

SHORT PAPER SESSION L2

L2.1 Radiology and intimate partner violence: Lessons for a human-centred radiology workforce

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Background

The World Health Organisation recognises intimate partner violence (IPV) as a major global public health and human rights issue affecting both high- and low-income countries. Radiology plays a critical role in identifying IPV through objective assessment of injuries that may otherwise remain hidden. Despite advances in imaging technology and automation, IPV diagnosis remains a fundamentally human task requiring ethical sensitivity, contextual judgement, and compassion. However, the role of radiology departments in responding to IPV remains underexplored globally. This review examines existing literature on radiology's role in IPV screening and detection and highlights lessons for developing a human-centred radiology workforce.

Method

The Arksey and O'Malley scoping review framework was adopted. Literature was retrieved from PubMed and Scopus. Studies published in English were included without date restrictions. A content analysis was conducted to identify key themes related to radiology's role in IPV detection, professional responsibilities, and workforce implications.

Results

Differentiating IPV-related injury patterns from accidental trauma requires more than technological capability alone; it depends on human interpretation, awareness of injury context, and the ability to recognise inconsistencies between clinical histories and imaging findings. To maximise this role, radiology professionals require targeted training, trauma-informed approaches and supportive departmental systems that prioritise ethical responsibility and patient dignity alongside diagnostic accuracy.

Conclusion

Despite advances in imaging and artificial intelligence, identifying IPV remains a fundamentally human task. With appropriate training and structured pathways, radiology professionals can support multidisciplinary teams by recognising IPV while prioritising compassion, patient safety, and human-centred care.

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L2.2 “I don’t feel like I know enough about autism”: Radiographers’ knowledge and experiences of caring for autistic adults in Radiology departments (AutRad)

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Background

Radiology environments can be challenging for autistic adults due to sensory stimuli, potentially compromising care if appropriate adjustments are not made (Mason et al., 2019). Radiographers may feel unprepared to support autistic patients (Stogiannos et al., 2022), with other healthcare professionals reporting insufficient experience and training on neurodiversity (Corden et al., 2022). This study explores Radiographers' knowledge of autism and their experiences of caring for autistic adults.

Methods

A CoRIPS-funded, UK-wide, anonymous survey was developed on Qualtrics, comprising open and closed questions to capture Radiographers' knowledge and care experiences (ETH2425-2255). Descriptive statistics assessed perceived theoretical understanding and quality of care provision, while free-text responses underwent qualitative content analysis.

Results

Responses were received from 41 Radiographers (76% diagnostic; 24% therapeutic). Although 75% had completed autism training, only 22.6% felt confident in their autism knowledge. Despite this, 78% rated their ability to provide care as good or excellent. Communication was identified as the primary training need. Inclusive care commonly featured reasonable adjustments. Challenges for care were predominantly organisational in nature. Three coding clusters were developed from the qualitative content analysis: 1) How radiographers provide supportive and inclusive care; 2) Enablers and challenges to providing care, and 3) Radiographers want dedicated autism training.

Conclusion

Radiographers reported limited confidence in theoretical autism knowledge, despite high self-ratings of care quality. While sensory-based adaptations were common, most departments did not routinely seek information about autistic individuals' needs. Enhancing communication and understanding individual preferences may strengthen person-centred Radiology care for autistic adults.

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2. Mason, D., Ingham, B., Urbanowicz, A., Michael, C., Birtles, H., Woodbury-Smith, M., Brown, T., James, I., Scarlett, C., Nicolaidis, C., & Parr, J. R. (2019). A systematic review of what barriers and facilitators prevent and enable physical healthcare services access for autistic adults. *Journal of Autism and Developmental Disorders*, 49(8), 3387–3400.
3. Stogiannos, N., Harvey-Lloyd, J. M., Nugent, B., Brammer, A., Carlier, S., Cleaver, K., McNulty, J. P., Sá dos Reis, C., & Malamateniou, C. (2022). Autism-friendly MRI: Improving radiography practice in the UK, a survey of radiographer practitioners. *Radiography*, 28(1), 133–141.

L2.3 National survey of final-year UK undergraduate radiotherapy students to determine how prepared they feel to effectively care and support LGBTQ+ patients undergoing radiotherapy treatment

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Background

LGBTQ+ individuals experience recognised healthcare inequalities, including barriers to cancer care, discrimination, and reduced trust in healthcare services. Radiographers play a central role in delivering safe, person-centred radiotherapy and diagnostic imaging services, yet LGBTQ+ health education within radiotherapy curricula remains inconsistent. There is limited evidence exploring how prepared student radiographers feel to support LGBTQ+ patients within oncology settings, highlighting the relevance of this topic to contemporary imaging practice.

Purpose

This submission aims to present findings from a national survey exploring final-year UK radiotherapy students' preparedness to care for LGBTQ+ cancer patients. Learning outcomes for UKIO participants include increased awareness of current educational gaps, reflection on the impact of these gaps on clinical confidence and patient experience, and consideration of how inclusive education can be translated into radiography practice, workforce development, and curriculum design to promote equitable cancer care.

Summary of Content

The submission presents quantitative and qualitative findings from an online questionnaire completed by final-year undergraduate radiotherapy students across the UK. Results demonstrate limited formal LGBTQ+ education, low confidence in providing inclusive radiotherapy care, and strong support for enhanced teaching. Thematic analysis of open-text responses explores perceived barriers, student experiences, and suggested improvements, with findings structured to support discussion of implications for imaging education, clinical practice, and service delivery.

L2.4 Preparing the mind for MRI: Development of a bespoke mindfulness-based cognitive training tool for use before and during an MRI scan

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Introduction

Patients undergoing MRI can experience strong feelings of anxiety and distress, which can sometimes make it difficult to complete the scan, or lead some to avoid having the scan altogether. Even where patients do manage to complete a scan, many still experience worry or discomfort that may affect how they feel about future scans. There are different ways to help patients cope with these fears. One approach that has been shown to reduce stress and anxiety in other situations is mindfulness meditation. This presentation reports the phase 1 of a CoRIPs funded project which aimed to develop a mind training resource designed specifically for patients facing MRI scan, both in preparation and during.

Method

For this first phase of the project, a mindfulness-based cognitive training resource was co-developed by the research team with active involvement of a patient and public (PPIE) group. A draft resource, script, and then recordings, were shared with members of this group. Feedback obtained throughout the development process was iteratively used to amend and evolve the resource to ensure its relevance and fit.

Results

Following completion of this phase, a fully formed mind training resource has been developed, ready for testing in phase 2. The resource comprises of psycho-educational content and a series of mindfulness-based guided meditations.

Conclusion

This project is an example of multidisciplinary working between radiographic and psychology colleagues to address a common clinical problem. Engagement and involvement with patients and the public helped ensure the content developed was relevant, realistic and supportive.

L2.5 AR meets ultrasound - patient-interactive scans to reduce anxiety and improve comprehension in prenatal care

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Objective

To evaluate whether augmented reality (AR) visualizations of fetal ultrasound scans reduce maternal anxiety and improve comprehension during routine prenatal imaging, compared to standard consultations.

Introduction

Obstetric ultrasound is a cornerstone of prenatal care but often presents challenges in communication, particularly for first-time mothers or those with elevated anxiety. Traditional 2D imaging can be difficult for patients to interpret, potentially increasing emotional distress. Augmented reality (AR) offers a novel interface to render 3D fetal reconstructions in an immersive, patient-friendly format. This study explores whether AR-enhanced ultrasound improves maternal psychological and cognitive outcomes during scans.

Methods

A randomized controlled trial (RCT) was conducted with 60 pregnant participants (20–30 weeks gestation) at a single NHS maternity unit. Participants were randomly assigned to:

- Control group (n=30): Standard ultrasound with verbal explanation
- Intervention group (n=30): Ultrasound accompanied by real-time 3D fetal visualizations using a Microsoft HoloLens AR headset

Primary outcomes included:

- Anxiety reduction, measured pre- and post-scan using the State-Trait Anxiety Inventory (STAI)
- Comprehension, assessed via a structured 10-question multiple-choice quiz
- Patient satisfaction, captured through a 5-point Likert scale and open-ended feedback

Results

The AR group experienced a 28% reduction in mean STAI scores versus 8% in the control group ($p < 0.01$). Comprehension scores improved by 44% in the AR cohort (mean score 8.6/10 vs. 6.0/10; $p < 0.001$). Patient satisfaction was significantly higher in the AR group (93% vs. 61% rated the session as "very helpful").

Conclusion

Integrating augmented reality into ultrasound consultations significantly reduces maternal anxiety and enhances scan comprehension.

L2.6 Identifying barriers to early diagnosis of gynaecological cancer among ethnic minority women in the UK: A critical review

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Background

Gynaecological cancers represent a significant global public health concern, with 1.45 million new cases and approximately 680,000 deaths in 2022. Early diagnosis significantly improves survival rates; although, ethnic minority women in the United Kingdom continue to experience delays, contributing to late-stage diagnoses and poor outcomes. Despite national early diagnosis initiatives, barriers persist. This review identified barriers to early gynaecological cancer diagnosis among ethnic minority women in the United Kingdom.

Method

A literature search was conducted using Medline, Web of Science, Scopus, AMED and CINAHL to identify studies published in English between 2010 and 2024. The focus was on barriers to early gynaecological cancer diagnosis among Asian, Black, Arab, Mixed and other ethnic minority women in the United Kingdom. Study quality was assessed using CASP checklists, followed by a thematic analysis of the key findings.

Results

Eight studies were included in this review, highlighting barriers to early gynaecological cancer diagnosis among ethnic minority women in the United Kingdom which are: emotional barriers, practical barriers, help-seeking behaviour, racial implicit bias and marginalisation, language barriers, sociocultural barriers, sociodemographic factors and a knowledge gap in gynaecological cancer. These barriers were identified as influencing access to and engagement with healthcare services.

Conclusion

The review identified barriers to early gynaecological cancer diagnosis among ethnic minority women in the United Kingdom, consisting of emotional, practical, language and cultural factors. The review highlighted the need for culturally tailored interventions and a paucity of research focused on ovarian cancer, which limits early diagnostic efforts.

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