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**P231 A two-year evaluation of a direct-entry postgraduate ultrasound programme: Mapping the student experience**

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**Background:** A progressive shortage of qualified clinicians within the UK's public ultrasound departments has been documented for some time<sup>[2]</sup>, as have the organisational, physical and psychological consequences for departmental managers and working sonographers themselves<sup>[1,3,6]</sup>. Extant strategies to enhance recruitment from traditional graduate cohorts (typically diagnostic radiography) have, to date, barely kept pace with wastage. Consequently, new direct-entry programmes have been necessitated<sup>[5]</sup>. This presentation reports findings from an evaluation of one of the UK's first postgraduate direct entry programmes, with a particular focus on student experience within the first cohort.

**Methods:** A thematic analysis informed by a Straussian model of Grounded Theory was employed<sup>[4]</sup>; semi-structured interviews with N=5 participating students with a variety of graduate backgrounds were conducted at the end of the first and the second year of the programme.

**Results:** Five Global themes emerged: (a) The perceived and real benefits of prior undergraduate anatomical/biological education; (b) The perceived and real benefits of prior clinical experience in any field; (c) The demands of a placement-oriented programme and the importance of a clinical coordinator; (d) Balancing academic achievement with clinical objectives, and; (e) Concerns regarding lack of HCPC registration.

**Conclusions:** It was clear that many of the academic and practical worries articulated by participating students at the end of their first year had evaporated by the end of the second. Equally, adaptations were rapidly made to the demands of placement work where it was a new experience. Managing clinical objectives and lack of HCPC registration, however, remained concerns to the end.

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**P232 Expanding the use of simulation and normal volunteers in ultrasound education**

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The use of simulation and normal volunteers has been well utilised in ultrasound education. Simulation is well established in education and is well recognised as aiding in early ultrasound scanning skill development. The scanning of normal volunteers has been restricted to non-pregnant volunteers in accordance with BMUS guidelines on the use of volunteers for teaching purposes. There has been an increased focus on training more practitioners to undertake third trimester obstetric ultrasound scans due to increased demands on obstetric departments. This has led to the development of guidelines and governance procedures for the use of normal pregnant volunteers in consultation with the BMUS safety group.

Pregnant patient volunteers recruited from the local Obstetric ultrasound department have been utilised during the Obstetric module academic teaching on the University campus to enhance and embed practical learning within the academic practice.

Student feedback has been extremely positive on the first uses of normal pregnant volunteers on the university campus and this has led to further development of the curriculum to reflect this for future cohorts.

**P233 The appropriateness and accuracy of information provided on ultrasound (US) requests in the deep venous thrombosis (DVT) service for suitable vetting and justification**

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Accuracy of clinical details is essential to streamline vetting and justification of scans which allows the patient to be accurately allocated to the 'Likely' or 'Unlikely' DVT pathway. Inadequate information causes inappropriate and unnecessary scans to be performed in an already overly-burdened NHS DVT US service. The aim of this audit was to assess the accuracy and appropriateness of information provided by clinicians on DVT US requests to guide suitable vetting and justification by sonographers and/or radiologists.

Using an audit live template from the RCR, 50 ultrasound requests were retrospectively reviewed. In conclusion it was found that insufficient information was provided on request forms. This led to ambiguous justification of requests. An increased number of scans in an already burdened ultrasound service.