COVID-19 POSTER PRESENTATIONS

P101 Audit on the quality of chest X-rays before and during the COVID-19 pandemic

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Background: This is a retrospective analysis of a randomised set of chest X-rays. Both cycles were carried as a result from noticing, in our trust, that chest x-rays were mainly antero-posterior projections.
Method: A random sample of 200 chest X-ray, from January 2019 to December 2019, were taken from PACS. These were subdivided by requesting department into 50 from A&E, Inpatient, Outpatient and primary care respectively. The type of projection, whether posterior-anterior (PA) or anterior-posterior (AP), was reviewed. In the second cycle the same method was used and a further random 200 chest x-rays were sampled- 50 from each aforementioned subset- in 2020 during the COVID-19 pandemic. Standards were as follows: 75% of inpatient and A&E chest X-ray requests should be done as PA projections. 95% of outpatient and GP chest X-ray requests should be done as PA.
Results: In the first cycle, 40% of A&E and inpatient requests were PA projections. Whereas outpatient and GP requests were 95% and 100% PA. The re-audit showed a 10% increase, to 50%, in the number of PA films in A&E. However, both inpatient and outpatient saw a fall below the standard to 14% and 88% respectively.
Conclusion: Despite taking measures to improve the quality of chest X-rays there was, overall, a decrease in the number of PA films. This was put down to, upon discussion with the radiographers, the effects of COVID-19, namely time constraints due to increased disinfection requirements and generally more unwell patients who cannot stand for PA projections.

1. ACR Practice guideline for the Performance of Paediatric and Adult Chest Radiography. ACR 2014
2. European Guidelines on Quality Criteria for Diagnostic Radiographic Images. European Commission 1996.

P102 Airway, Breathing, Covid-19? Adapting resuscitation training in the Radiology Department to ensure patient and staff safety in the Covid-19 Pandemic

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Background: Cardiopulmonary resuscitation (CPR) is an integral part of modern healthcare provision. First responders can have a significant impact on patient outcomes. National resuscitation training courses are not currently tailored to radiology departments, thus in 2019 Radiology Specific Resus Training (RSR) was launched at Imperial Healthcare Trust to aid radiology staff in responding to deteriorating patients and perform effective resuscitation. RSR is a bespoke course blending elements of adult and paediatric resuscitation training focusing on scenarios more likely to occur in the radiology department. Following excellent feedback and unprecedented demand for further dates RSR was deemed a success. However, Covid-19 quickly put a stop to face to face teaching and presented a number of other challenges, the RSR course has needed to evolve.
Purpose: As the Covid-19 pandemic has significantly altered guidance on resuscitation training, we reviewed the RSR course to meet these unique challenges. By adjusting resuscitation techniques to ensure staff safety, as patients in the radiology department often have unknown Covid status, and using alternative teaching mediums to allow distance learning. To understand the challenges of creating a new e-RSR course with blended e-learning & small group practical session to meet the requirements of the Covid-19 pandemic.
Summary of content: Background - why resuscitation skills are vital to our radiology staff - unique challenges of RSR in the Covid-19 pandemic Course content and delivery methods - RSR scenarios and conversion into distance e-learning course with condensed practical component Skill confidence assessment methods - course feedback, adaptations and future plans.

P104 Initial experiences of a new regional ESWL service during a global pandemic

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A GIRFT report in 2018 (Harrison, 2018) and NICE guidelines (NICE, 2019) recommended regional, fixed site lithotripsy units which would service a region and allow access to both elective and emergency ESWL for urinary tract calculus <20mm. In the South West peninsula, trusts' were serviced by a mobile lithotripter which did not allow access to

emergency treatment, as such a new fixed site peninsula service was developed. The introduction of this service was due to commence in April 2020, however due to the Covid19 pandemic, this was delayed until August. The ongoing pandemic introduced further difficulties in the initiation of the service, many of which would have been faced by healthcare services globally and of which are outlined by the discussion paper from the Nuffield Trust (Edwards, 2020). The primary benefit from a Covid-19 viewpoint of the ESWL service was reduction in the number of Ureteroscopy procedures that were required, and additionally a new pathway that would ensure reduced admissions to surgical wards, instead moving directly to treatment and pain relief at home, in line with the NHS long-term plan for same day emergency care (NHS, 2019). Initially, patients from the local area were accepted, to enable optimisation of the processes, from referral to discharge. After 6 weeks of treatments, the service was opened up to trusts across the peninsula. In the first three months, 96 different stones have been treated across 83 different patients. 69 of these stones have been successfully cleared, and 11 requiring or opting for ureteroscopy.

Edwards, N. (2020, May). Here to stay? How the NHS will have to learn to live with coronavirus. Nuffield Trust. Retrieved December 14, 2020, from https://www.nuffieldtrust.org.uk/files/2020-06/1591362811_nuffield-trust-here-to-stay-how-the-nhs-will-have-to-learn-to-live-with-coronavirus.pdf Harrison, S. (2018, July). Urology, GIRFT Programme National Specialty Report. Retrieved December 14, 2020, from https://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/07/GIRFT-Urology.pdf NHS. (2019, January). The NHS Long Term Plan. Retrieved December 14, 2020, from https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf NICE. (2019, January 8). Renal and ureteric stones: assessment and management. Retrieved December 14, 2020, from https://www.nice.org.uk/guidance/ng118

P105 The impact of covid-19 on workplace for reporting radiographers and radiologists

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Background: COVID-19 has caused challenges to the delivery of healthcare services never experienced before. Home working became a major theme in UK public health guidance.

Purpose of poster: This study assessed the extent and experiences of home working among radiologists throughout Northern Ireland and reporting radiographers throughout the UK during COVID-19. The following outcomes will help contribute to the planning of imaging services. 31 questionnaires were returned, 71% from reporting radiographers and 29% from radiologists. 52% were set up to work from home, 48% were not. Of the 48% a third expressed a desire to be set up at home. Those home working were asked to define the percentage of time working from home, 44% were working from home 80-100%. Several questions were asked regarding motivation and communication and professional relationships. Responses were positive however slow broadband speed featured as an issue for reporting the more complex multi-planar examinations. Most responders preferred a combined approach, where home reporting offered less distraction whereas perhaps two days clinical work in department could also ensure professional relationships were maintained.

Summary of content: The poster includes (i) introduction describing the environment and pressures on imaging services as a result of COVID (ii) rationale, aims and objectives (iii) methods describing how the qualitative data (e.g. survey questionnaires) were gathered and analysed (iv) results clearly displaying the key findings (v) conclusions and potential implications for best practice.

P106 Implementing an audit programme within a busy imaging department during a pandemic

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UHNM Imaging dept. attained accreditation for QSI in 2020; however feedback for submission in 2021 mandates evidence of a continuous audit programme for all modalities, insufficiencies within the re-audit process were noted to not fully demonstrate completion of the audit cycle and therefore continuous quality improvement. Each modality identified several key performance indicators (KPI's) imperative to their areas with regards to quality and patient care to include local or national targets to measure against in the form of audit. For each KPI a QSI domain was also identified, fulfilling the long term objective that audit evidence would exist across all QSI domains. A KPI spread sheet was devised. Each KPI's have an associated audit registration form to evidence results of audits, any improvement interventions required and re-audits. Having named responsible links for each audit was deemed necessary to create personal responsibility for the continuous audit cycle so that re-audits are captured at the frequency required, a traffic light system would facilitate links to be notified in a timely manner. This is a large piece of work made especially challenging due to the pandemic because of staff shortages and a huge backlog of requests. Yet it could be argued that quality and safety is as important as ever, getting the foundations right supports and strengthens services provided especially important when they are under such strain. Measuring quality on a continuous basis is imperative to identify early on whether improvements are needed maintaining high standards of care and mitigating risk for patients.

P107 Change Management: UK government response to Covid-19 and the PPE crisis

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Introduction: Acute respiratory infections (ARI) are the leading cause of illness and mortality caused by viral infections worldwide and are extremely contagious and can spread rapidly1. Infection prevention and control provides the best way to address this. The Department of Health (DH) has a strategic key role during a pandemic. A previous exercise2 designed to test the NHS response seven weeks into a pandemic highlighted that adequate equipment, intensive care beds and personal protective equipment (PPE) needed to be prioritised.

Main: In the initial stages of the pandemic stockpiles of PPE were inadequate and were prioritised to supply staff working directly with covid-19 patients in hospitals. Hand washing and good respiratory hygiene was considered adequate for other healthcare professionals (HCP). The UK government relied on change management techniques3, 4 to approach the transformational change required during the initial stages of the pandemic, using coaxing and positive assertions and appealing to the credentials of the scientific advisers. 'Stay Home, Protect the NHS, Save Lives' was a key message which became too successful as the public avoided the NHS resulting in an increase in excess deaths not associated with Covid-195. Being in a situation where there was a requirement to rationalise PPE subjected other HCP and patients to the virus.

Conclusion: Collegial relationships in advisory committees are too close and other scientific advisors with no vested interests should appraise the scientific logic applied6. A report should be commissioned and published to evaluate the government response to Covid-19 and the PPE crisis.

1. WHO (2014) Infection prevention and control of epidemic/pandemic prone acute respiratory infections in healthcare. https://www.who.int/csr/bioriskreduction/infection_control/publication/en/ 2. Exercise Cygnus Report Tier One Command Post Exercise Pandemic Influenza October 2016. Public Health England. https://paxsims.files.wordpress.com/2020/05/460161101-cygnus-redacted-annex-01scribd-redactedv3.pdf 3. Thaler RH, Sunstein CR (2008). Nudge: Improving Decisions about Health, Wealth and Happiness. Yale University Press, Connecticut 4. Prosci. ADKAR Model. https://www.prosci.com/adkar/change-management-methodology-overview 5. Tracking Covid-19 Excess Deaths Across Countries (2020). The Economist www.economist.com/graphic-detail/2020/07/15/tracking-covid-19-excess-deaths-across-countries 6. Coker R (2020). Coronavirus can only be beaten if groups such as Sage are transparent and accountable. The Guardian. www.theguardian.com/commentisfree/2020/apr/27/coronavirus-sage-scientific-groupthink

P109 The trials and tribulations of a new clinical supervision framework in the covid-19 era

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Background: With the challenges that COVID-19 presented it was recognised that an existing local clinical supervision framework needed to be overhauled. The new framework was devised to support recently qualified practitioners and newly appointed staff to support transition in their professional development during the Covid-era.

Method: A supervision framework was devised to give structure to a fourteen week induction period. Ten supervisors and six supervisee's new to the process completed a written account following Gibbs reflective cycle (Gibbs 1988). This was designed to structure their experiences at the end of the induction, identifying areas of learning. Reflections were then transcribed and themed using an inductive content analysis in the thoughts and feelings, and evaluation sections of the cycle (Kyngäs 2020).

Results: Analysis of the themes revealed positive and negative attitudes towards the process at the onset, with feelings of nervousness and eagerness to engage. Upon evaluation, themes revealed more positive attitudes towards the experience after fourteen weeks, with recognition from participants that the supervision framework was useful, provided structure, and enabled touch points to identify learning or pastoral needs for both supervisors and supervisees.

Conclusion: Some barriers to the process were identified and needed managerial support to resolve, particularly providing time and IT facilities to better facilitate the supervision. Overall the experience was shown to be positive and the majority of those involved found the experience empowering. A suitable clinical supervision framework has been devised that has stood the challenges of COVID and will be incorporated in future inductions.

References 1. Gibbs, G. (1988) Learning by Doing. [London]:FEU. 2. Kyngäs H. (2020). Inductive Content Analysis. In: Kyngäs H., Mikkonen K., Kääriäinen M. (eds) The Application of Content Analysis in Nursing Science Research. Springer, Cham. https://doi.org/10.1007/978-3-030-30199-6_2

P110 Managing the Covid 19 pandemic: the educator's perspective

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Background: The Covid 19 pandemic meant the closure of Higher Education Institutes (HEI) with immediate effect in the first weeks of March 2020. Leadership teams within these institutions had to then rapidly plan for the delivery of thousands of hours of online or blended delivery over the spring and summer terms of 2020. The main issues that a

Diagnostic Imaging UG programme had to deal with will be covered to present how an HEI institute in the South West delivered safe, high-quality education throughout both national lockdowns
Purpose of poster: This will present the steps that an HEI in the South West of England took to plan, prepare and deliver a number of undergraduate healthcare-related programmes (with particular focus on Diagnostic Radiography) from both the senior leadership perspective and from an operational level.
Summary of content: This will cover the following areas: Initial student and staff communications (how the HEI kept in contact with staff and students) Student and staff well-being measures (Use of personal tutors/signposting) Training of staff in online delivery methods and pedagogy (What was identified as critical training) Teaching quality and assurance of any changes required Changes to teaching (Use of PPE/staff teaching bubbles and the implementation of a new simulated Bucky assessment for stage two students who were pulled out of their stage one placement). The road to recovery for making up time for clinical placements (Plans for the future and how assessments and clinical competencies will be met)

P111 Converting to exclusive online learning during the COVID-19 pandemic - The experience of the London School of Radiology

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Background: The London School of Radiology has used a bespoke online platform since 2016 to remotely deliver monthly regional teaching sessions which demonstrated the advantages of increased flexibility, improved accessibility and the ability for subsequent review of the recorded content. This facility was provided as an adjunct to face-to-face teaching by streaming and recording the live training events. From March 2020, as a result of the COVID-19 pandemic, all teaching and training events were converted to online delivery using Microsoft Teams. To date, we have successfully delivered over 50 training sessions both synchronous and asynchronous, for all levels of registrar training, covering both clinical and non-clinical elements of the radiology curriculum and have also produced a curated set of training sessions for the Part 1 FRCR examination. Moving online has provided additional benefits of accessibility to teaching material, allowing trainee to revisit content multiple times at a time convenient to them.
Purpose: This presentation outlines the challenges faced in carrying out a regional teaching programme remotely, the solutions that were implemented and a review of the future directions and suggestions for improving the remote learning experience.
Summary: The COVID-19 pandemic has rapidly accelerated the uptake and implementation of remotely delivered teaching and training sessions across the country. While there are numerous challenges to overcome, there are several.

P112 Coronavirus (COVID-19) e-learning

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Background: To introduce a programme for the health and care workforce that contains key information from Health Education England e-Learning for Healthcare's catalogue of content as well as curated materials from other trusted organisations. The programme is freely available to UKIO colleagues in the UK and overseas.
Purpose: This programme has been created by Health Education England e-Learning for Healthcare (HEE e-LfH) in response to the Coronavirus (COVID-19) global pandemic. The programme includes key materials to help the health and care workforce respond to Coronavirus.
Summary of content: e-learning courses relating to the prevention and treatment of Coronavirus in primary care and community settings. Resources for diagnostic radiographers and other professions including nurses, midwives and AHPs, doctors, medical students, pharmacy staff, support workers and volunteers.

EDUCATION AND WORKFORCE POSTER PRESENTATIONS

P113 Perceptions of final year undergraduate radiography students in a Higher Education Institute in the South West of England around barriers for raising concerns on unprofessional practice of qualified healthcare staff

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Background: The Mid Staffordshire NHS Foundation Trust Public Inquiry highlighted the importance of incident