package in terms of the trainees’ knowledge and decision-making skills in advanced prostate and cervix radiotherapy. An evaluation of the session was also completed.

Results: The session was presented to 20 attendees comprising of 14 radiographers, 4 physicists and 2 clinical oncologists. In general, all attendees found the session useful and appropriate for their level of experience. All would recommend the training package to their peers. The results of the pre and post tutorial questionnaires were summarised in table 1 below. Using Wilcoxon signed rank test, significant improvements in scoring were found in all questions (p<0.05).

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-tutorial score</th>
<th>Post-tutorial score</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>How confident are you at identifying pelvic anatomy on CT</td>
<td>Median= 7 Range= 3 to 9</td>
<td>Median= 8 Range= 6 to 9</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>How confident are you to decide if a patient is suitable to treat with image matching decision making for prostate and cervix patients using images, DWH and organ at risk tolerance dose information</td>
<td>Median= 6 Range= 1 to 10</td>
<td>Median= 8 Range= 5 to 10</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Please rate your knowledge of planning for prostate and cervix patients when looking at rapid ARC, IMRT and conventional plans</td>
<td>Median= 5 Range= 1 to 9</td>
<td>Median= 8 Range= 3 to 9</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

Conclusion: Our analysis of the data suggests the virtual reality teaching tool can enhance learning, influence decision making, improve knowledge and understanding of cervix and prostate radiotherapy for radiographers, physicists and clinicians. To this effect, further training sessions will be held and evaluated with the multidisciplinary team.

OC-0371
Introduction of a consultant radiographer to stereotactic radiotherapy service
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Purpose or Objective: The role of a radiotherapy consultant radiographer has been proposed by the government in the United Kingdom with the aim to take advantage of the competencies of radiographers in driving forward the implementation of protocol-based care. With the increasing demand for Stereotactic Radiosurgery and Radiotherapy (SRS/SRT), our institution has appointed a consultant radiographer to lead the service since 2014. This study aims to investigate the impact of a consultant radiographer on the SRS/SRT service.

Material and Methods: A consultant radiographer is defined as someone with the appropriate education and training who is able to provide clinical leadership within a specialism, bringing strategic direction, innovation and influence through practice, research and education to the post. It is acknowledged that the role of a consultant radiographer was introduced to enhance our SRS/SRT service delivery and hence improve patient outcomes by increasing capacity and patient throughput. This helps the service to meet national and cancer targets. A retrospective review of SRS/SRT patients who were treated in 2013, 2014 and 2015 at our institution was carried out to determine the interval between decision to treat and treatment start dates (INT). Kruskai-Wallis ANOVA was performed to test for any significant difference in INT across the three years.

Results: Between January 2013 and September 2015, 229 patients were included in the study and the descriptive statistics were summarised in the table below.

<table>
<thead>
<tr>
<th>Year</th>
<th>2013 (Jan - Sept)</th>
<th>2014 (Jan - Sept)</th>
<th>2015 (Jan - Sept)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients treated</td>
<td>66</td>
<td>74</td>
<td>89</td>
</tr>
<tr>
<td>Mean INT (days)</td>
<td>39.4</td>
<td>28.6</td>
<td>22.0</td>
</tr>
<tr>
<td>95% Confidence Intervals for Mean INT (days)</td>
<td>32.2-46.7</td>
<td>24.2-32.9</td>
<td>18.9-25.0</td>
</tr>
</tbody>
</table>

A significant difference (p<0.05) was found in INT between 2013, 2014 and 2015. The mean INT in 2015 is shortened to nearly half of that in 2013.

Conclusion: This analysis suggests that intervals between decision to treat and treatment start dates of our SRS/SRT patients have been shortened since the consultant radiographer was appointed. The post holder has streamlined the patient pathways that still deliver high quality services but in more resourceful and innovative ways including radiographer led target volume delineations and consent.

OC-0372
Changes in student attitudes following a pre-registration interprofessional learning experience
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Purpose or Objective: Interprofessional Education (IPE) aims to improve collaborative practice by bringing together health professionals from different disciplines who learn about, from and with each other. This study evaluated whether an IPE program changed health professional students’ attitudes to interprofessional teams and learning, students’ self-reported effectiveness as team members, and students’ perceived ability to manage long-term conditions.

Material and Methods: A prospective controlled trial evaluated an eleven-hour IPE program delivered over a four-week period by an interdisciplinary teaching team. The program included an initial three-hour interactive workshop, a home visit in interdisciplinary groups to a person living in the community with long-term conditions, and a peer presentation with facilitated group discussion. Pre-registration students from the disciplines of dietetics (n = 9), medicine (n = 36), physiotherapy (n = 12) and radiation therapy (n = 26) were allocated to either an intervention group (n = 41) who received the IPE program or a control group (n = 42) who continued with their usual discipline specific curriculum. Attitudes were measured pre- and post-intervention using the Attitudes Toward Health Care Teams Scale (ATHCTS), Readiness for Interprofessional Learning Scale (RIPLS), the Team Skills Scale (TSS), and the Long-Term Condition Management Scale (LTCCMS).

Results: Mean post-intervention attitude scale scores adjusted for baseline variation (all on a five-point scale), were significantly higher in the intervention group than the control group for all scales. The mean difference for the ATHCTS was 0.17 (95%CI 0.05 to 0.30; p=0.006), for the RIPLS was 0.30 (0.16 to 0.43; p<0.001), for the TSS was 0.71 (0.49 to 0.92; p<0.001), and for the LTCCMS was 0.75 (0.56 to 0.94; p<0.001).
Conclusion: This trial found significant improvement in students’ attitudes towards both interprofessional teams and learning as a result of receiving the IPE intervention. It also found significant improvements in intervention group students’ self-reported effectiveness as team members and self-perceived confidence, knowledge, and ability to manage long-term conditions. This study indicates that a brief, modular, multifaceted IPE intervention using purpose-developed resources can have immediate positive effects and contribute to the development of health professionals who are ready to collaborate with others to improve patient outcomes.


OC-0373
IGRTonline: development and evaluation of a free online course on Image Guided Radiation Therapy
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Purpose or Objective: Despite the rapid increase in use and availability of highly conformal treatment techniques and image guided treatment delivery, there is a lack of availability of focussed training in Image Guided Radiation Therapy (IGRT) for users in most countries. Online education has the potential to reach a wide audience across geographical regions, and offer flexibility of access. The aim was to develop a free, online, self-paced, interactive course on IGRT catering to the non-expert end-users of IGRT, primarily radiation oncologists and radiation therapists (RTT).

Material and Methods: An online platform for IGRT courses was developed (www.igrtonline.com) on a learning management platform called Moodle. The first course, called ‘IGRT: Principles and Practice’, was an introductory level course on IGRT catering to the non-expert end-users of IGRT, primarily radiation oncologists and radiation therapists (RTT).

Course development took 16 months. The course was developed (www.igrtonline.com) on a learning management platform called Moodle. The first course, called ‘IGRT: Principles and Practice’, was an introductory level course on IGRT catering to the non-expert end-users of IGRT, primarily radiation oncologists and radiation therapists (RTT).

Conclusion: Online education platforms have the capacity to reach a wide audience across geographical boundaries. Quiz results suggest that the online course was successful in improving the student’s knowledge and understanding of IGRT. User perception of the course was good and the majority of participants were keen on more online education opportunities.

OC-0374
Use of IV contrast media in pre-treatment radiotherapy planning CT scans: A UK study
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Purpose or Objective: The primary aim analysed adherence to current UK Royal College of Radiologists (RCR) 2004 and 2015 guidelines. The secondary aim identified if current guidelines are adequate for optimum enhancement and image quality or should be redefined to reflect new evidence based practice.

Material and Methods: Questionnaires were sent to 80 UK cancer centres; 34 questions covered a wide range of topics including RCR compliance, contrast timings, cannulation protocols and administration in conjunction with advanced techniques to ensure comprehensive analysis could be performed.

Results: Eighty three percent of centres responded; 22% were excluded from analysis due to incomplete responses or duplication where one questionnaire applied to multiple satellite centres resulting in 52 responses. Ninety eight percent of centres administer IV contrast to at least one tumour site. However, only 6% of centres administer to all 8 of the RCR 2004 recommended tumour sites (pharynx, neck nodes, lung, oesophagus, stomach, pancreas, cholangiocarcinoma, liver) with 40% of centres administering to 5 sites or less. Sixty two percent of centres routinely administer IV contrast to all 8 of the RCR 2004 recommended tumour sites (pharynx, neck nodes, lung, oesophagus, stomach, pancreas, cholangiocarcinoma, liver) with 40% of centres administering to 5 sites or less. Sixty two percent of centres routinely administer IV contrast to all 8 of the RCR 2004 recommended tumour sites (pharynx, neck nodes, lung, oesophagus, stomach, pancreas, cholangiocarcinoma, liver) with 40% of centres administering to 5 sites or less. Sixty two percent of centres routinely administer IV contrast to at least three tumour sites not supported by RCR 2004; most commonly para-nasal sinus (73%) prostate (62%) and brain (60%).

RCR 2015 compliance was also poor with the most common response to which eGFR formula used was stated as unknown, although 88% of centres do check eGFR for every patient. Fifteen percent of centres did not have an extravasation policy although centres with policies had a wide range of procedures with no standardised requirements. Only 35% of centres use IV contrast in conjunction with 4DCT, of the centres that don’t use IV contrast with 4DCT most