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 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>
</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
Y. Tsang1, P. Ostler2, N. Shah1, J. Kudhail1, P. Hoskin2
1Mount Vernon Cancer Centre, Radiotherapy Department, Northwood Middlesex, United Kingdom
2Mount Vernon Cancer Centre, Clinical Oncology, Northwood Middlesex, United Kingdom

Purpose and 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 competences 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). Kruskal-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
1University of Otago- Wellington, Department of Radiotherapy, Wellington, New Zealand
2University of Otago- Wellington, Department of Primary Health Care and General Practice, Wellington, New Zealand
3University of Otago- Wellington, Medical Education Unit, Wellington, New Zealand
4University of Otago- Wellington, School of Physiotherapy, Wellington, New Zealand
5University of Otago- Wellington, Department of Human Nutrition, Wellington, New Zealand
6University of Otago- Wellington, Department of Primary Health Care and General Practice, Wellington, New Zealand
7University of Otago- Wellington, Biostatistical Group- Dean’s Department, Wellington, New Zealand

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 (LTCMS).

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 LTCMS was 0.75 (0.56 to 0.94; p<0.001).