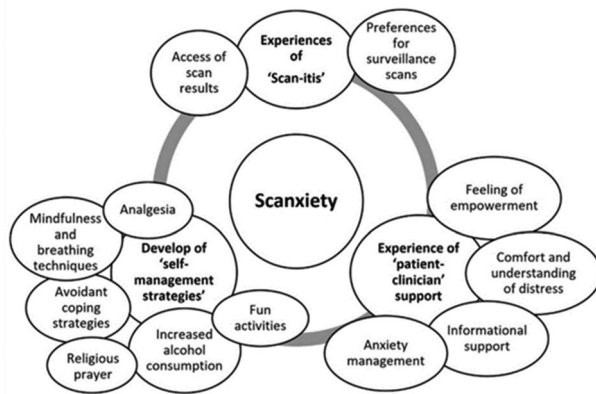


Figure 1. Overarching themes of scanxiety



Common experiences reported among individuals regarding their cancer-related imaging.

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Being distressed in MRI: an existential threat

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Background: The MRI environment is synonymous with claustrophobia,¹ however, the causes of distress are diverse and multifactorial.² Prior research examining distress in MRI have predominantly focussed on claustrophobia,³ adopted quantitative approaches,⁴ or the practitioner perspective.² There is a paucity of qualitative research⁵ exploring the patient perspective⁶ within an Australian context.⁷

Aim: To investigate the lived experience of adults who experienced distress during a clinical MRI examination by understanding the meaning (essence) of their distress (phenomenon).

Methods: This qualitative study adopted a constructivist-interpretivist paradigm⁸ and a hermeneutic phenomenology methodology.⁹ The population were adults from regional and rural New South Wales who had experienced 'distress' during a clinical MRI examination. Lived experience data was collected through two stage semi-structured interviews. Human research ethics was granted.

Results: Eight participants were interviewed, which provided a deep and holistic insight into their lived experience of MRI. All participants described "being distressed in MRI" as an immediate and existential threat resulting in hypo-arousal leading to emotional and psychological distress. Each participant's experience and manifestation of distress was individual and unique. This oral presentation explores the diverse and typically non-claustrophobic nature of 'being distressed in MRI'.

Conclusions: Contemporaneous internal, external contributing and confounding factors contribute to an aggregated level of arousal or distress in MRI. These can be physical, emotional and psychological, and are not just a manifestation of claustrophobia. MRI practitioners need to be aware of the diverse nature of distress within this environment to be able to provide effective individualised person-centred care.

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Person-lived digital storytelling in medical radiations education: pilot study results

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Objectives: The aim of this study was to explore students' perspectives of the impact of lived experience of health care on providing person-centred care.

Methods: Authentic person-centred learning experiences were sourced from student clinical workbooks. These formed the basis for developing first-person narratives of lived healthcare experiences in an innovative digital storytelling format. Teaching and learning activities were built around the vignettes and delivered in a face-to-face tutorial setting. The lived experiences included both the student and the person's perspectives. Vignettes were purposefully delivered in short segments, allowing for student engagement in the activity before moving on to the next stage of the interaction. Students who participated in the activity were invited to attend a focus group to explore their perspectives of engaging with the lived experiences.

Results: Thematic analysis of the focus group sessions identified three strong themes: (1) enhancing person-centred care; (2) format of delivery (with a subtheme of scaffolded learning); and (3) collaborative learning.

Discussion/Conclusion: Medical radiation science environments are particularly prone to focussing on technical aspects of examinations and de-personalising treatment of patients.¹ Embedding lived experiences of people accessing health care into healthcare education has shown to enhance students' confidence in delivering effective person-centred care by developing key attributes such as empathy and effective collaboration methods.^{2,3} Students reflected on how they have, and how they will now, interact with patients as influenced by the transformative learning attained from this pilot study, indicating they have become more receptive to the emotional state of people in their care.

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