

SHORT PAPER SESSION F2

F2.1 From isolation to innovation: Establishing the Australian Medical Imaging Clinical Educator Network

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Clinical educators play a critical role in the transition of healthcare students into clinical professionals, ensuring that learners bridge theoretical knowledge with skilled, patient-centred practice. Yet, despite their central contribution, clinical educators often face challenges of isolation, limited professional support and inconsistent access to educational development opportunities across Australia.

In 2017, the Australian Medical Imaging Clinical Educator Network (AusMICE) was established as an informal group to address these challenges. More recently, AusMICE has since formally transitioned under the auspices of the Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) to unite, empower and advance the clinical education community.

Responding to the increasing complexity of clinical education and supervision across diverse healthcare settings, AusMICE provides a structured platform for educators to share expertise, enhance teaching practices and contribute to the strategic direction of clinical learning in Australia. A central initiative of the network is the biannual Clinical Educator Forum, which serves as a national platform for open dialogue and professional development. These forums foster engagement of clinical educators, facilitating discussion of emerging trends and challenges of clinical supervision. This presentation will explore the formation and evolution of AusMICE, detailing its foundational goals, leadership framework and alignment with ASMIRT's commitment to educational excellence. Key achievements, challenges and future directions will be highlighted, including developing accessible resources and influencing policy in clinical education.

F2.2 Preparing radiography students for the complexities of Suspected Physical Abuse (SPA) examinations: a simulation based approach

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Background

Radiographers play a pivotal role in the medicolegal investigation of suspected physical abuse (SPA), where high-quality skeletal surveys are essential for identifying occult fractures and informing child protection decisions (RCR, 2018). Despite this responsibility, pre-registration education offers limited preparation for safeguarding practice. Research by Beck et al. (2023, 2024) highlights inconsistent safeguarding knowledge among radiographers and considerable variation in how HEIs deliver SPA material. Governance restrictions on student involvement in skeletal surveys further limit authentic exposure, leaving students with little opportunity to appreciate the interpersonal and medicolegal pressures of SPA imaging. Simulation offers a practical way to address these challenges. Beck et al. (2024b) demonstrated its value in helping students recognise indicators of abuse. This simulation extends that work by immersing students in the technical and communication demands of SPA examinations.

Purpose

To present how simulation-based safeguarding education can enhance radiography students' preparedness for practice while supporting wellbeing, professional identity formation and confidence in responding to complex presentations.

Summary of Content

A radiography-specific safeguarding simulation is described in which students engaged with challenging scenarios that mirror the complexity of SPA examinations. Learners rotated through skeletal survey tasks and took on radiographer and witness roles, responding to withdrawal of consent and making real-time decisions. A structured debrief consolidated learning, encouraged reflection on the emotional impact of SPA work and reinforced key safeguarding principles. This session showed that simulation can provide safe but realistic exposure to medicolegal radiography, strengthen clinical reasoning and support alignment with HCPC (2023) safeguarding expectations.

1. Beck, J.J., Snaith, B., Wilson, A.S. and Hardy, M.L. (2024) 'A qualitative analysis of the role of the diagnostic radiographer in child safeguarding', *Journal of Medical Imaging and Radiation Sciences*, 55(4), p. 101763.

2. Beck, J., Berry, E. and Ferrari, G. (2024b) Safeguarding and simulation: The University of Bradford approach. Poster presented at UKIO 2024, Liverpool, UK.

3. Beck, J.J., Wilson, A.W., Hardy, M. and Snaith, B. (2023) 'Evaluating the role of the diagnostic radiographer in identifying child safeguarding concerns: A knowledge, attitude and practice survey approach', *Radiography*, 29(5), pp. 892–897.

4. Health and Care Professions Council (2023) Standards of proficiency: Radiographers. London: HCPC.

5. Royal College of Radiologists and Society and College of Radiographers (2018) The radiological investigation of suspected physical abuse in children. London: RCR/SCoR.

F2.3 Simulated Student Learning for Imaging Larger Bodied Patients: Understanding why the patient feels “nothing is made for me”

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Background

The biases held by healthcare professionals towards larger-bodied patients (including anyone who is wider, taller, or broader than the ‘average’, not just those who are ‘plus size’) are well documented^{1,2}. Limitations with equipment alongside uncomfortable or humiliating ‘work arounds’ and derogatory attitudes and behaviours displayed by radiographers have been found within medical imaging (MI)³. With UK student radiographers reporting low confidence in working with this group patients⁴ it is imperative students are prepared for the needs of larger-bodied patients.

Method

A structured simulated learning workshop was completed with Stage one MI students. Their perceptions of communicating with, and imaging larger-bodied patients were captured pre- and post-simulation activities using a self-rating Likert scale. Free-text questions aimed to understand any pre-conceived attitudes towards this group.

Results

Fifty-four students took part in the workshop, 66.7% experienced wearing a larger-bodied simulation suit. Pre-intervention, students felt that they would use the same communication skills for larger-bodied patients and were generally neutral or disagreed that no MI adaptations would be needed. Post-intervention, all scores shifted; most notably recognition that how they would interact would be different (+1.14), and an enhanced awareness of how it might feel to be the patient (+0.6). Students reported a heightened awareness of the “vulnerabilities,” “embarrassment,” and “indignities” experienced by larger-bodied patients.

Conclusion

Through safe and respectful simulated activities, MI students experienced challenging clinical scenarios and gained insight into the adaptations needed for practice. Enabling students to experience things from a patient’s perspective can foster empathy and enhance person-centred care.

1. Puhl, R. Brownell, KD. Bias, discrimination and obesity. *Obesity research*, 2001; 9(12): 788–805.

<https://doi.org/10.1038/oby.2001.108>

2. Puhl, RM. Heuer, CA. The stigma of obesity: a review and update. *Obesity*, 2009; 17(5): 941–964.

<https://doi.org/10.1038/oby.2008.636>

3. Heales, C. J. Ulett, P. Hancock, A. Manning, F. 'No such thing as one size fits all': A survey of experiences of those with larger bodies in radiography. *Radiography* 2025;31(5), 103008. <https://doi.org/10.1016/j.radi.2025.103008>

4. Tamburrini, N. Lockwood, P. Obesity bias in diagnostic radiography students: A survey of attitudes, perceptions and technical confidence. *Radiography*, 2024;30(1):202-8 <https://doi.org/10.1016/j.radi.2023.11.006>.

F2.4 From Graduate to Specialist: A Graduate Radiographer’s Transition into a Specialised Interventional Role Amid Workforce Change

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Background

Diagnostic radiography graduates in the UK traditionally enter the workforce in Band 5 roles within general radiography departments (Gallagher, 2022). However, contemporary practice is shaped by increasingly complex challenges, including longer patient lifespans, high vacancy rates, and widespread retention difficulties across NHS trusts (O’Connor et al., 2023). This workforce crisis has implications for patient outcomes and experiences (Susiku, 2024) and has prompted calls for new workforce and service models (Manning-Stanley, 2021). Within this context, demand for specialised roles has increased, with graduate radiographers also being considered for these positions.

Purpose

To explore the experience of a newly qualified diagnostic radiographer transitioning directly into a specialist interventional radiology role upon graduation. Due to limited published research in this area, this study seeks to examine how this non-traditional career pathway differs from the conventional route. Drawing on first-hand experience during a period of significant workforce change, the presentation will consider the factors that enabled early specialist entry, including departmental need, structured preceptorship, and targeted training. It will also reflect on what this shift may mean for newly qualified radiographers, professional development, and future workforce planning within diagnostic radiography.

Summary of Content

This presentation will consider how early specialist entry can be supported through tailored training pathways, preceptorships, and effective leadership, while acknowledging the challenges associated with accelerated role development. As well as an exploration of the broader implications of alternative graduate career pathways for workforce sustainability, professional identity, and service delivery within diagnostic radiography.

E. Susiku, J. Hewitt–Taylor and T.N. Akudjedu (2024). Graduate competencies, employability and the transnational Radiography workforce shortage: A systematic literature review of current pre-registration Radiography education and training models. *Radiography*, 30(2), pp.457–467. doi:<https://doi.org/10.1016/j.radi.2024.01.001>.
Gallagher, S. (2022). Graduate radiographers' experience of learning MRI practice: A pilot study using constructivist grounded theory methodology. *Journal of Medical Imaging and Radiation Sciences*, 54(1). doi:<https://doi.org/10.1016/j.jmir.2022.10.198>.
Manning-Stanley, A.S. and Kirby, M. (2021). A study to investigate undergraduate diagnostic radiographer preferences and expectations of clinical role development: Quantitative findings. *Radiography*, 28(2). doi:<https://doi.org/10.1016/j.radi.2021.09.010>.
O'Connor, M., Lunney, A., Rainford, L. and Grehan, J. (2023). Recruitment and retention of radiography clinical practice educators. *Radiography*, 29(3), pp.629–634. doi:<https://doi.org/10.1016/j.radi.2023.04.004>.

F2.5 The impact of university and clinical placement training on final-year MSc pre-registration diagnostic radiography students' chest x-ray interpretation ability and confidence

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Background

Competence in chest X-Ray (CXR) interpretation is a fundamental requirement for diagnostic radiography students preparing for autonomous practice, as CXRs are crucial for detecting, diagnosing, and monitoring numerous diseases. However, there is limited evidence evaluating the efficacy of university-based teaching and clinical placement on students' interpretive performance and confidence.

Method

Final-year pre-registration Master's diagnostic radiography students from one university completed three CXR interpretation assessments: before a university-based teaching session, immediately afterwards, and following a 14-week clinical placement. Each assessment comprised 30 CXRs randomly selected from a 62-image bank, with a 9:12 normal-to-abnormal ratio. For each CXR, students determined whether the CXR was normal or abnormal, described any abnormalities, and rated their confidence using a five-point Likert scale. Sensitivity, specificity, and accuracy were calculated, and changes over time were analysed using linear mixed models.

Results

34 complete responses were obtained. Sensitivity across the three stages was 92.9%, 93.2%, and 92.2%; specificity was 81.2%, 66.4%, and 75.6%. University teaching and clinical placement showed no statistically significant effect on abnormality detection or pathology identification ($p > 0.05$). Confidence increased significantly from pre-training to post-placement (95% CI: 5.4 - 24.7; $p < 0.01$). Confidence and ability varied depending on the case, with metastases being the most accurately and confidently identified.

Conclusion

Training increased students' confidence, whereas diagnostic performance remained consistently high across training stages. Training should include diverse CXR cases and effective search strategies to strengthen pattern recognition, align confidence with competence, to ensure the HCPC Standards of Proficiency are met upon qualification.

F2.6 Your Turn! Building community and staff-student partnership to enhance healthcare student engagement

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Background

Student engagement and feedback are critical to improving learning experiences and student belonging, alongside fostering collaborative academic environments. Current approaches to obtain student feedback at a UK University include module evaluation questionnaires and the National Student Survey (NSS), both administered too late in the academic cycle to support real-time, personalised intervention. This university has committed to supporting learner success as a strategic priority and aims to achieve NSS scores of >90% across all subjects. This requires building community and promoting a culture of real-time dialogue to enable staff-student co-creation at the programme level within Medical Imaging (Diagnostic Radiography).

Purpose

Monthly sessions were introduced to the full-time Diagnostic Radiography curriculums. Your Turn! was semi-structured, beginning with refreshments and board games to create an informal atmosphere, aiding open dialogue. Student views were collected using mixed methods: digital reflective surveys, written prompts and open conversation. Together, these captured perceptions, concerns, and recommendations, with comments reviewed by the academic team post-session to identify emerging themes and target action. Student participation has been consistently positive, with attendees reporting greater confidence in voicing opinions. Staff have efficiently triaged feedback, rapidly resolving priority issues, strengthening the department's reputation among students.

Summary of content

Dissemination will provide an overview of the Your Turn! initiative, highlighting motivations, session design and student view collection. Early outcomes will be reported on, including examples of student feedback and associated actions, followed by suggestions of applications to other institutions and evaluation of long-term impact on learning experience, wellbeing and programme retention.
