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P229 Does simulation help ultrasound students to humanise personal interactions on placement?

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Background: There is a recognised shortage in the UK medical ultrasound workforce which we are addressing with a direct entry BSc Medical Ultrasound qualification. A range of simulation activities help prepare students for clinical placement. We recognise that while simulation equipment may help students gain transferable skills, we wanted to assess how much they felt simulation had helped them develop their interpersonal and communication skills.

Method: Students were asked to assess how well they felt simulation prepared them for practice in both technical and interpersonal skills using an email elicitation method. Data gathered will be analysed using a thematic analysis.

Results: Full results will be available later in the year.

Conclusion: We expect to share our experiences with other providers who may benefit from our assessments of simulation activities. Feedback from our students will help us to tailor our provision with students needs and expectations.

P230 A two-year evaluation of a direct-entry postgraduate ultrasound programme: the perspectives of clinical leads

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Background: The UK’s public ultrasound departments have been understaffed for some years[3,6]. This short-staffing is noted have a range of detrimental outcomes for patients, departmental managers and working sonographers alike[1-3]. While ultrasound courses have traditionally recruited from a pool of general radiography graduates, a current shortage of the latter is compounding the overall problem[4]. Consequently, new direct-entry programmes have been advocated[5]. This paper reports findings from an evaluation of one of the UK’s first postgraduate direct-entry ultrasound programmes, exploring the perspectives of the clinical leads of the departments within which participating students were placed.

Methods: A thematic analysis informed by a Straussian model of Grounded Theory was employed[6]; semi-structured interviews with N=6 participating clinical leads were conducted at the end of the first and the second year of the programme.

Results: Five global themes emerged: (a) The anticipated extra work required to clinically mentor students with no front-line healthcare experience; (b) The ‘soft skills’ (chiefly communication) of students with no prior clinical background; (c) Student management of clinical objectives; (d) Rapid student adaptation to context; (e) Financial benefits of the direct-entry postgraduate model.

Conclusions: The anxieties of participants regarding (a) were rapidly quashed, while those around (b) were reported to have taken a little longer to fully address. While the equation between clinical objectives and academic work was an occasional ongoing concern, the rapidity with which the students adapted was reported to have given the participants great confidence in the selection process and the programmatic model itself.