



Proffered papers: Patient-centred

B5.1 Exploring patient perceptions of compulsory face mask wearing due to Covid-19 pandemic regulations during magnetic resonance imaging examinations

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Background: Historically, healthcare staff are trained to wear PPE in a clinical environment. For patients, wearing masks during procedures and scans is a new experience and one that should be evaluated. Anxiety in patients undergoing MR imaging has long been recognised, along with the causes and strategies to support patients through this (Quirk et al 1989, Enders et al 2011 and Dewy et al 2007). It is already known that some low-cost interventions such as sensory stimulation involving sound or olfactory can improve patient experience (Stanley et al 2016) but patient experience of wearing masks remains unknown.

Methods: The overarching approach to this research is phenomenology. The study explores the experiences of patients wearing surgical grade masks for MRI scans during the C-19 pandemic. This is a qualitative study using thematic analysis to analyse the data collected. Inductive thematic analysis was undertaken to look for key themes or patterns in the open comment questions (Boyatzis, 1998). An electronic survey was the source of data collection. Ethical approval was granted from the research and ethics committee for this study. Purposive sampling will be utilised to include anyone who has had an MRI scan of any body part during C-19 in the United Kingdom. Inclusion criteria will state that only adults over the age of 18 who were asked to wear a mask are included. This study was funded by CoRIPS.

Results: Data collection is ongoing and will be complete in the new year.

Conclusion: Conclusions from the study will be drawn once data analysis is complete.

1) Boyatzis, 1998). RE. Transforming qualitative information: thematic analysis and code development. Thousand oaks CA: SAGE Publications; 1998
2) Dewey M, Schink T, Dewey CF: Claustrophobia During Magnetic Resonance Imaging: Cohort Study in Over 55,000 Patients. J Magnet Reson Imag. 2007, 26: 1322-27. 10.1002/jmri.21147. 3) Enders, J, Zimmermann, E, Rief, M, Martus, P, Klingebiel, R, Asbach, P, Klessen, C, Diederichs, G, Bengner, T, Teichgraber, U, Hamm, B and Dewy, M. (2011). Reduction of claustrophobia during magnetic resonance imaging: methods and design of the "CLAUSTRO" randomized controlled trial. BMC Medical Imaging volume 11, Article number: 4 4) Quirk, M, Letendre, A, Ciottone, R and Lingley, J (1989). Anxiety in patients undergoing MR imaging. Radiology. Vol 170 [2] 5) Stanley, E, Craddock, A, Bissett, J, Mcentee, C and O'Connell, M. (2016) Impact of sensory design interventions on image quality, patient anxiety and overall patient experience at MRI. British Journal of Radiology. 89. 20160389

B5.2 It's personal: Patient-reported data and the future of the diagnostic pathway

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Background: Patient Related Outcome Measures (PROMs) can better personalise and optimise patient care than looking at measurable processes, like scan to report turnaround times. My Clinical Outcomes' web-based platform that remotely automates collection and analysis of data (PROMs) could give better insight into patient access for scans and treatment outcomes.

Purpose: Alliance Medical looked at lymphoma patients attending for PETCT scans throughout their treatment journey, from diagnosis to follow-up, across England; meaningful variation in outcomes can be identified by comparing differences between sites, clinician and treatment cohorts e.g. access by postcode; treatment success/failures. Results are available in real-time in patient and clinician dashboard to inform individual patient care. Advanced analytics and AI on the platform enable detailed statistical evaluation of aggregate data to help increase value by focussing improvement efforts and reducing less effective processes or treatments.

Summary: Alliance Medical invited all eligible lymphoma patients to register (several hundred); completing validated cancer Quality of Life assessments at multiple time points from before their first PETCT scan just after diagnosis and throughout the treatment journey; analysing ease of access, referrer and region, symptomatology - at each scan visit and in between. Review of the data analytics will be discussed to illustrate where improvements can be made by the service provider (including any interim changes implemented) for patients and clinicians. The new approach will be

evaluated from a patient, referrer, and service value perspective with opportunities to adjust and expand the approach assessed.

1. Devlin, N.J., et al., (2018). *Valuing health-related quality of life: An EQ-5 D-5 L value set for England*. Health economics, 27(1), pp.7-22.
2. Scott, NW, et al. & EORTC Quality of Life Group (2008), *EORTC QLQ-C30 Reference Values Manual*. 2nd edn, EORTC Quality of Life Group, Brussels, Belgium

B5.3 Patient Reported Experience Measures (PREMs) across the North-west of England

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Background: Existing cancer patient experience surveys are valuable, although lack a focus on radiotherapy. This promoted the Northwest Radiotherapy Operational Delivery Network (NWRODN) to develop a specific radiotherapy survey. The Northwest Radiotherapy Patient Experience Survey: this was distributed to patients across the three North West radiotherapy providers. The results will aid the network by identifying areas to focus on to enhance the quality and experience of services.

Methodology: A project team was established who reviewed the 2012 National Radiotherapy. Through collaboration the survey was reformed, ensuring it reflected the present healthcare settings. The survey was restructured, including removal, retention and addition of new questions. This was distributed in the summer, utilising digital rollout via text message and also codes. Therapeutic Radiographers supported as clinical champions to assist patients completing the survey in the departments.

Results: There were 651 respondents. Key results revealed that 98% of patients rated care as very good/excellent. Also 94% were treated with dignity. In addition, 98% had confidence in their health professionals. However, 25% of patients did not receive written information about post treatment care and 13% were not offered a copy of their consent. 61% reported receiving their treatment at or within 20 minutes of the specified time. When delayed, 28% reported not being kept informed.

Conclusions: The results are reassuring and also identify some areas for improvements, such as post treatment care and improving daily waiting times. The intention is to run the survey nationally in 2022 using the Radiotherapy ODN structure.

B5.4 Patients' unmet needs - a patient-centred approach to care

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Background: Although willing to strive towards a more patient-centred approach when diagnosing and treating our patients, time to do this, is often our greatest challenge. The use of Health-related Quality of Life (HRQoL), studies have enabled practitioners to unambiguously measure health status allowing an objective assessment of the impact of a disease, the efficacy of a medical intervention; and their patients perceptions of care. Sadly, growing referral lists, treating patients' unmet needs can be forgotten.

Method: A 2020 HRQoL survey was conducted on 86 patients diagnosed with Cushing syndrome. Included in the survey questionnaire were questions related to their unmet needs. The transcripts of the answers were analysed using thematic analysis.

Results: The overarching themes identified that patients often feel panic, fear and anger when waiting too long for their appointments and the psychological effects of waiting for their results causes undue stress. Patients' rarely share these feelings with their physicians. Lack of time during the visit, embarrassment over their own feelings, thoughts, and concern about, "bothering," their healthcare provider with "minor," problems, are some of the reasons why certain psychosocial needs remain unaddressed. Misconceptions about the consequences of their condition prevents patients from elaborating adequate strategies of psychological adjustment. Patients would like to receive more information on procedures, therapy options, consequences of treatment, pathogenesis and psychological support.¹

Conclusion: Health services should be proactive in informing their patients on how to self-manage and develop coping and adaptation strategies as part of their patient-centred care and encourage them to join focus groups and patient education programmes.

1 McBride M et al, (2021). Quality of Life in Cushing syndrome. Best Practice & Research Clinical Endocrinology & Metabolism. January 2021, Vol. 35, Issue 1, 101505

B5.5 Research exploring lung cancer patients' experience of radiology and radiotherapy services

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Background: Lung cancer is the leading cancer death worldwide and the third common cancer in the UK (World Health Organisation (WHO), 2020 & Cancer Research UK, 2021). The technological advances for support, diagnosis or management for patients' conditions and the growing population has increased demands of healthcare including radiology and radiotherapy services. The UK population is estimated to rise to 72.9 million by mid-2041, of which 54% will be from direct and indirect migration (Office for National Statistics (ONS), 2017). This suggests an increase in NHS use and a need to transform practice to uphold the NHS constitution and values within the context of such populations. Early diagnosis and screening with appropriate treatment improves survival outcomes. However, health inequalities in lung cancer incidence and mortality exists amongst deprived communities including people from ethnic minority and poor socio-economic groups (Powell, 2019). These individuals are unlikely to access services affecting their health and survival outcomes.

Aim: To investigate patients' experiences accessing radiology and radiotherapy services for lung cancer diagnosis and treatment. The study will explore patient diversity including ethnicity and generic determinants of health variables.

Methodology: Recruitment for this mixed study is purposive sampling including patients following the lung cancer referral, diagnosis and treatment using open interviews. The eligible participants to be recruited through NHS trusts.

Impact: It will be used to inform education, future practice and lung cancer strategies in the UK. It will identify the drivers and barriers patients encounter accessing radiology and radiotherapy services including invitation uptake.

1. Cancer Research UK (2019) Lung Cancer Mortality. 2. ONS. (2017, May 20). Office for National Statistics. Retrieved from Office for National Statistics: <https://www.ons.gov.uk/> 3. Powell, H.A. (2019) Socioeconomic deprivation and inequalities in lung cancer: time to delve deeper? Thorax, 74(1), 11-12. 4. World Health Organisation (2020) WHO Report on Cancer: Setting Priorities, Investing Wisely and Providing Care for All.

B5.6 The impact of moulage on emotional labour

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Background: The practice of emotional labour is used to display an organisational acceptable demeanour; however, it is associated with burnout. Emotional reactions can alter behaviours when working with patients with open wounds, potentially negatively impacting the student and patient. This research evaluated the use of moulage to prepare students in advance of clinical placement.

Method: A longitudinal quasi-experimental design and mixed methods approach captured students (n=97) feelings related to seeing open wounds. Visual analogue scales recorded students' emotional trends pre- and post-simulation and in clinical practice. Twenty-four focus groups (n=5) were analysed thematically following the simulation debrief. Semi-structured interviews (n=7) were undertaken with students following clinical practice. These were analysed using Interpretative Phenomenological Analysis. All three data sets were triangulated to develop meta-inferences.

Results: Statistically significant changes were found in students in the simulation group, with improved emotional preparedness and a reduction in negatively valenced emotions. Three meta-inferences were developed: Simulation to reality, knowledge is power and emotional support.

Conclusion: The simulation provided additional experience improving students' emotional preparedness and reducing anxiety in clinical practice. The use of moulage promoted a similar emotional trend as experienced in a real situation. Students gained a better understanding of their emotions, patient-centred care, teamwork, and peer support. Information transfer and emotional support between radiographers and students requires improvement. Evidence indicates the implementation of a simulation using moulage to introduce students to an open wound ahead of clinical placement, has a positive impact on emotional labour.
