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P183 Assessing the benefit of a patient history questionnaire in patients attending for whole body bone scan in nuclear medicine

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Background: Over the last few years it has come to our attention that when a patient is followed through from request to report by the same practitioner, there is a wealth of information available from the patient at the point of care. We wanted to harness this for all staff members, so that any clinically significant information was passed along the chain for those involved with diagnosis.

Purpose: A clinical history questionnaire was developed utilising existing patient history research, along with experience of useful information gathered. After cyclical trials, this was made established practice from March 2018. Both NM practitioners and reporters felt it was useful to have extra information than that provided by the referrer. There appears to be a 3-fold benefit to undertaking this questionnaire, with very little impact on the service, as the form takes approximately 2 minutes to complete for each patient, and can be done alongside the preliminary explanation of the examination:

1. Increased confidence in reporting pathologies on whole body bone scans
2. Reduced X-ray requirements for anatomical comparison, resulting in dose reduction
3. Better patient experience, because many scenarios no longer need patient clarification at the time of imaging, the history questionnaire already provides the answers in a pro-active way by asking at the start of the examination.

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Summary: Improved patient and staff outcomes of whole body bone scans by embedding a practice of recording information that is freely given by the patients, with scope to extend to other scan types.

P184 Preparing student radiographers for imaging patients with dementia: An exploratory study of the "what?" and the "how?" in higher education strategy

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It has been well established across the spectrum of allied healthcare literature that newly qualified practitioners, fresh from university education, often feel unprepared for their early experiences of managing patients with dementia^[1,2]. Moreover, this situation can have unfortunate knock-on effects regarding practitioner confidence. As Miller, Booth and Spacey observe^[3], however, such literature rarely goes beyond proposing that 'more education' is the solution. Rarely unpacked is what content this education should contain at undergraduate level, and how it should be integrated into extant curricula in order to best benefit graduates in their future clinical work.

This exploratory study reports findings emergent of N=6 detailed interviews with final year Diagnostic Radiography students, at the time placed in a variety of hospitals in the North West of England. Employing an analytic model based in the Straussian model of Grounded Theory^[4], four global issues were revealed:

- Education around the differentiated forms of dementia should be provided before any student encounters a pertinent patient on placement
- Direct education about best practice in communicating with patients with dementia is essential at the earliest possible stage
- Bringing in dementia carers and other affected parties can help contextualise potential problems in a non-abstract way
- The experiences of undergraduates on other healthcare programmes (particularly nursing) can help inform a student's-eye understanding of dementia in radiography.

It is contended that these findings can open up important pedagogical discussions around an issue that has hitherto remained largely unarticulated in contemporary radiography curricula.

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2. Baillie, L., Merritt, J. and Cox, J. (2012) 'Caring for older people with dementia in hospital. Part two: strategies', *Nursing Older People*, 24(9), pp. 22-26

3. Miller, P.K., Booth, L. and Spacey, A. (2017) 'Dementia and clinical interaction in frontline radiography: Mapping the practical experiences of junior clinicians in the UK', *Dementia*, in press

4. Sloane, C. and Miller, P.K. (2017) 'Informing radiography curriculum development: The views of UK radiology service managers concerning the 'fitness for purpose' of recent diagnostic radiography graduates', *Radiography*, 23(S1), pp. S16-S22

P185 Fear of cancer recurrence: The role of the therapy radiographer in addressing and alleviating patient concerns

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Background: Patients with breast cancer may experience distress in the form of fears of cancer recurrence (FCR) during their treatment^[1]. Moderate to severe FCR is reported in 30 to 70% of patients^[2]. These levels of FCR can have negative consequences including depression, insomnia, reduced quality of life and increased health service demands^[3]. There are few studies in the literature which focus on how patient concerns are managed during treatment therefore this study provides valuable insight to this area.