



# An investigation of undergraduate diagnostic radiographer expectations of clinical role development



Anthony S. Manning-Stanley, MSc. & Mike Kirby, PhD., University of Liverpool, Brownlow Hill, L69 3GB. E-mail: antms@liv.ac.uk

## Introduction

- Numerous key government policies & initiatives<sup>[1,2,3,4]</sup> have led to the development of advanced practice roles in the UK.
- Radiographer reporting is a well-established example of advanced practice<sup>[5,6,7,8,9]</sup>, set to grow further as workforce pressures continue<sup>[3,4]</sup> and demand increases<sup>[10]</sup>.
- UK student ambitions for role development have been surveyed previously<sup>[11]</sup>; however, no literature has explored the modality preferences of such students.

## Aim

The aim of this study was to explore the preferences and perceptions of third year undergraduates with a specific focus on the reporting role.

## Methods

- University ethical approval was granted for a survey-based study utilising a questionnaire which consisted of 6 closed questions and 4 open questions.
- Informed consent obtained prior to data collection, with participants provided with a participant information sheet.
- The questionnaire was distributed to final year diagnostic radiography undergraduates, in paper format, after a taught session at a HEI in the North-West of England.
- A link to a 'SurveyMonkey' version of the consent form and survey was disseminated through Twitter.
- Responses were summarised in Excel (descriptive statistics), and transferred into SPSS (inferential statistics).

## Results

- Response rates were 100% (n=34) and (est.) 2.4% (n=18) for university-based and Twitter surveys respectively; no statistically significant difference in the demographics ( $p=0.071$  to  $p=0.120$ ).
- Respondents were predominantly female (65%); had A-level as their highest qualification (71%) as opposed to a previous degree (17.6%) or leaving certificate (2.9%); and were of 'school-leaver' age (69%) at the start of the degree.
- The top three overall combined preferences were: reporting (22.8%), CT (21.5%) and MRI (13.4%) (Figure 1).
- 73.5% anticipated specialising in under 2 years; none anticipated specialising in over 4 years (Figure 2).
- Correlation between modality preference and clinical/university experience of the modality was higher for the Twitter cohort (clinical:  $r_s = 0.589$ ; university:  $r_s = 0.592$ ) compared to the university cohort (clinical:  $r_s = 0.327$ ; university:  $r_s = 0.371$  respectively).

## Results (cont.)

Modality	UoL	Twitter	Total	%
Reporting	24	10	34	22.8%
CT	20	12	32	21.5%
MRI	7	13	20	13.4%
Ultrasound	12	6	18	12.1%
General	10	3	13	8.7%
Management	7	2	9	6.0%
Fluoro/interventional	6	2	8	5.4%
Paediatric	6	1	7	4.7%
Nuclear medicine	2	3	5	3.4%
Mammography	2	1	3	2.0%

Figure 1. Student modality preferences

- University cohort: respondents with A-Levels were significantly more likely ( $p=0.039$ ) to anticipate specialising in under 2 years.
- Twitter cohort: those including reporting as a preference were significantly more likely ( $p=0.036$ ) to anticipate specialising in under 2 years.

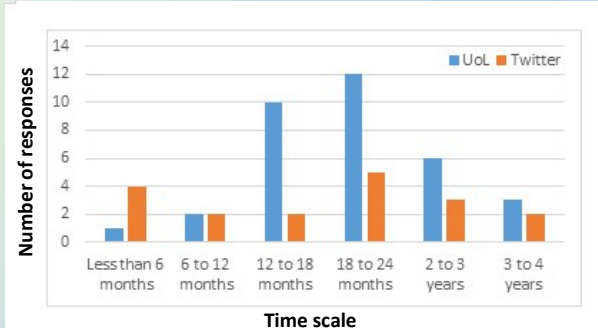


Figure 2. Anticipated time to specialise

## Discussion/Conclusions

- Whilst the preference for reporting amongst the respondents differs to previous literature<sup>[12,13,14,15,16]</sup> due to data collection, cultural and professional differences, CT and MRI have previously been identified as popular modalities.
- The anticipated time to specialise is slightly more ambitious than in previous research<sup>[11]</sup>.
- The weak to moderate correlations<sup>[17]</sup> of preference to clinical/university experience do not support previous qualitative findings<sup>[12,13,14]</sup> that experience and preference are strongly correlated.
- Identification of reporting as the most preferred modality to specialise in is a novel finding in the context of UK HEIs.

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