

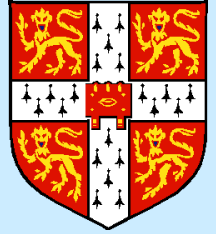
Do they know what we do? Mammography as part of undergraduate radiography training and its potential for influencing the future workforce.

Kathryn Taylor, Consultant radiographer, Addenbrookes hospital

Dr Ruth Strudwick, Associate professor, University Campus Suffolk



Background



Anecdotal evidence- course content
- clinical placements

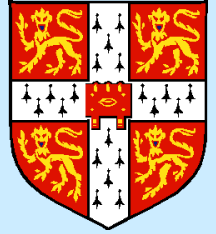
- Perception
- Recruitment
- Backfill
- Retirement

Collaboration

Funding - CoRIPs



Methods



Mixed methods

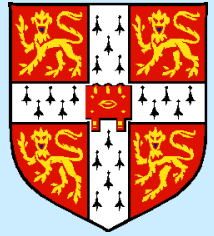
- Survey monkey - 2 HEIs (content validity)
 - all 24 HEIs in UK

Results informed questions for

- Semi structured telephone interviews



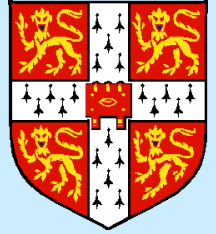
Results



- 19 of 24 (79%) HEIs responded.
- 5 of 24 (21%) respondents agreed to follow up telephone interviews.



Part 1-Academic teaching



Range 3-25 hours over 3 year course

- 100% incorporated anatomy/physiology and physics /equipment-yr1/yr2

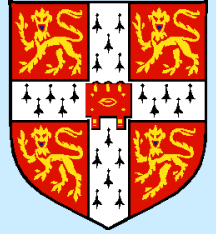
Mixed bag-'overview'

- Technique/screening pathway / communication / psychological well being / role extension

Yr 3 'debate about screening age'



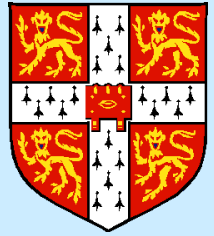
Academic teaching



- 10 (53%) HEIs spent less time on mammography than other specialties
- 12 (63%) cited the HCPC SOPs as the driver for curriculum content.



Drivers

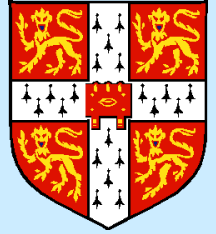


- *"This is a specialist area. Not included in role of newly qualified radiographer. They are more interested in general"*
- *"Commensurate with the roles they are likely to have (Breast not usually chosen by newly qualified radiographers)"*
- *"Narrower area of imaging anatomically so needs less time in terms of technique"*

Difficulty fitting it all in



Clinical placements



- 11 (65%) sent students on mammography placements
- 2 (12%) sent females only
- Range 2 days-2 weeks



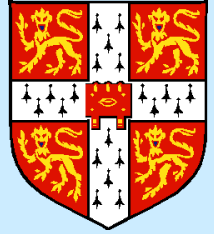
Drivers



- *"Have some trouble with the clinical department saying they 'don't know what to do with students'. They don't see the value of having students and don't have time to spend with them'. An attitude not exclusive to breast but sometimes stops students going at all"*
- *"Some student's less keen to go and some units less keen to have them"*
- *"It happens on an ad hoc basis driven by time. No competency measurements surrounding mammography so tends to be overridden by other specialties"*



Drivers

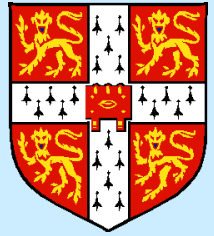


Gender:

- *"Inherited situation"*
- *"Most of their clinical placement departments don't want to have male students so for parity non are sent - male or female"*
- *"3 out of 7 clinical placements won't allow male students but females go anyway"*



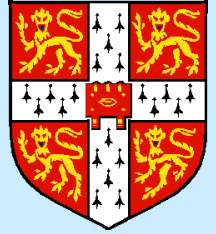
Interviews



- Academic time given to breast imaging
- Interest / expertise of HEI staff in breast imaging and promotion of experience
- Networking / links between HEI and breast imaging departments
- Placement experience in breast imaging
- Recruitment -1st post in breast



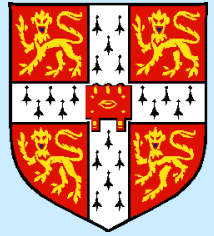
Interviews



- “good links with academic speakers and clinical placements makes a difference”
- “It is about a personal link...because interestingly enough breast screening itself it tends to be a fairly closed environment and it is about having that link.”
- “We’ve got 8 placement sites so having a relationship with all of them is quite difficult, they are quite different departments with regards to how much importance they place on education perhaps and how they want to be involved”



What matters?



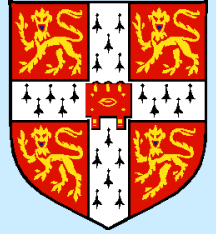
Student knowledge and perception

- Academic content - basic component
 - expert input (overview)
- Clinical placement - links and outlook
 - gender
 - competencies

"gives people a message that it's not that valuable because there are no competencies in their practice assessment documents"



Conclusion



- Teaching - quality not quantity
- Clinical placements - no gender bias
 - competencies
(structure, uniformity)
- Evolving workforce
- Student views

