

Snaith B & Hardy M

CoR research award 2006 – Interim Report 28th January 2007

Progress to date

1. Comprehensive systematic review of literature completed including both UK and international studies.
2. R&D approval received (Mid Yorkshire NHS Trust). Study approved as service evaluation and ethical approval not required following application of recent changes to COREC procedures.
3. Database of UK HEI's providing radiography education compiled from the CoR undergraduate and postgraduate course directories.
4. Database of UK emergency departments and minor injuries units compiled using the British Association of Emergency Medicine (BAEM) directory.
5. Questionnaire to establish educational provision for development of image interpretation skills at pre and post registration developed, piloted and distributed to all UK HEI's providing radiography education.
6. Questionnaire to establish current clinical practice with regard to radiographer participation in red dot, commenting and formal reporting of trauma images designed, piloted and distributed to all UK clinical departments that operate an A&E or minor injuries service.

Next Stage

1. Set up statistical database to facilitate collation and analysis of questionnaire responses
2. Re-issue questionnaires to non-responders as appropriate.
3. Analyse questionnaires using SPSS 13 and STATA 9 statistical programmes and prepare study summary and recommendations.
4. Presentation of study findings at UKRC 2007
5. Submission of final report to College of Radiographers
6. Dissemination of study findings to peers in form of submission to peer reviewed journal

Challenges

1. Evolution of study design from initial application to encompass all aspects of image interpretation practice undertaken in the clinical setting and variety of educational provision.
2. Identification of study population by hospital. Anecdotal evidence suggested that all hospitals within a single Trust do not operate identical practice protocols. Consequently, to ensure that the questionnaire responses were not biased by a restricted sample group, it was necessary to identify all hospitals, however small, that operated some form of trauma radiography service.
3. Questionnaire design. Pilots of questionnaires illustrated confusion in common terminology comprehension. With respect to HEI, confusion existed surrounding competence and role of pre-registration education in providing evidence of image interpretation competence. In contrast, the clinical questionnaire pilot demonstrated inconsistencies in understanding terminology surrounding hot reporting and presented the need to further examine issues surrounding CR/DR and PACS.