the reports is appropriate in the emergency context?
    - *I think it's too long*
    - *I think it's appropriate*
    - *I think it's not very detailed*
16. Regarding the interpretation of the result of the report:
    - *They usually answer the question that motivated the request*
    - *Sometimes they answer the question that motivated the request*
    - *They rarely answer the question that motivated the request*

17. Is a description of the technique of the examination carried out (equipment specifications, sections, etc.) usually present in the report?
   - *Yes*
   - *No*
   - *I never noticed*

18. Do you think this information is relevant and should be included in the report?
   - *I think it's important*
   - *It is not necessary to include*
   - *I don't have an opinion formed*

19. When contrast is used, is this information usually present in the report?
   - *Yes*
   - *No*
   - *I never noticed*

20. Do you think that information on contrast is relevant and should be included in the report?
   - *I think it's important*
   - *It is not necessary to include*
   - *I don't have an opinion formed*

21. Does the report provide information regarding whether it is carried out by telemedicine or by doctors in-person?
   - *Yes*
   - *No*
   - *I never noticed*

22. Do you think that informing whether the report is carried out by telemedicine is relevant and should be included in the report?
   - *I think it's important*
   - *It is not necessary to include*
   - *I don't have an opinion formed*

23. Your degree of trust in the report
   - *Is higher if it is done by doctors in-person*
   - *Is the same if it is done by telemedicine or by doctors in-person*
   - *Is higher in reports made by telemedicine*

24. What is the average response time for obtaining reports from this exam?
   - *It is the same if it is done by telemedicine or by doctors in-person*
   - *It is lower in reports made by telemedicine*
   - *It is lower if it is done by doctors in-person*
   - *I never noticed*

25. Do you have any suggestions for improvement of the reports of this exam? If yes, please describe below:

SECTION 3 – CHEST CT

26. In a 12-hour shift in the ED, on average, how many times do you contact with a chest CT?

27. Do you check the images of chest CT?
   - *No*
   - *Yes, before reading the report*
   - *Yes, after reading the report*
   - *I only check the images*

28. How often do you read the report?
   - *Always*
   - *Almost always*
   - *Sometimes*
   - *Never*

29. What part of the report do you read?
   - *The entire report*
   - *Only the conclusion and scan the rest of the text*
   - *Just the conclusion*
   - *I only check the images*

30. How much do you trust the report?
   - *Complete trust (100%) in the radiologist's opinion*
   - *Partial trust (75%) as an important source of support for clinical decisions*
   - *Little (25%), it simply contains useful information*
   - *None (0%), I don't trust the radiologist's opinion*

31. If you have doubts about the report of an exam, how do you proceed?
   - *Contact the neuroradiologist who wrote the report*
   - *Contact another specialty*
   - *Do not feel comfortable contacting radiology*

32. Regarding the language used in the reports:
   - *I always understand the terminology used*
   - *I almost always understand the terminology used*
   - *I often have doubts*
   - *I don't understand the terminology used*

33. Give examples of terms you don't understand:

34. Do you think that the length of the reports is appropriate in the emergency context?
   - *I think it's too long*
   - *I think it's appropriate*
   - *I think it's not very detailed*

35. Regarding the interpretation of the result of the report:
   - *They usually answer the question that motivated the request*
   - *Sometimes they answer the question that motivated the request*
   - *They rarely answer the question that motivated the request*

36. Is a description of the technique of the examination carried out (equipment specifications, sections, etc.) usually present in the report?
   - *Yes*
   - *No*
   - *I never noticed*

37. Do you think this information is relevant and should be included in the report?
   - *I think it's important*
   - *It is not necessary to include*
   - *I don't have an opinion formed*

38. When contrast is used, is this information usually present in the report?
   - *Yes*
   - *No*
   - *I never noticed*

39. Do you think that information on contrast is relevant and should be included in the report?
   - *I think it's important*
   - *It is not necessary to include*
   - *I don't have an opinion formed*

40. Does the report provide information regarding whether it is carried out by telemedicine or by doctors in-person?
   - *Yes*
   - *No*
   - *I never noticed*

41. Do you think that informing whether the report is carried out by telemedicine is relevant and should be included in the report?
   - *I think it's important*
   - *It is not necessary to include*
   - *I don't have an opinion formed*

42. Your degree of trust in the report
   - *Is higher if it is done by doctors in-person*
   - *Is the same if it is done by telemedicine or by doctors in-person*
   - *Is higher in reports made by telemedicine*

43. What is the average response time for obtaining reports from this exam?
   - *It is the same if it is done by telemedicine or by doctors in-person*
   - *It is lower in reports made by telemedicine*
   - *It is lower if it is done by doctors in-person*
   - *I never noticed*

44. Do you have any suggestions for improvement of the reports of this exam? If yes, please describe below:

2º CONGRESSO

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