informational needs of patients. The majority of interventions previously explored are not routinely practiced due to questions over their cost-effectiveness.

Method: Ninety first time attending patient for MRI head, spine or cardiac scan were randomised into one of three interventions; DVD, telephone conversation with a radiographer or routine appointment letter. The State-Trait Anxiety Inventory (STAI) questionnaire was used to measure anxiety levels pre and post intervention. Motion artefacts were visually assessed by 2 observers and a post scan survey was also used to capture patient satisfaction. A convenience sample of six patients had post scan interview.

Results: The study has ten more participants to recruit which will take approximately six weeks. Data analysis will then be undertaken promptly by a senior statistician. Data from the STAI questionnaires will be analysed using ANCOVA and image quality analysed using ANOVA. Intra class coefficient (ICC) will be used to compare image quality scores between the two observers. A thematic approach will be used for the interviews and opened ended questions on the survey.

SIMULATED LEARNING

p203   **Simulated CT learning: The perils and pleasures of remote access education for radiography students**

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Background: Background: Simulated learning is vital to translating theoretical and early practical experiences into safe clinical practice. Simulation in medical imaging has common limitations of replicating errors around image quality and radiation dose to the patients.1 The NETRAD CT facility at the University of Sydney comprises of a Toshiba 16-slice CT scanner which students use to scan a range of phantoms in real time via remote-share labs internet access.

Methods: Students engage with extensive learning resources in patient preparation, scanning procedures, dose modification techniques and 3D reconstruction when using NETRAD within their undergraduate curriculum. In this study, we surveyed the experiences of Australian students who have availed of this remote access scanner (Phase 1, n=28) and their attitudes about CT simulation for preparation for clinical placement (Phase 2, n=80).

Results: Phase 1 results showed that students valued opportunities to repeat and refine CT skills and appreciated the strong relevance to future roles (87% Strongly Agree (SA)). However, students made the clear distinction that remote access was different to real life scenarios (70% SA), with minor frustrations about remote access login and lack of educator facilitation. Phase 2 data collection is currently ongoing and preliminary results indicate that CT simulation is most valuable for pre-clinical skills and reduces in effectiveness after dedicated CT placement.

Conclusion: The acceptance of simulation to enhance and replace current clinical education rotations needs further exploration from education and professional perspectives. However it is clear that CT simulation promotes student engagement and provides mastery of CT skills.

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p204   **Student radiographer attitudes towards the older patient - A longitudinal study**

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Background: The ageing population is creating greater pressure on health care services; radiology is no exception. Care of the older population has been reported as inadequate and as a consequence of the Mid-Staffordshire enquiry, care of the older patient has become a central feature of education and training. However little evidence exists as to the effectiveness of this education in the radiography arena.

Method: This longitudinal study evaluated student radiographer attitudes towards older people. In the first phase an educational intervention, aimed at improving student radiographer attitudes towards the older person was designed and implemented. Attitudes were measured pre and post intervention using Kogan's attitudes towards older people scale (KoP). Students were then followed throughout their training to determine any changes in attitudes.

Results: Students held positive attitudes towards older people pre intervention, which increased significantly post intervention (p=0.01). This significance was not noted at 6 and 12 months' post intervention; here average scores reduced to an almost identical level to those found pre-intervention. At 24 months' post intervention attitudinal scores increased, though this was not found to be significant.

Conclusion: The initial results suggested that an educational intervention can have a significant impact on student radiographer's attitudes towards older people. However, the six and twelve months' post intervention scores suggest that these positive attitudes do not endure. Though the 24 months' post intervention findings demonstrate an increase in positive attitudes, these were still lower than the immediate post-interventiontaa

p205 Evaluating interprofessional simulation in the operating theatre

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The operating theatre is an area of practice that newly qualified Diagnostic Radiographers find challenging (1). Interprofessional education (IPE) and simulation are becoming widely used in healthcare education in order to prepare students for practice. Failures in interprofessional communication are well-documented with poor communication an established cause of medical error and negative health outcomes. Socio-historical issues like imbalances in power and status are particularly prevalent in the operating theatre environment, and add complications to interprofessional working. As part of an action research study to develop and pilot an interprofessional simulation experience for Operating Department Practitioner (ODP) and Diagnostic Radiography (DRAD) students. Diagnostic Radiography students took part in a simulation in the mock operating theatre on the university campus with an ODP student, ODP and Diagnostic Radiography lecturers. A purposive convenience sample of 48 second year Diagnostic Radiography students participated in the simulation. Following the simulation students were asked to evaluate the session using Padlet and to reflect on the impact of the experience on practice. The simulation was a positive experience. The timing and organisation of the simulation is important for the students to get the most out of the experience. There are benefits of being immersed in a high fidelity simulation and the realism plays a role in preparing students for real life experiences.

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p206 Evaluation of a patient complaints simulated activity

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Background Simulation is a recognised method of learning particularly for areas difficult to teach in a classroom or clinical environment. One area that has been considered in our undergraduate programme is patient complaints; adopting appropriate reactions and behaviours to reduce confrontation and minimise escalation. A simulation was developed for 3rd year students following a gaps analysis that indicated this was an area they did not feel confident in.

Method Ethical approval was not required as this formed part of the programme evaluation. The clinical skills ITU environment was used to set the scene. Nurses were consulted to increase the fidelity. Service users participated as the ITU patient's relative that would become agitated and complain. All students were involved undertaking different roles. Service users and students were briefed and debriefed after the event to gain observations. The simulation was recorded and uploaded to the Universities VLE to encourage reflective practice. Students completed an evaluation of their learning experience and confidence levels.

Results Quantitative and qualitative data analysis is on-going. The main themes emerging are: the simulation was challenging but informative; confidence and knowledge has increased through this activity.

Simulation is a fun, interactive way of getting students to do hands on practical experience in a safe environment. Having input from real nurses and service users in a ward area added value to the learning experience. The debrief and evaluation allowed reflection on the decisions made and further understanding to take place.

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p207 Using simulation, video and a coaching approach for X-ray room assessment

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Background Previously baseline exams for radiography students on technique within the X-ray room were conducted with a student 'X-raying' another student being marked by a lecturer with a clipboard. We felt that this wasn't authentic and did not encourage development of them into autonomous practitioners.

Method Simulated patients (experts by experience) were employed for the exams to add a real patient to the scenario. A lecturer was watching remotely as a safe guard measure. Once the examination was complete the student took the SD card from the video camera and joined another lecturer in a separate room- a neutral space. The video was played back to the student and the student them formulated and wrote their own feedback using an appreciative enquiry approach. The lecturer employed coaching approach to encourage the students to discover their own strengths and make an action plan for clinical placement. The GROW model was used as a framework for the subsequent development discussions arising in feedback session.

Results The student feedback was very positive. Before and during the exam they were very focused on the technical skills elements but watching the video back highlighted their patient care skills; this approach helped each student to focus on their patient interaction.

Using a combination of authentic simulation, reflection using video and a coaching approach to feedback, patient communication was the focus of the student's personal and professional development.

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EDUCATION & RESEARCH

p208 Learning from Excellence

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Background: Since the publication of Standards for Radiology Discrepancy Meetings by the RCR in 2007, regular discrepancy meetings have been almost universally adopted by radiology department in the UK. We carry out a meeting every month as a part of clinical governance to support best practice and to contribute to improved patient safety. We have added what we call "Golden Spot" award which we award to a reporter every month who have spotted something unusual or hidden findings which had a potential to be missed. This way, its an appreciation to the said reporter and also success story which keeps us motivated in our job.

Purpose: Safety in healthcare has traditionally focused on avoiding harm by learning from error. This approach may miss opportunities to learn from excellent practice. Excellence in healthcare is highly prevalent, but there is no formal system to capture it. We tend to regard excellence as something to gratefully accept, rather than something to study and understand.

Summary: I proudly present some of our "golden spots" from a year of Discrepancy meeting at our hospital. Being a junior trainee, it added a great deal of educational value to my reporting. All modalities have been included. 2 out of 7 Cases I chose for this presentation are as below: Incidental left lower lobe mass picked up on prelim abdominal plain film from a pyelogram serious.

1. Adrian Brady, (2012) Discrepancy and Error in Radiology: Concepts, Causes and Consequences. Ulster Med J 2012, 81(1):3-9 2. Steven Marc Friedman, (2013) Clinical impact of diagnostic imaging discrepancy by radiology trainees in an urban teaching hospital emergency department. International Journal of Emergency Medicine

p209 Introduction to interventional radiology: A study session for multi-disciplinary students

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Background: Practice Education Facilitators in the hospital Trust work with the Universities to facilitate multi-disciplinary student educational opportunities while on placement. They found student's knowledge of Interventional Radiology (IR) to be limited and requested a 3 hour tutorial be provided by IR staff. The aim was to develop students' awareness of IR and assist placement preparation.

Purpose: To demonstrate the variety of educational methods possible for students. By providing students with basic knowledge, they can maximise their learning experience on placement. This may be used by other Trusts as a way to assist in education, developing the future of the professions.