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P168 Detecting and reporting domestic abuse of the elderly: Mapping the concerns of experienced radiographers

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Background: While over 65,000 suspected cases of elder abuse are reported to English councils each year, it is estimated that upwards of 95% of incidences are either missed or not reported by healthcare professionals in emergency department settings^[1]. Despite the call from Murray and Devos^[2], two decades ago, for greater investigation of the extant and prospective role of radiographers in identifying abuse of the elderly, the broad phenomenon has continued to receive limited attention in medical imaging research.

Methods: Using a standard model of Interpretative Phenomenological Analysis^[3,4], extended semi-structured interviews with N=8 experienced plain radiographers were analysed.

Results: In A&E contexts, where safeguarding issues have primarily been the responsibility of a physician, it was reported that the degree to which physicians take account of radiographers' concerns about elder abuse is inconsistent at best. This had sometimes resulted in a borderline defeatist attitude among radiographers, who would now only raise such a concern if they were uncategorically certain it would be taken seriously. In the outpatient domain, where radiographers felt more in control of the medical process itself, progressively higher levels of confidence to take a lead around these matters were reported. Even here, however, participants routinely argued that the available information and clinical communication necessary for them to recognise potential elder abuse was often lacking in a way it was not around other forms of domestic abuse.

Conclusions: The analysis signposts some important issues around elder abuse and radiography that foregrounds, above all, the importance of clinical context and communication.

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P169 Retrospective review of Arian Teleheal organisation's international telemedicine and tele-education work; and defining the future vision by conducting world's first augmented reality telemedicine consultation using microsoft hololens

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Arian Teleheal is a "pioneering" telemedicine charity which provides world-class healthcare advice to doctors in war zones and low-resource countries. The volunteer doctors of Arian Teleheal use everyday technology (such as smartphones and secure social media) to advise local doctors. Arian Teleheal also uses more complex technology to provide educational, learning and research opportunities, helping local doctors develop their abilities to further benefit their patients.

Arian Teleheal is the first in the world to successfully implement international live telemedicine support using everyday technology on a 24/7, 365 days-a-year basis, with rapid response times for most acute cases. Furthermore, the work of Arian Teleheal provides educational and research opportunities for doctors in developed countries, through their work with colleagues around the world. The success of Arian Teleheal has been recognised with a number of awards, including being the first and only UK recipient of a UNESCO Global Hope Coalition award.

Retrospective review conducted in form of anonymised detailed surveys shows that the work of Arian Teleheal has a positive impact on patients' healthcare management and on the participating local medics' education. Being the first in the world to successfully use augmented reality technology (Microsoft Hololens) to provide live international telemedicine consultation and teaching, Arian Teleheal sits the vision of the future of international telemedicine. Arian Teleheal is finalising collaboration plans to expand to Africa in 2018. The successful use of simple day to day technology, evolution of smartphones and increasing internet connectivity, complement survey evidence to scale up globally.

P171 WHO surgical safety checklist for radiology interventions: Improving compliance through action research

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Purpose: The overwhelming success of implementing the World Health Organisation (WHO) Safe Surgery Saves Lives Checklist^[1] prompted the Royal College of Radiologists (RCR) to publish guidance for implementing the National Patient Safety Agency (NPSA) Safe Surgery requirement^[2]. Subsequently a specific checklist adapted for radiological interventions has been developed with 100% target compliance encouraged by the quality care commission (CQC)^[3]. This work reflects on the action research process used during the introduction and implementation of this safeguarding checklist into clinical practice across a diagnostic imaging department.

Method: This study has been undertaken in a single NHS Trust with data collected across its three hospital sites. An action research approach was adopted to allow collaboration between researcher and practitioners. Data collection included