



P228 No more - In at the deep end! A structured approach to returning to training for radiology trainees

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Background: Around ten percent of trainees are out of programme at any one time for a variety of reasons. This may include time out to pursue other training opportunities, research, a career break, and most frequently parental leave. There was no structured planning process for trainees prior to their return, and anecdotally many found themselves feeling 'out of their depth' at the beginning of their return to training being expected to 'pick up where they left off', with limited re induction. This is not good practice for either the trainee or for patient safety. The London School of Radiology, with support from HEE London, has developed a formal process for taking out of programme leave, with pre- leave planning and preparation for return taking into account the individual learning needs. A period of supervision and support of returners work is explicit, mutually agreed and reviewed. This was piloted in October 2018 and March 2019. This is linked to a 2 day practical course including case reviews and simulation.

Purpose: To present a framework for supporting trainees back into training demonstrating the process/content of the paperwork and practical course and how that can be adapted to local circumstances.

Summary: We present the rationale, process, course content and preliminary feedback.

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^[6]. Consequently, new direct-entry programmes have been advocated^[5]. This poster 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^[4]; 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.

1. Bolton GC, Cox DL. Survey of UK sonographers on the prevention of work related muscular-skeletal disorder (WRMSD). J Clin Ultrasound 2015;43:145-152

2. Migration Advisory Committee. Skilled shortage sensible: Full review of the recommended shortage occupation lists for the UK and Scotland, a sunset clause and the creative occupations. London: Migration Advisory Committee; 2013

3. Miller PK, Waring L, Bolton GC, Sloane C. Personnel flux and workplace anxiety: Personal and interpersonal consequences of understaffing in UK ultrasound departments. Radiography 2018

4. Sloane C, Miller PK. Informing radiography curriculum development: The views of UK radiology service managers concerning the 'fitness for purpose' of recent diagnostic radiography graduates. Radiography 2017;23:S16-S22

5. Society and College of Radiographers. Direct entry undergraduate ultrasound programmes (with competency to practise): A briefing from the society and college of radiographers. London: SCoR; 2013

6. Waring L, Miller PK, Sloane C, Bolton GC. Charting the practical dimensions of understaffing from a managerial perspective: The everyday shape of the UK's sonographer shortage. Ultrasound 2018;26:206-213