



Queen Margaret University

BSc (Hons) DIAGNOSTIC RADIOGRAPHY

**MANAGEMENT OF
CLINICAL EDUCATION
HANDBOOK**

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1 CLINICAL EDUCATION FOR STUDENTS OF DIAGNOSTIC RADIOGRAPHY

INTRODUCTION

Clinical Education placements have a theoretical as well as a practical focus. They provide clear opportunities for students to develop, evaluate, organise and build upon academic learning in a progressive fashion. They enable integration of theory with practice and the safe, effective assimilation of the student into the multidisciplinary health care team.

Clinical and academic blocks are integrated programme elements and should not be viewed as standing alone. Lecturers, Clinical Tutors, Student Liaison Officers, Practice Assessors, Practice Educators, Supervisors and all members of the multidisciplinary department teams facilitate continuous linking of theory with practice and provide sound student support. Clinical education for students of diagnostic radiography is delivered from imaging departments in the Astley Ainslie Hospital, Edinburgh; Ayr Hospital; Borders General Hospital, Melrose; Crosshouse Hospital, Kilmarnock; East of Scotland Breast Screening Service, Edinburgh; Edinburgh Dental Institute; East Lothian Community Hospital; Edinburgh Royal Infirmary; Forth Valley Royal, Larbert; Lauriston Building, Edinburgh; Leith Community Treatment Centre, Edinburgh; Royal Hospital for Sick Children, Edinburgh; Midlothian Community Hospital, Dalkeith; Queen Margaret Hospital, Dunfermline; St John's Hospital, Livingston; Victoria Hospital, Kirkcaldy; Western General Hospital, Edinburgh. Information regarding staffing and available modalities may be found in the Clinical Placement Handbook.

These organisations provide guided experiential learning through supervised direct patient contact and allow opportunities to develop personal confidence and professional competence. They facilitate the acquisition of clinical judgment skills and the expertise required to become a competent practitioner and effective member of the multidisciplinary health care team. The quality of your clinical experience is based on an effective partnership between Queen Margaret University, the placement site and yourself. This partnership is regularly monitored to ensure compliance with the [Quality Standards for Practice Placements](#).

The Clinical Education Programme includes elements of clinical supervision, clinical workshops, tutorials and clinical assessment and, with emphases on communication and reflection, enables students to acquire the clinical competencies required to be eligible to apply for registration with the Health and Care Professions Council. Students will also acquire the investigative and analytical skills necessary to enhance the knowledge base of the profession.

Level 1

In Level 1, the student undertakes a formative, introductory two week clinical placement to begin the process of practice education.

Level 2

In Level 2, the student undertakes two modules: "Introduction to Clinical Practice in Diagnostic Imaging" (ICP) and "Clinical Practice in Diagnostic Imaging 2" (CP2). The student must pass the clinical component of ICP before progressing to CP2. ICP,

the student undertakes 5 weeks of clinical placement. The learner commences the process of acquiring general radiographic expertise, the safe, effective integration process and starts to develop a profile of professional identity. CP2, the student undertakes 7 weeks of clinical placement. The learner continues to build on the knowledge and skills attained, during Introduction to Clinical Practice, ensuring there is close integration of theory and practice.

Level 3

In Level 3, the student undertakes one module: “Clinical Practice in Diagnostic Imaging 3” (CP3) including 12 weeks of clinical placement. The learner thereby continues the safe, effective and efficient integration into the multidisciplinary health care team whilst continuing to build a general knowledge and skills base. Close integration of theory with practice is facilitated with experience of specialised radiodiagnostic imaging modalities being provided.

Elective placements enable the student to expand their analytical and evaluation skills in a new environment, which broadens the experience and enables recognition of individual approaches to clinical practice (Appendix [A](#) and [B](#)). International students are not permitted to return to their home country for elective placement.

Level 4

In Level 4 the student undertakes one module “Clinical Practice in Diagnostic Imaging 4” (CP4) including 12 weeks of clinical placement. In the final year, the programme focuses on the consolidation of general radiographic skills. Theory is integrated with practice to provide a sound framework for the competent clinical practitioner. The development of high level skills in problem-solving, critical analysis, evaluation and appraisal will prepare the student for continuing professional development and life-long learning in a multi-professional environment.

CONTACTING THE UNIVERSITY

Details of the clinical programme including practice educator training, QMU staff contact details, QMU Practice Placement Handbook, clinical documentation and communication forms are located on the QMU Practice Educator website:

<https://www.qmu.ac.uk/current-students/practice-based-learning/nursing-and-allied-health-programmes-pbl-information/diagnostic-radiography/>

When an incident occurs outside of normal working hours, and there is an urgent requirement to contact the University, please telephone (0131) 474 0000, when prompted, ask for reception.

Radiography Staff Contact Details

Catherine McClintick	CMCclintick@gmu.ac.uk	Placement Coordinator
Alison Scott	AScott@gmu.ac.uk	Radiation Protection Supervisor
Louisa Armstrong	LArmstrong@gmu.ac.uk	
Simon Holmes	SHolmes@gmu.ac.uk	
Martin Vosper	MVosper@gmu.ac.uk	

2 FITNESS TO PRACTISE

The University has an obligation to ensure that graduates from its pre-registration healthcare programmes are fit to practise. Fitness to practise has been interpreted to mean that a person has the skills, knowledge, character and health to undertake their professional role safely and effectively. This means we need to consider whether students:

- have a long-term health condition or disability which could prevent them from practising safely without supervision;
- have any criminal convictions or cautions which could make them unsuitable for registration;
- have demonstrated that they can maintain the standards of conduct expected of a health professional.

The student's behaviour on placement and in private life has the potential to affect suitability for registration. If the University becomes aware of an issue regarding a student's behaviour it may initiate Fitness to Practise proceedings. Where there are serious concerns, a Fitness to Practise panel may be convened. The Fitness to Practise panel has the authority to impose a range of sanctions, including requiring a student to suspend study or even to leave the programme.

For more information, see the [QMU Fitness to Practise Policy](#).

The Health and Care Professions Council (HCPC) publishes guidance for students and registrants about [Fitness to Practise](#) which you may find useful.

2.1 Health and Disability

Students should keep their Personal Academic Tutor or Programme Leader informed of any changes to their health or disability status. The University will seek to put in place measures to support students with health problems or disabilities so far as is practical. It is essential that you discuss any concerns you might have with staff as early as possible.

To protect patient safety, you must inform your placement supervisor immediately if you contract a communicable disease.

Practice education involves a range of relationships, rights and responsibilities, some legal and others negotiable between the student, University and placement provider. The University acknowledges that not all information about a student's disability or health condition may be relevant to placement providers and that information should normally be provided on a need-to-know basis.

2.2 Conduct

Concerns may arise about the student's fitness to practise if any of the following situations occur:

- conviction of a criminal offence, particularly one involving dishonesty or violence;

- found in breach of the student discipline code, e.g. for behaviour towards other students or for cheating in an exam / plagiarism;
- behaviour in an unethical or unprofessional manner on placement;
- breach of patient confidentiality.

The above list is not exhaustive. Each case will be dealt with according to the individual circumstances.

Radiography is a profession regulated by the HCPC and therefore statutory requirements exist for the regulation of practice to protect patients and their carers. The titles 'Radiographer' and 'Diagnostic Radiographer' are legally protected and may only be used by individuals who have completed an approved course of study and are subsequently registered by the HCPC. Students can access the following resources; the first is considered essential reading.

Guidance on conduct and ethics for students	https://www.hcpc-uk.org/resources/guidance/guidance-on-conduct-and-ethics-for-students/
Guidance on health and character	https://www.hcpc-uk.org/resources/guidance/guidance-on-health-and-character/
Standards of education and training guidance	https://www.hcpc-uk.org/resources/standards/standards-of-education-and-training/
Confidentiality - guidance for registrants	https://www.hcpc-uk.org/registration/meeting-our-standards/guidance-on-confidentiality/

3 APPEARANCE AND DRESS CODE

- It is important for the student to develop the personal discipline and professional attitudes necessary for successful clinical practice. Patients attach great importance to the appearance of hospital staff and a high standard of personal hygiene and appearance should be maintained. Students should therefore dress in a manner which is likely to inspire public confidence and appropriate steps should be taken to minimise the risks of infection and cross contamination for patients and the public.
- During clinical placement, students are required to wear the stipulated uniform. name badges and dosimeters must be worn.
- Duty shoes will be soft-soled, closed toe in black, navy or white. Fashion footwear or canvas shoes are not permitted.
- Uniform and footwear **must not** be worn outside the hospital.
- Hair must be clean and tied back if longer than collar length.
- Nails should be short, clean, well manicured and devoid of nail polish. False nails are not permitted.
- With the exception of small stud earrings and plain wedding bands, no hand, wrist or neck jewellery is permitted. One set of earrings are permitted. Facial piercings are considered to be inappropriate in the clinical environment. Visible tattoos which might be perceived as being offensive should be covered.
- Students are permitted to wear short sleeve t-shirts under their uniforms. T-shirts should be black, white or navy in colour.
- Consideration must be given to the cultural and religious requirements of students.
- In addition, students **must** adhere to any local and national dress code and uniform policy.
- Mobile phones **must not** be used or taken into the clinical environment for personal use. Mobile phones must only be used to record supervisor feedback; the phones must be offline and returned to a safe place as soon as the feedback is complete.

4.0 ATTENDANCE

- **Attendance Regulation:** To meet the 100% clinical attendance requirement students must attend placement as per the clinical placement rota. Absence from clinical placement due to illness or extenuating circumstances must be supported by evidence: emailing the module coordinator, contacting the placement site and submission of an absence form. Failure to provide evidence of absence will result in a 'Fail' of the attendance component of the clinical module. Students with certified absence will be provided with further placement hours to achieve the 100% attendance requirement.
- A medical certificate is required for absence of more than 5 working days, this must be submitted to the module coordinator. All verified sick leave will be re-timetabled appropriately to ensure 100% attendance. Occasional verified absence of a day may be recovered by foregoing study half days; this must be negotiated with the module coordinator. Requests for consideration of extenuating circumstances should be made according to the QMU regulations.
- Students who require time off for legitimate reasons such as health related appointments (for example General Practitioner or Dentist) and personal issues must negotiate with QMU programme leader or module coordinator. Reported attendance/absence is recorded for each student for future reference.
- Requests for vacation during the semester will not be sanctioned. If taken, the module assessment will be considered to be incomplete and a non-submission will be presented to the examination board for consideration. Any clinical time required for retrieval will be specified and timetabled during the summer vacation as a second diet.
- The student must have complied satisfactorily with the conditions attached to all clinical placements and assessments prior to recommendation for the award of BSc (Hons) in Diagnostic Radiography.
- The student will follow the normal work pattern of clinical staff and will typically work from 09.00 until 17.00hrs with 30 minutes for lunch. Morning coffee breaks are normally of 20 minutes duration and all breaks are assigned by the clinical supervisors.
- If a student needs to leave placement early, before 17,00hrs, this should be discussed with the module coordinator in the first instance.
- The student must be prepared to alter any part-time working hours to suit a particular clinical placement situation and to perform periods of clinical experience out with 'normal' working hours.
- The programme team is concerned that students demonstrate appropriate professional behaviour and prospective employers frequently request information regarding attendance as part of reference information.

5 CLINICAL EDUCATION STANDARDS

5.1 Prior to Clinical Placement

- In Level 1, prior to clinical placement, students are required to complete a Practice Education Passport (Appendix [C](#)). The passport has been developed in conjunction with placement providers to ensure students are aware of their responsibilities within the practice setting and take an active role in practice placement preparation. Failure to complete any element of the Practice Education Passport precludes the student from attending placement.
- Students are required to take a copy of the completed passport to placement. If a student is unable to produce their passport they may be asked to leave the placement.
- The Module Coordinator will provide a timetable indicating the students' location for each placement week.
- Teaching schedules for each semester and learning outcomes for each placement will be provided to enable clinical staff to support students appropriately.
- The Module Coordinator will collaborate with the clinical staff and ensure relevant, current site information is available to the student.
- Clinical Tutors, Student Liaison Officers, Practice Assessors, Practice Educators and Supervisors will indicate their availability and agree tutorial times with the student.
- The Clinical Tutors, Student Liaison Officers, Assessors, Educators and Supervisors will discuss and agree personal learning outcomes for the student at the start of every placement.
- The student is responsible, at the beginning of a placement, for notifying the Clinical Tutor or Clinical Assessor that an assessment is due. The Clinical Tutor or Assessor is responsible for ensuring sufficient preparation precedes the assessment process.

5.2 During Clinical Placement

- The student's identity is verified on the first day of each placement week. The student is required to present their matriculation card to the practice educator / supervisor responsible for their training. If the matriculation card is not available another suitable form of identification (i.e. driving licence or passport) will suffice. The practice educator is asked to sign the front page of the student's clinical assessment sheets to confirm identification.
- The Clinical Supervisor is responsible for obtaining, according to local protocol, patient consent prior to a student observing, assisting with or performing a procedure.

- The student is required to introduce themselves to patients, and indicate that they are a student before commencing the examination and request the patient's consent to carry out the examination.
- The Clinical Supervisor is responsible for supervising the student and ensuring safe and successful completion of all procedures.
- The Clinical Supervisor is responsible for taking over the examination if it becomes apparent that the student is experiencing difficulty or is placing the patient at risk. The Clinical Supervisor will subsequently have a reflective discussion with the student regarding the reasons for this action.
- The Clinical Supervisor and the student are jointly responsible for completion of the Continuous Assessment forms and will have a reflective discussion at the end of each day.
- Any supervisor or assessor who has concerns about student performance levels in any of the domains of clinical practice has a clear responsibility to notify the module coordinator. A reporting proforma is available in Appendix [D](#). After completion, the individual will notify the Module Coordinator who will arrange a meeting to discuss their concerns and explore possible actions. A record of this meeting will be retained (Appendix [E](#)).
- If a student is involved in a radiation/clinical incident, or near miss, the supervisor and the student must advise the module coordinator and the QMU Radiation Protection Supervisor (RPS) as soon as possible (Appendix [F](#)). The student is required to complete a radiation incident form and email the completed form to the module coordinator and the RPS within 48hours of the incident occurring (Appendix [G](#)).
- If during placement the student has concerns about their well being or the well being of patients there is a support network in place to ensure the situation is dealt with quickly and efficiently (Appendix [H](#)).

5.3 After the Clinical Placement

- The student will update the PebblePad Clinical Workbook including the Continuous Clinical Assessment, Staged Assessment and Elective Placement Documentation following placement. Penalties will be incurred for late or non-submission of this material according to QMU regulations.
- At the conclusion of each clinical placement block, the Module Coordinator will verify attendance and schedule additional clinical experience as required under the attendance regulations.
- **The student must return their dosimeter as soon as possible to the designated return point after each block of placement. Return of dosimeters is an essential professional requirement. Dosimeters must be returned or clinical documentation will not be marked.**

6 INSURANCE

- Due to Health and Care Professions Council requirements, students on Nursing, Allied Health Profession and Healthcare Science qualifying programmes are required to hold professional indemnity insurance as a pre-condition of progressing to placement. This is most easily gained through the joining of the appropriate professional body, and information on this will be provided during the induction process into your programme.
- More details on Insurance can be found on the [Finance](#) area on the intranet.

7 COMPLAINTS

- The University has a Complaints Handling Procedure which can be found here: <https://www.qmu.ac.uk/media/4066/qmu-complaints-procedure.pdf>. The Procedure has three stages: frontline resolution, investigation and external review.
- If a student has a complaint, they should discuss this with someone in the area which the student wishes to complain about (for example, for a complaint relating to speech and hearing sciences, this should be discussed with the Programme Leader or Module Coordinator for the module concerned).
- The complaint will be considered under frontline resolution (unless complex) and a response will usually be given within 5 working days. If the complaint is complicated, it is the student's choice to take it to investigation stage immediately or it may be referred to the investigation stage by the person the student determined to discuss the complaint with at frontline resolution. Should the complaint be considered under the investigation stage, a response will normally be received within 20 working days.
- Any queries about the complaints procedure or any complaints written on the Complaints Form may be emailed to complaints@qmu.ac.uk.

8 GENERIC LEARNING OUTCOMES

8.1 By the end of ICP, the student will be able to:

- **identify** the key components of x-ray tubes, tables and accessories and **describe** their operation;
- **identify** the display components of generator control consoles and **demonstrate** their functions;
- **demonstrate** safe and effective handling and positioning of x-ray tubes;
- **demonstrate** safe and effective use of collimation devices;
- **describe** and **demonstrate** correct utilisation of moving and stationary secondary radiation grids, erect buckys and image receptor holders;
- **make** x-ray exposures safely whilst **implementing** radiation safety measures for patients and staff;
- **identify** and **demonstrate** the correct use of radiation protection and safety devices;
- **identify** and **differentiate** between image receptors for CR and DR systems in general use;
- **demonstrate** correct patient reception and positive identification;
- **demonstrate** effective communication interaction with patient;
- **demonstrate** application, where relevant, of pregnancy check and 28/10 day rule according to local protocol in a courteous manner with consideration for patient confidentiality;
- **demonstrate** the use of moving and handling techniques safe for patients and staff;
- **demonstrate** awareness of and **discuss** the reasons for local policies for disposal of waste;
- **describe** the location of emergency equipment and emergency procedures for fire and cardiac arrest;
- **select** the image receptor appropriate for each examination and **demonstrate** its correct use;
- **demonstrate** correct use of anatomical markers and image identification devices;

- **describe** and **demonstrate** correct technique for all examinations specified for the clinical placement by:
 - **identifying** and **examining** the patient correctly;
 - **selecting** and **utilising** the correct equipment and accessories;
 - **positioning** the patient, x-ray tube and image receptor correctly;
 - **selecting** correct exposure technique;
 - **applying** radiation protection protocols correctly;
 - **demonstrating** appropriate standards of care of the patient, before, during and after the procedure;
 - **completing** documentation correctly as per local protocol.

- **evaluate radiographs for:**
 - correct patient identification;
 - evidence of collimation and, where appropriate, gonad protection;
 - quality of patient positioning;
 - quality of image contrast, density and exposure index/sensitivity value;
 - radiographic appearances and the presence or absence of pathology;
 - further action required.

8.2 By the end of CP2, in addition to the above, the student will be able to:

- **describe** the type and specification of imaging equipment in use;
- **make** x-ray exposures safely whilst **implementing** radiation safety measures for patients and staff;
- **discuss** the capabilities and limitations of image recording systems used locally;
- **demonstrate** effective communication with carers, relatives and members of the multi-professional team;
- **demonstrate** an awareness for the special care required for patients with intravenous access devices and surgical drains;
- **describe** and **demonstrate** the use and routine care of oxygen and suction apparatus;
- **describe** location, types, distribution and checking procedure for drugs in the X-ray department;
- **evaluate** radiographs for abnormal appearances and suggest possible causes of abnormalities.

8.3 By the end of CP3, in addition to the above, the student will be able to:

- **describe** the type and specification of imaging equipment in use;

- **discuss** the capabilities and limitations of the equipment and its suitability for use;
- **demonstrate** safe, effective and efficient operation of imaging equipment and accessories;
- **discuss** the capabilities and limitations of image recording systems used locally;
- **describe** and **utilise** correct technique for all procedures specific to the placement;
- **demonstrate** appropriate and safe patient preparation, positioning and aftercare for the examinations specific to the placement;
- **modify** and **adapt** techniques and procedures in consideration of traumatic, congenital and pathological conditions which may limit patient cooperation;
- **demonstrate** effective and appropriate communication with patient, relatives, carers and members of the multidisciplinary team to facilitate clear understanding, instil confidence, obtain informed consent and encourage cooperation and compliance;
- **demonstrate** appropriate care to patients with traumatic, congenital, pathological and post-operative conditions;
- **critically evaluate** radiographs for normal and abnormal anatomical appearances and **identify** requirements for additional, supplementary or repeat imaging;
- **discuss** preparation, care and aftercare of patients having specialist imaging examinations and procedures;
- **discuss** the use of alternative and additional imaging modalities appropriate for the demonstration and differentiation of pathology and disease.
- **describe** and **demonstrate** correct technique for all examinations specified for the clinical placement by:
 - **identifying** and **examining** the patient correctly;
 - **selecting** and **utilising** the correct equipment and accessories;
 - **positioning** the patient, x-ray tube and image receptor correctly;
 - **selecting** correct exposure technique;
 - **applying** radiation protection protocols correctly;
 - **demonstrating** appropriate standards of care of the patient, before, during and after the procedure;
 - **completing** documentation correctly as per local protocol.

8.4 By the end of CP4, in addition to the above, the student will be able to:

- **demonstrate** competence in performing all specified examinations;
- **critically** evaluate radiographs to distinguish the normal from the abnormal, **discuss** possible causes of abnormality and **identify** diagnostic significance;
- **demonstrate** the ability to offer total patient care;
- **analyse** the needs of patients and **demonstrate** competence in supporting them, their relatives and carers both physically and psychologically;
- **integrate** with the multi-disciplinary team, **give** professional advice and act as an informed source of expertise;
- **discuss** and **evaluate** the physical and technological principles of all imaging modalities;
- **analyse** and **critically evaluate** the capabilities, strengths and weaknesses and hazards of all imaging modalities;
- **reflect** on the physical and emotional impact of preparation and procedure upon the patient;
- **synthesise** the factors affecting modality and technique selection in relation to the needs and condition of the patient as well as the anatomy, physiology and disease processes to be demonstrated.

9 SPECIFIC LEARNING OUTCOMES – ROUTINE RADIOGRAPHY

9.1 Radiography in the Imaging Department, Wards and Operating Theatres

By the end of ICP the student will be able to:

- **demonstrate** the ability to perform correctly and in their entirety, routine projections of;
 - fingers and hand,
 - wrist and carpal bones,
 - forearm,
 - elbow,
 - humerus,
 - shoulder girdle,
 - toes and tarsal bones,
 - ankle,
 - tibia and fibula,
 - knee.

- **demonstrate** the ability to perform correctly and in their entirety, routine examinations of;
 - femur,
 - pelvis,
 - thorax.

- **demonstrate** the ability to perform correctly and in their entirety, routine examinations of;
 - thoracic contents,
 - abdominal contents,
 - kidneys, ureters and bladder.

By the end of CP2 the student will be able to:

- **demonstrate** the ability to perform correctly and in their entirety, additional and alternate projections of;
 - fingers and hand,
 - wrist and carpal bones,
 - forearm,
 - elbow,
 - humerus,
 - shoulder girdle;
 - toes and tarsal bones;
 - ankle,
 - tibia and fibula,
 - knee:

- **demonstrate** the ability to perform correctly and in their entirety, additional and alternate projections of;
 - femur and hip,
 - pelvis and sacroiliac joints,

- thorax,
 - cervical spine,
 - thoracic spine,
 - lumbar spine,
 - sacrum and coccyx.
- **demonstrate** the ability to perform correctly and in their entirety additional and alternate projections of;
- thoracic contents,
 - soft tissues of the neck,
 - abdominal contents,
 - kidneys, ureters and bladder.
- **discuss** the reasons for the modifications to the routine techniques for the above procedures and **identify** the criteria for assessing the diagnostic quality of the resultant radiographs;

By the end of CP3, in addition to the above, the student will be able to:

- **demonstrate** the ability to perform correctly and in their entirety, additional and alternate projections of;
- cervical spine,
 - thoracic spine,
 - lumbar spine,
 - sacrum and coccyx,
 - sacroiliac joints
 - pelvis and hip,
 - skull,
 - facial bones.
- **discuss** the reasons for the modifications to the routine techniques for the above procedures and **identify** the criteria for assessing the diagnostic quality of the resultant radiographs;
- **list** the sequence of radiographs taken for examination of multiple trauma and **discuss** the reasons for this sequence;
- **discuss** and **evaluate** the specific radiation risks associated with radiography of the abdomen, chest and ribs, **demonstrating** and **describing** appropriate methods of radiation protection;
- **discuss** and **demonstrate** the correct procedure for examination of the chest and abdomen on a non-ambulant, acutely unwell, patient;
- **demonstrate** correct management of patients cared for under barrier and reverse barrier nursing conditions along with those in high dependency, intensive and coronary care units;
- **describe, discuss** and **demonstrate** additional and alternate projections of the chest and abdomen;

- **describe** and **critically evaluate** patient care in the Accident and Emergency department, the appearance and treatment of shock, the application of sterile dressings, plaster of paris and splints;
- **list, describe** and **discuss** the various skeletal surveys performed and the clinical reasons for them;
- **describe** and **perform** the total care required for patients who have incurred a spinal injury, who have a kyphoscoliosis and who have undergone surgery for a fracture of the femoral neck;
- **describe** and **discuss** the care required and the modifications to basic technique needed by patients with traumatic or acute conditions in the X-ray department, wards and operating theatres;
- **describe** the techniques used for open reduction and internal fixation of fractures;
- **demonstrate** safe handling and operation of the dedicated skull unit and orthopantomograph / cephalostat;
- **demonstrate** the ability to perform in their entirety, routine examinations of;
 - skull,
 - facial bones and mandible,
 - orbits.

By the end of CP4, in addition to the above, the student will be able to:

- **select, prioritise and demonstrate**, under supervision, examinations for patients with multiple traumatic injuries;
- **demonstrate** the ability to contribute fully as a member of the multi-professional team in Accident and Emergency;
- **discuss** the management of patients with disruptive behaviour patterns;
- **participate** fully in department emergency duty and out of hours working, shadowing and assisting the duty radiographer in single handed work situations;
- **demonstrate** the ability to perform the administrative duties required outwith normal working hours;
- **demonstrate** the ability to locate, precisely, fixators in trauma theatre.

9.2 Radiography Using Contrast Media

By the end of CP2 the student will be able to:

- **identify** and **verify** the expiry date and condition of contrast media;
- under supervision, **prepare** contrast media for administration and **discuss** contraindications for use;
- **identify** and **discuss** the indications and contraindications for intravenous urography and contrast examination of the biliary system, upper and lower gastrointestinal tracts;
- **demonstrate** the ability to produce, according to local protocol and the required diagnostic standard, radiographs for intravenous urography;
- **demonstrate** the ability to produce, according to local protocol and the required diagnostic standard, radiographs for contrast studies of the biliary system, upper and lower gastrointestinal tracts;
- **assist** in total patient care before, during and after contrast media examinations;
- **initiate** emergency procedures, according to local protocol, should an adverse reaction occur.

By the end of CP3, in addition to the above, the student will be able to:

- **describe** and **demonstrate** the technique required for radiographic procedures with contrast of;
 - genito-urinary system,
 - biliary system,
 - gastro-intestinal system,
 - cardio-vascular system,
 - central nervous system (CT brain).
- **state** and **describe** the contrast media used and the reasons for their selection;
- **prepare** the equipment and contrast for the examination;
- **demonstrate** disposal of contaminated material and 'sharps' correctly according to local protocol;
- **discuss and evaluate** therapeutic interventional techniques such as angioplasty, embolisation and stenting;
- **demonstrate** correct operation of imaging equipment and PACS.

9.3 Administrative Processes

By the end of ICP the student will be able to:

- **receive** patients at reception and register them correctly using the local administrative systems and procedures;

- **process** request forms correctly according to local protocol;
- **obtain** previous reports, images and records as appropriate;
- **describe** the department appointment systems;
- **describe and discuss** local patient information documents and preparation instructions.

9.4 Image Processing

By the end of ICP the student will be able to:

- **demonstrate** correct identification of the radiographic image;
- **identify, describe** and **demonstrate** the function and controls of computerised and digital image processors.

By the end of FCP, in addition to the above, the student will be able to:

- **compare** and **contrast** image processing systems.

By the end of CP3, in addition to the above, the student will be able to:

- **demonstrate** the care of computerised and digital image receptors;
- **demonstrate** the range of functions of computerised and digital processing systems, describing the unloading, loading and processing cycles in full;
- **participate** in the routine care, maintenance and quality assurance of image processing systems.

By the end of CP4, in addition to the above, the student will be able to:

- **discuss** and **participate** in departmental quality assurance procedures for image processors;
- **critically evaluate** results with regard to quality standards and consistency;
- **analyse** inconsistencies, **identify** causes and **formulate** solutions;
- **assess** the contribution of quality assurance programmes to achieving and maintaining quality standards in the imaging department.

10 SPECIFIC LEARNING OUTCOMES - SPECIAL IMAGING TECHNIQUES

10.1 Mammography

By the end of CP3 the student will be able to:

- **describe** the differences between conventional X-ray and Mammographic equipment and **discuss** the reasons for these;
- **state** the advantages of image processors and viewers and **discuss** the merits of an ongoing quality assurance programme in the mammography department;
- **state** the type of image receptor used for mammography and **identify** reasons for maintenance of scrupulously clean equipment;
- **state** the routine projections performed and **describe** patient positioning;
- **describe** normal mammographic appearances and **differentiate** normal from abnormal for a range of age groups;
- **discuss** care levels and communications skills required for this patient group;
- **demonstrate** correct operation of imaging equipment and PACS.

10.2 Shock Wave Lithotripsy

By the end of CP3 the student will be able to:

- **state** the reasons for and the advantages of hemi-KUB and collimated renal radiographs;
- **identify** the reasons for performing a full KUB radiograph;
- **discuss** the reasons for using either ultrasound or radiography as a locating tool;
- **describe** the effect of shock wave lithotripsy on calculi;
- **identify** the procedures performed in endourology theatre and **discuss** the role of the radiographer;
- **state** the reasons for stenting and nephrostomy and **describe** their functions;
- **demonstrate** correct operation of imaging equipment and PACS.

10.3 Ultrasound

By the end of CP3 the student will be able to:

- **discuss** the principles of ultrasound and **state** the standard frequencies used;
- **describe** equipment used for obstetric and general ultrasound and **discuss** its uses and limitations;
- **describe** the preparation required for a patient undergoing obstetric ultrasound examination and **demonstrate** the ability to offer total care;
- **identify** the measurements that are made in routine examination of the foetus;
- **describe** the preparation and care of the patient undergoing abdominal, vascular and musculo-skeletal ultrasound;
- **demonstrate** correct operation of imaging equipment and PACS.

10.4 Computed Tomography (CT)

By the end of CP3 the student will be able to:

- **describe** the operating principles of CT;
- **discuss** the clinical indicators for CT;
- **participate** effectively with all CT examinations;
- **describe** and **demonstrate**, with assistance, the preparation and positioning of patients undergoing CT of the head, spine, chest and abdomen in routine and acute situations;
- **state** the contrast media and **discuss** the methods of administration used in CT of the head, spine, pelvis, chest and abdomen;
- **identify** and **describe** normal and abnormal anatomical, pathological and trauma appearances on CT images of the head, spine, pelvis, chest and abdomen;
- **participate** as an active member of the multi-disciplinary team in caring for the patient before, during and after CT examinations with and without contrast media;
- **demonstrate** the ability to perform, under supervision, standard CT head examinations;
- **demonstrate** correct operation of imaging equipment and PACS.

10.5 Magnetic Resonance Imaging

By the end of CP3 the student will be able to:

- **discuss** the physical principles of magnetic resonance imaging and **state** the standard field strengths used for imaging;
- **state** the safety precautions required;
- **discuss** the clinical indicators for magnetic resonance imaging;
- **describe** the preparation of and the positioning required for patients undergoing magnetic resonance imaging of the head, abdomen, spine, pelvis and extremity;
- **state** the contrast media and methods of administration used in magnetic resonance imaging;
- **identify** anatomical structures demonstrated on magnetic resonance imaging of the head, abdomen, spine, pelvis and extremity;
- **demonstrate** correct operation of image recording equipment;
- **demonstrate** the preparation of and the positioning required for patients undergoing magnetic resonance imaging of the head, abdomen, spine, pelvis and extremity along with the ability to offer total care;
- **participate** as an active member of the multi-disciplinary team in caring for the patient before, during and after magnetic resonance imaging using contrast media;
- **discuss** the anatomy demonstrated in cross section by magnetic resonance imaging and **differentiate** normal from abnormal appearances;
- **critically analyse** the use of magnetic resonance imaging and **debate** the utilisation of alternative cross sectional imaging methods.

10.6 Radionuclide Imaging

By the end of CP3 the student will be able to:

- **describe** the components of equipment used in RNI;
- **discuss** the clinical indicators for RNI;
- **describe** the preparation of and the positioning required for patients undergoing RNI of the chest, skeleton and abdomen along with the ability to offer total care;
- **state** the common radionuclides and methods of administration used in RNI;
- **identify** anatomical structures demonstrated during RNI, **discuss** the anatomy demonstrated and **differentiate** normal from abnormal appearances;

- **discuss** the physical principles of radionuclide dispensing and imaging and the safety precautions necessary;
- **participate** as an active member of the multi-disciplinary team in caring for the patient before, during and after radionuclide imaging;
- **critically analyse** the use of radionuclide imaging and **debate** the utilisation of alternative cross sectional imaging methods;
- **demonstrate** correct operation of image recording equipment and PACS.

10.7 Cardiovascular, Angiography and Interventional Radiology

By the end of CP3 the student will be able to:

- **describe** the components of equipment used in cardiovascular imaging and interventional radiology;
- **discuss** the clinical indicators for cardiovascular and interventional procedures;
- **describe** the preparation of and the positioning required for patients undergoing cardiovascular and interventional procedures;
- **state** the contrast media and methods of administration in cardiovascular and interventional procedures;
- **participate** as an active member of the multi-disciplinary team in caring for the patient before, during and after cardiovascular imaging and interventional procedures;
- **critically analyse** the use of angiography and **debate** the utilisation of alternative imaging methods;
- **identify** and **discuss** anatomical structures demonstrated and **differentiate** normal from abnormal appearances;
- **demonstrate** correct operation of image recording equipment and PACS.

11 CLINICAL EDUCATION

11.1 Level 1

Clinical experience for Level 1 students consists of a two-week formative placement at the start of Semester 2. This should be viewed by clinical staff as being a general introduction to the profession and should therefore be well facilitated and informative for the student.

The placements will be of a general radiographic nature and will, where possible, take place in a department of the student's choice. The student must, however be prepared to travel to a placement that may be residential.

11.2 Level 2: ICP and CP2

The focus for the Level 2 clinical year is the acquisition of foundation skills in general radiography and fluoroscopy as well as the building of a knowledge base in patient care, department administration and image processing.

Placements will offer the following learning opportunities:

- radiography of the skeleton, chest, abdomen, genito-urinary, gastrointestinal and biliary systems;
- where possible, attachment to department nursing staff;
- where possible, attachment to department administrators.

Placements will be arranged via:

- general and fluoroscopic imaging facilities in teaching hospitals, district general hospitals and community treatment centres;
- accident and emergency departments;
- orthopaedic departments;
- mobile radiography and fluoroscopy in wards and operating theatres.

11.3 Level 3 (CP3)

The focus for the Level 3 clinical year is the progressive acquisition of skills in routine radiography and fluoroscopy as well as building foundation knowledge in the specialist imaging areas of paediatrics, dental, mammography, ultrasound, shock wave lithotripsy, computed tomography, magnetic resonance imaging, radionuclide imaging and cardiovascular and interventional radiology.

The Elective Placement is a required element of Level 3; an exemption can be given only by the Module Coordinator or Programme Leader. Students must undertake an Elective Placement of between three and four weeks duration to encourage the

development of their practical, analytical and evaluative skills. The placements are arranged by the student and can be world-wide; international students are not permitted to undertake these placements in their country of origin. Students may be required and / or may request to arrange the elective after the end of Level 3 Semester 2 (in the summer vacation); in this event, the clinical rotation will be adjusted by the Module Coordinator. The elective application process is detailed in Appendix [A](#).

Placements will be arranged via:

- general, fluoroscopic and specialist imaging facilities in teaching hospitals, district general hospitals and community treatment centres;
- accident and emergency departments, to include out of hours working;
- orthopaedic departments;
- mobile radiography and fluoroscopy in wards and operating theatres.

11.4 Level 4 (CP4)

The focus for the Level 4 clinical year is the consolidation of general skills in radiography and the achievement of 'competence to practice' as a radiographer.

Placements will be arranged via:

- general, fluoroscopic and specialist imaging facilities in teaching hospitals, district general hospitals and community treatment centres;
- accident and emergency departments, to include 'out of hours' working;
- orthopaedic departments;
- mobile radiography and fluoroscopy in wards and operating theatres;
- reporting radiographers and radiologists.

11.5 Feedback

Feedback will be given to the student throughout their placement by clinical tutors, liaison officers and supervisors whose common goal is to make the experience as informative and interesting as possible. Students will also be asked to give written, anonymous, feedback to the departments via the module coordinator with regard to their experiences.

The student will collate the ratings received from the continuous assessment scheme on the continuous assessment spreadsheet. The student will attend a clinical appraisal review with the module coordinator after the ICP clinical block in Level 2, and after clinical block 1 in Level 3 and 4 to review progress and address any concerns ([Appendix E](#)). The module coordinator, or the student, can request a meeting at any time if there are any causes of concern.

12 TUTORIALS AND CLINICAL WORKSHOPS

Each student will receive formal and informal tutorials during clinical practice. The student should be proactive in this process instigating discussions with clinical staff to enhance their learning. Formal tutorials will also be held during academic blocks to support and link with clinical education.

12.1 ICP and CP2

- Department and hospital orientation.
- Communication skills.
- Radiography of the fingers, hand and wrist.
- Radiography of the forearm and elbow.
- Radiography of the humerus and shoulder girdle.
- Radiography of the toes, foot and ankle.
- Radiography of the tibia, fibula and knee.
- Radiography of the femur and hip.
- Radiography of the pelvis and sacroiliac joints.
- Radiography of the bones and contents of the thorax.
- Radiography of the abdomen.
- Mobile radiography of the chest and abdomen.
- Mobile radiography in the operating theatre.
- Intravenous Urography.
- Barium swallow and meal.
- Barium enema.

Remaining tutorial time is student led to encourage reflective discussion, mutual feedback and self-appraisal.

12.2 CP 3

- Radiography of the cervical spine.
- Radiography of the thoracic spine.
- Radiography of the lumbar spine, sacrum and coccyx.
- Radiography of the skull.
- Radiography of the facial bones sinuses and dentition.
- Special fluoroscopic procedures.
- Paediatric radiography.
- Introductory CT imaging.
- Introductory MR imaging.
- Introductory Ultrasonography.
- Introductory Cardiovascular and Interventional radiology.
- Introductory Radionuclide Imaging.

Remaining tutorial time is student led to encourage reflective discussion, mutual feedback, self-appraisal and development of skills in critical analysis.

12.3 CP 4

Tutorials in Level 4 are student driven and should take the form of discussion, evaluation, critical analysis and evaluation of imaging processes and procedures to enable the student to develop the required skills and competence to practice. Where the student is not placed with a reporting radiographer, six sessions of observation should be arranged with a reporting radiologist. Clinical supervisors should facilitate this placement.

13 CLINICAL ASSESSMENT

13.1 Introduction

The technologies employed in the practice of diagnostic radiography are diverse and complex, the range of procedures undertaken is vast and the risks associated with the application of ionising radiations well known. It is necessary therefore that the student be supervised, observed and monitored through all the stages of clinical education that underpin clinical practice; safe application of ionising radiations, appropriate examination and care of the patient and adherence to the legal requirements of radiography practice.

The clinical assessment programme provides a flexible and robust record of achievement and progress from Level 2 through Level 4 and strives to encourage personal responsibility for learning and development.

The scheme has two fundamental elements, continuous and staged assessment. It will:

- be a valuable learning and educational tool for the student;
- improve the students' expertise through systems of performance appraisal;
- allow self-assessment and encourage reflective practice;
- encourage involvement and input by clinical practitioners in teaching and assessment processes;
- develop the understanding and application of patient centered care;
- enhance the patient's awareness of the role of the radiographer in health care management and within the multidisciplinary team.

13.2 Management of Assessment

The clinical module coordinator manages systems of assessment and is responsible for:

- equitable application of the scheme across the student body;
- consulting with department managers regarding selection of clinical assessors;
- training for assessors and supervisors;
- submitting data to the Boards of Examiners as required.

13.3 Assurance of Quality in Clinical Education

To monitor the overall quality of practice placement sites an annual monitoring report is collated by the module coordinator and lecturers (Appendix [1](#)). The module coordinator will work closely with the placement sites to ensure equity and high standards of education provision.

The following individuals have key roles and defined responsibilities with regard to implementing, coordinating and monitoring clinical education programmes.

Module Coordinator

The module coordinator has responsibility for placing students appropriately to ensure achievement of learning outcomes, organising workshops for students, supervisors and

assessors as well as coordinating, implementing and supervising the assessment systems. A key aspect of the role of this individual is effective collaboration with managers and clinicians to ensure that common aims and outcomes are established and achieved. Close liaison with clinical tutors / liaison officers is essential to plan and monitor clinical education appropriately. The individual must interact effectively with the students to encourage development of skills in self-appraisal and reflective practice.

Lecturers / Clinical Tutors / Student Liaison Officers

In addition to providing pastoral care and support, lecturers / clinical tutors / student liaison officers have responsibility for management and education of students on clinical placement and must adopt a key role in collaborating with practitioners to ensure equity of student experience and learning opportunity. They will contribute to the continuous evaluation and development of clinical education and will establish effective relationships with members of the multidisciplinary team.

Clinical Supervisors / Practice Educators

Radiographers are responsible for the teaching and effective supervision of the student on a daily basis as well as monitoring their performance and progress. They have a key role within the continuous assessment scheme, being responsible for the daily appraisal of performance and the provision of continuous feedback to students. All clinical supervisors should undergo training with periodic updates.

Clinical Assessors / Practice Assessors

Radiographers who, having undergone appropriate training, are responsible for planning, implementing and conducting staged assessments in partnership with the module coordinator, lecturers and clinical tutors.

Notification of Concern

Any supervisor or assessor who has concerns about student performance levels in any of the domains of clinical practice has a clear responsibility to notify the module coordinator. A reporting proforma is available in Appendix [D](#). After completion, the individual will notify the module coordinator who will arrange a meeting to discuss their concerns and explore possible actions.

Academic Staff Responsibility

Catherine McClintick
Alison Scott

Practice Placement Coordinator / Programme Leader
Radiation Protection Supervisor

13.4 Learning Outcomes and Clinical Standards

Learning outcomes and clinical standards are available to the student and the placement provider. The identification of outcomes and standards gives direction and meaning to clinical education thus reinforcing integration of theory with practice. Taking account of previous learning experiences, outcomes may be negotiated between student, supervisor and clinical tutor to ensure maximisation of opportunity and resource.

Individual student responsibility for establishing learning objectives encourages reflection upon and evaluation of personal educational requirements in the clinical setting.

13.5 Clinical Assessment Methods

13.5.1 ICP

Placement Attendance	Pass / Fail
Continuous clinical assessment	Pass / Fail
ePortfolio	100%

13.5.2 CP2

Placement Attendance	Pass / Fail
Continuous Assessment	Pass / Fail
Staged Assessment:	
Clinical Element x 2	Pass / Fail
Discussion	70% weighting (min. pass 40%)
ePortfolio	30% weighting (min. pass 40%)

13.5.3 CP3

Placement Attendance	Pass / Fail
Continuous Assessment	Pass / Fail
Staged Assessment:	
Clinical Element x 2	Pass / Fail
Discussion	100% weighting

13.5.4 CP4

Placement Attendance	Pass / Fail
Continuous Assessment	Pass / Fail
Staged Assessment:	
Clinical Element	Pass / Fail
Viva Voce	70% weighting (min. pass 40%)
OSPRIIE*	30% weighting (min. pass 40%)

*Objective Structured Pattern Recognition and Image Interpretation Examination

14 STAGED CLINICAL ASSESSMENT

14.1 Format for CP2 and CP3

A total of two staged assessments are required in each of CP2 and CP3 (Appendix J). Level 3 is a demanding year and, especially if the student is undertaking an elective placement, 'general' clinical placement time is limited. It is imperative therefore that the Level 3 student undertakes staged assessments when the timetable and expertise permit.

- During the examination, the Clinical Assessor completes the performance indicator proforma and gives feedback on performance at the end of the process. The Academic Assessor will verify the 'pass' awarded.
- Prior to following the assessment of the radiographs, the student completes the examination data proforma. Together, the Clinical Assessor and student will critique the images.
- The student must not remove any documentation or images from the hospital. If the student presents any patient identifiable material it will be considered a breach of the Data Protection Act 2018 and the student will have deemed to fail the assessment.

14.1.1 CP2 and CP3 Assessment; permitted examinations

- CP2 category A: extremity joint of the elbow, wrist, knee or ankle.
- CP2 category B: chest or abdomen.
- CP3 category A: mobile examination, typically the chest or abdomen.
- CP3 category B: region of the vertebral column or trauma imaging of the hip or the shoulder.

14.1.2 Clinical Assessor Guidance;

- The student must have received appropriate tuition and have been observed to have performed similar examinations unaided.
- The student must be recently familiar with the equipment and accessories available.
- The student **must not** have access to the performance indicator pack during the examination.
- The Assessor has a duty to closely observe the student throughout the examination, it is essential therefore that they are not disturbed for the duration of the process.
- Throughout the examination, the student must **clearly indicate verbally** their actions.

- If, during the assessment, the Assessor deems the patient to be unsuitable due to their clinical or psychological condition, the process is halted and declared null and void. The student may rearrange the assessment without penalty.
- The Assessor must terminate the assessment if the student clearly cannot cope or is placing the patient at risk. This is recorded as a failed assessment and the Assessor notifies the Module Coordinator at the earliest opportunity.
- The Assessor must terminate the assessment and take over the procedure if any **second repeat** radiographs are required. This is recorded as a failed assessment and the Assessor notifies the module coordinator at the earliest opportunity. After appropriate joint action the student will arrange a second diet assessment.
- In the event of termination of assessment, the student **must** be told that the Assessor is taking over along with the reasons associated with this decision. The patient must be informed that the examination will continue with qualified staff and assured of a satisfactory outcome.
- In the event of termination of assessment, the student will be counselled by Clinical Tutor, Lecturer or Module Coordinator as appropriate.
- In the event of failure of the clinical assessment according to the marking criteria, the student must receive immediate feedback from the Assessor. The assessor must immediately inform the Module Coordinator who will meet with the student. The Module Coordinator will retain all documentation and will consult with the Convener of the Board of Examiners.

14.2 Format for CP4

The aim of staged assessment in CP4 is to ensure individual competence to practice as a registered radiographer and will be conducted during the final block of clinical placement.

The Staged Assessment of Competence to Practice has three separate elements; a practical clinical session, objective structured pattern recognition and image interpretation examination (OSPRIIE), and viva voce examination. In the event of failure of the practical clinical session, the student may progress to OSPRIIE but not to the viva voce. If during the viva voce the student does not comply with current legislation requirements, the student will not be deemed competent to practice and the student will not pass this component. The fail will be presented to the Board of Examiners who will determine the retrieval process.

The student will manage a practical clinical session of a minimum of 2 hours during which the clinical assessor completes a performance indicator proforma for each examination / procedure conducted (Appendix [K](#)). At the end of the session, the assessor will collate the results and feed back to the student. An error rate of 5% or less is required to pass this element and thus allow progression.

14.2.1

Between eight (minimum) and twelve (maximum) varied examinations or procedures will be completed in order that technical and managerial competence in a normal working situation may be assessed. In the event of low activity or lack of procedural variety, the assessment may be extended. The assessor will not however specially select the patients for the student nor will they stipulate the types of procedures to be undertaken. For example, it is not a requirement that the student undertake a multiple trauma examination as this facility is not available in all assessing departments.

- The student must have received appropriate tuition and have performed similar examinations unaided.
- The student must be allowed to negotiate location(s) with the assessor, with the period being divided between areas if appropriate. For example, an assessment conducted between an Accident and Emergency room and a general room will allow the student to demonstrate a variety of skills and techniques.
- The student must be recently familiar with the equipment and accessories available.
- The student **must not** have access to the assessment pack during the examination.
- The Assessor has a duty to closely observe the student throughout the examination, it is essential therefore that they are not disturbed for the duration of the process.
- Throughout the examination, the student must effectively communicate their actions and decisions to the Assessor although a running commentary is not required.
- If, during the session, the Assessor deems a patient to be unsuitable, the process is halted and that examination declared null and void. The assessment may then proceed.
- The Assessor must terminate the assessment if the student clearly cannot cope or is placing the patient at risk. This will result in failure of the clinical element.
- The Assessor must terminate the assessment and take over the procedure if any second repeat radiographs are required. This will result in failure of the clinical element.
- In the event of termination of assessment, the student **must** be told that the Assessor is taking over along with the reasons associated with this decision. The patient must be informed that the examination will continue with qualified staff and assured of a satisfactory outcome.
- In the event of failure of the clinical assessment according to the marking criteria, the student must receive immediate feedback from the Assessor. The assessor must immediately inform the Module Coordinator who will meet with the student. The Module Coordinator will retain all documentation refer the failure to the Board of Examiners.

- To complete the discussion element of the staged assessment, the student must pass both clinical assessments. Failure in one or more clinical assessments prevents the student undertaking the discussion component.
- The student may repeat a staged assessment element once only. This repeat will be recorded as a second diet attempt with a maximum of 40% being awarded for the module. Failure of an assessment at second diet is referred to the Board of Examiners.

14.3 The Role and Responsibilities of the Student

The student will:

- seek and identify appropriate opportunities for clinical assessment and negotiate with Clinical Tutors and Assessors;
- prepare appropriately for assessment;
- ensure the assessment documentation has been completed correctly;
- It is the responsibility of the Clinical Tutor or Clinical Assessor to ensure that the student is prepared for the assessment procedure. However, the student has a responsibility for indicating the following points prior to commencement of the examination:
 - the student feels that the patient selected by the Assessor is unsuitable;
 - the student feels that, during this clinical block, they have had insufficient experience of the examination and/or the equipment.

These points cannot be used as mitigating factors in the event of failure of the assessment unless identified prior to the start of the assessment process. The student must immediately notify the module coordinator of any grievance.

14.4 The Clinical Assessor / Practice Assessor

- Will be employed by the clinical placement provider as a Radiographer or by the University as a Lecturer.
- Will have been practicing clinically for at least 18 months or two years qualified depending on the AHP Practice-based Learning Partnership Agreement.
- Will have received training in clinical assessment procedures and systems from staff of the University.
- Will attend or complete online, or face-to-face, a training refresher activity every two years.

14.4.1 Roles and Responsibilities of the Clinical Assessor

The Clinical Assessor will:

- identify a suitable patient for CP2 and CP3 assessment;
- arrange a suitable date for CP4 assessment of competence to practice;
- arrange appropriate location for the examination(s);
- obtain patient(s) consent to participate;
- observe the procedure(s);
- complete the performance indicator pack according to the agreed criteria;
- manage appraisal of the radiographs produced;
- provide immediate feedback to the student on completion of the assessment;
- inform the Module Coordinator immediately following termination or failure of an assessment.

14.4.2 Selecting the Patient

- Unless specified as part of the assessment criteria, excluding Level 4 staged assessment, the patient should be cooperative and mobile.
- Students in CP2 should not be required to make complex decisions regarding non-standard techniques or projection modification, examinations should be a 'routine' as possible.
- In CP2 and CP3, supplementary and additional projections are **not** included in the assessment process.
- In CP2 and CP3, a single patient must be used for **one** assessment only. If, for example, a patient is referred for examination of the chest and ankle, they may **not** be used for assessment in both categories.
- In CP4, the student should manage and prioritise the workload of the area in which the assessment is taking place. Although expected to work without prompting, the student is expected to direct the procedure and ask for assistance to reflect a 'real' working situation. Consultation with colleagues and texts with regard to technique is permitted and, again, reflects 'real' work practices.

14.4.3 Equality of Assessment

To minimise potential for personality clashes and perceptions of unfairness or inequality:

- Each hospital will, in addition to the Student Liaison Officer / Clinical Tutor, have several Clinical or Practice Assessors. All students have extensive clinical placement rotations and it is therefore unlikely that the same Assessor will be used twice;
- Student Liaison Officers / Clinical Tutors **must** ensure that as many individuals as possible are involved in assessing students over any three-year period.

15 OPERATION OF CP2 AND CP3 STAGED CLINICAL ASSESSMENT

15.1 Clinical Assessor / Practice Assessor

- The cover sheet records student, hospital, Assessor and examination information and should be completed by the student before examination starts.
- Section 1 must be completed before the start of the examination with the Clinical Assessor completing the patient consent and pregnancy check appropriateness categories.
- The student must indicate each point in section 1 verbally.
- An automatic fail results if 1a) and 1b) carries a **NO** response and the assessment is terminated.
- The student must be able, under 1e), to discuss the implications of patient sex, age and condition upon dose limitation.
- In section 2 and 3, care must be taken not to tick the boxes as a matter of routine and without due consideration.
- An automatic fail results if 3b) carries a **NO** response and the assessment is terminated. A clear, positive identity must be given by the patient or established by following local protocol.
- An automatic fail results if 3g) carries a **NO** response and the assessment is terminated. Pregnancy check, if required, must be carried out according to local protocol.
- Failure is the result of a total of three **NO** responses in sections **1e) and 5b) and 5h)**. Feedback is given to the student at the end of the assessment.
- Failure is the result of **NO** responses in **any 3** categories of section **4** and feedback is given to the student at the end of the assessment.
- In sections 4-6, care must be taken not to tick the boxes as a matter of routine and without due consideration.
- The student should complete the Examination Data Record immediately after the examination is complete and prior to discussing the radiographs with the Assessor.
- If a pack is returned incomplete, the Module Coordinator will contact the Clinical Assessor for discussion.
- Reason for repeat must be given by the Clinical Assessor and **NO** student can be permitted more than one repeat of an examination.

If however a repeat was due to genuine equipment malfunction, the student should not be penalised.

16 OPERATION OF CP4 STAGED ASSESSMENT OF COMPETENCE TO PRACTICE

In CP4, theory is integrated with practice to provide a sound framework for the competent clinical practitioner. The development of high level skills in problem-solving, critical analysis, evaluation and appraisal will prepare the student for continuing professional development and life-long learning in a multi-professional environment.

An extended, more comprehensive assessment of a students' competence to practice at the end of their course of study is therefore required.

During the final clinical practice block, the student will be required to 'become a radiographer' for a period of two hours when all aspects of their performance will be appraised. An error rate of 5% or less is required to pass the clinical practice session. See also Section 14 of this document.

16.1 Clinical Assessor / Practice Assessor

Individuals performing Assessment of Competence to Practice will be Clinical Tutors, Student Liaison Officers and experienced Clinical or Practice Assessors who have received the necessary training and updates from the University. They will:

- arrange a suitable time slot for the CP4 assessment of competence to practice;
- agree appropriate location(s) for the examinations;
- obtain patients' consent to participate;
- observe the procedures;
- complete the performance indicator proforma according to the agreed criteria;
- facilitate discussion and critique of the radiographs.

17 CONTINUOUS CLINICAL ASSESSMENT

17.1 Introduction

The Continuous Clinical Assessment Programme will enable the student to develop from observer through participant to competent practitioner. The programme will demonstrate a clear pathway from the novice who is able to perform single tasks or discrete elements of a task to a competent member of the multi-disciplinary team who is able to apply a range of skills and knowledge to a wide range of situations. Evaluation of this progression is supported by continuous formative assessment and progress mapping.

Continuous Clinical Assessment utilises progressive achievement levels in domains of diagnostic radiographic practice, providing quantitative analysis and qualitative assessment of competence through evaluation and monitoring of the development of clinical, technical and professional skills.

The student, in discussion with the clinical supervisor, is required to identify learning outcomes for each placement week. Daily discussions and feedback encourages the student to reflect and review their clinical practice and promote a team supervisory approach to student learning. Students will also be asked to provide written feedback to the departments with regard to their experiences.

The student will be required to complete a clinical activity log throughout the continuous assessment, and elective placements. The clinical log provides evidence of interaction and participation in the clinical environment. The log demonstrates the variety of clinical experiences the student has observed, assisted with and completed during each clinical module, and identifies if there is a deficit in the student's experience to achieve the learning outcomes, which can be resolved by organising an appropriate placement.

17.2 Learning Outcomes

The programme will:

- enhance the learning experience for the student by providing feedback on clinical performance;
- ensure continued high level input and involvement of clinical staff in teaching and assessment;
- encourage the integration and application of theoretical concepts into practice;
- allow the student to develop into a proactive practitioner via reflection, appraisal and critical analysis;
- determine levels of student achievement;
- ensure the student develops clinical skills in a variety of general and specialist clinical environments;
- introduce principles of performance review and appraisal.

17.3 Achievement Levels

As a student proceeds through the course and gains knowledge and experience, they progress through various levels of clinical achievement. The Continuous Clinical Assessment Programme is designed to describe and monitor these levels of skill and achievement across the students' range of activity (Appendix [L](#)).

In ICP (Appendix [M](#)), the student starts in clinical practice as a 'novice' with minimal clinical experience but some academic knowledge who will observe clinical activity and attempt to link these observations to existing knowledge. Under supervision the student will apply their existing knowledge to practice. To gain a pass in ICP, the student must demonstrate a minimum rating of 'C' overall. Those who do not achieve the minimum required standard will have results presented to the examination board for judgment and may be timetabled appropriately to enable retrieval.

In CP2 (Appendix [N](#)), the student will gain enough clinical expertise to allow supervised and directed practice. To achieve a pass in CP2, the student must, by the end of CP2, demonstrate a minimum rating of 'C' overall. Those who do not achieve the minimum required standard will have results presented to the examination board for judgment and may be timetabled appropriately to enable retrieval.

In CP3 (Appendix [O](#) and [P](#)), the student learns to integrate and sequence skill elements to be able to perform an entire task. As CP3 progresses, they will be able to consistently perform, under supervision, entire procedures in routine situations. To achieve a pass in CP3, the student must, by the end of CP3, demonstrate a minimum rating of 'C' in each domain of practice for general placements and a minimum rating of 'D' for specialist placements (MRI, CT, Ultrasound, for example). Fluoroscopy and general paediatric placements are NOT specials. Those who do not achieve the minimum required standard will have results presented to the examination board for judgment and may be timetabled appropriately to enable retrieval.

In CP4 (Appendix [Q](#)), students learn to adapt their skills to enable the performance of tasks in routine, non-routine and complex situations. They will be able to plan, organise and prioritise multiple tasks appropriately, under supervision.

These skills should be considered as elements of clinical competence. As the individual gains experience and knowledge, the basic skills are combined and integrated into overall professional competence which will enable the graduate to apply their skills in a flexible manner whilst responding imaginatively to new and unfamiliar situations. To achieve a pass in CP4, the student must, by the end of CP4, demonstrate a minimum rating of 'C' in each domain of practice. Those who do not achieve the minimum required standard will have results presented to the examination board for judgment and may be timetabled appropriately to enable retrieval.

17.4 Domains of Practice

In order to evaluate and monitor competence in Diagnostic Radiography it is necessary to identify the elements of competent practice. The application of domains of practice allows recognition of professional skills, which are essential components of clinical,

technical and interpersonal competence. Using levels of achievement allows for progressive evaluation of developing skills. It facilitates formative assessment and performance monitoring throughout the programme, thus helping and encouraging the student to expand their professional expertise.

The domains of practice in which students are assessed are:

17.4.1 TECHNICAL SKILL

TS1 DIAGNOSTIC PROCEDURES

- **ICP:** the student can perform routine radiographic examinations of the appendicular skeleton, chest and abdomen.
- **CP2:** the student can perform complete routine, alternative and additional projections of the bony skeleton, thorax and abdominal contents.
- **CP3:** the student can perform routine examinations; modifying and adapting technique for trauma, pathology and congenital abnormalities as required.
- **CP4:** the student consistently produces high quality images, adapting technique as required to meet individual patient's needs and capability.

TS2 EVALUATION OF IMAGES

- **ICP:** the student can identify normal and abnormal appearances on radiographic images.
- **CP2:** the student can discuss image patterns, distinguish between normal and abnormal appearances, and suggest possible causes.
- **CP3:** the student can evaluate radiographic images for technical accuracy, pathological appearances and identify the need for additional and supplementary projections.
- **CP4:** the student can critically appraise diagnostic images: describe abnormalities, identify possible causes of abnormalities and discuss their diagnostic and clinical significance.

TS3 OPERATION OF IMAGING EQUIPMENT

- **ICP:** the student can manoeuvre imaging equipment safely and effectively, and select appropriate exposure factors.
- **CP2:** the student can operate imaging equipment and accessories effectively by adhering to local policies and procedures.
- **CP3:** the student can manoeuvre and manipulate imaging equipment safely and effectively, compensating for patient condition, disability, trauma, pathology and congenital abnormality as required.

- **CP4:** the student can competently use imaging equipment in a variety of clinical settings, and demonstrate competence in the selection and manipulation of exposure factors minimising patient dose.

17.4.2 APPLIED KNOWLEDGE

AK1 INTEGRATION OF THEORY AND PRACTICE

- **ICP:** the student demonstrates good background knowledge of routine radiographic techniques, including centring points.
- **CP2:** the student can apply theoretical knowledge to routine clinical practice.
- **CP3:** the student can apply theoretical knowledge to routine and complex clinical situations.
- **CP4:** the student is able to justify their clinical practice based on a sound knowledge of theory, policies and procedures.

AK2 INQUIRY AND RESEARCH

- **ICP:** the student critically reflects on their clinical knowledge and skills.
- **CP2:** the student has read and can apply: local infection control, health and safety, equality and diversity, radiation protection policies and procedures to their clinical practice.
- **CP3:** the student demonstrates awareness of the requirement for critical appraisal and evaluation of and research into current clinical practice.
- **CP4:** the student will initiate inquiry and discussion and will seek and use relevant literature and research materials to improve their practice.

17.4.3 PATIENT MANAGEMENT

PM1 EMERGENCY PROCEDURES

- **In all modules:** the student will know the local protocol for emergency telephone numbers, call procedures, fire alarms, extinguishers, emergency exits and evacuation procedures. Orientation should be performed by the department Health and Safety Representative or by the Clinical Tutor.

PM2 PATIENT CARE

- **ICP:** the student demonstrates an awareness of the patient's physical condition throughout the radiographic examination.

- **CP2:** the student demonstrates the ability to care for routine patients before, during and after diagnostic imaging, responding to the patient's needs as necessary.
- **CP3:** the student demonstrates compassionate care and initiates appropriate care strategies for routine patients, patients in pain or patients with limited physical capabilities.
- **CP4:** the student demonstrates a patient centred care approach, modifying technique, communication and providing support as required.

PM3 PSYCHOLOGICAL AND EMOTIONAL SUPPORT

- **ICP:** the student demonstrates courtesy and patience, does not show distaste or disapproval.
- **CP2:** the student demonstrates an awareness of the patient's psychological/emotional state, and responds appropriately to any changes.
- **CP3:** the student recognises the signs of emotional distress and anxiety, assists with alleviation measures and is supportive towards patients undergoing investigation and treatment.
- **CP4:** the student anticipates sources of general distress and those related to specific procedures, use appropriate patient care measures to minimise stress and adopts a supporting role.

17.4.4 COMMUNICATION SKILLS

CS1 COMMUNICATING WITH RADIOLOGY DEPARTMENT STAFF

- **ICP:** the student communicates appropriately with supervisors and asks appropriate questions in a professional manner.
- **CP2:** the student can receive, record and convey verbal and electronic information accurately.
- **CP3:** the student is able to assimilate information, act upon it appropriately without detailed instruction and respond constructively to direction.
- **CP4:** the student is able to communicate effectively and constructively, making a valuable contribution to department operations.

CS2 COMMUNICATING WITH THE MULTIDISCIPLINARY TEAM

- **ICP:** the student is aware of their role within the radiodiagnostic multidisciplinary team and can communicate effectively with other team members.
- **CP2:** the student communicates effectively with members of the radiodiagnostic multidisciplinary team to promote team working.

- **CP3:** the student communicates effectively with members of the multidisciplinary team to promote patient care and support.
- **CP4:** the student is able to function as an effective and efficient member of the multidisciplinary team promoting patient care and optimum service delivery.

CS3 COMMUNICATING WITH PATIENTS, RELATIVES AND CARERS

- **ICP:** the student is able to provide clear instructions to patients and carers before, during and after diagnostic imaging.
- **CP2:** the student demonstrates the ability to respond appropriately to patients and carers' questions.
- **CP3:** the student can communicate clearly with regard to preparation for, experience during and consequences of imaging procedures.
- **CP4:** the student responds to individuals' need for information and can use verbal and non-verbal skills effectively.

17.4.5 ORGANISATIONAL SKILLS

OS1 PERSONAL ORGANISATION

- **In all modules:** the student general appearance and uniform is professional and complies with local policies.

OS2 TIME MANAGEMENT

- **ICP:** the student makes good use of unstructured time by using quieter times for study, reflection and role-play.
- **CP2:** the student uses unstructured time effectively, and responds quickly to emergent work.
- **CP3:** the student makes effective use of programmed and unstructured time to develop skills and knowledge and ensuring that assigned tasks are completed on schedule.
- **CP4:** the student demonstrates the ability to prioritise clinical workload.

OS3 GENERAL ORGANISATION

- **ICP:** the student can establish and confirm the pre-examination information required for justification, authorisation, patient identification and consent.
- **CP2:** the student can establish a safe working environment by adhering to infection control, radiation safety and manual handling polices and procedures.

- **CP3:** the student demonstrates a systematic, methodical approach to radiographic examinations and record keeping.
- **CP4:** The student demonstrates proficient organisational skills and can complete assigned tasks efficiently and to a high standard.

17.4.6 PROFESSIONALISM

PR1 INTEREST AND MOTIVATION

- **ICP:** the student willingly participates in all aspects of the department routine, including cleaning.
- **CP2:** the student initiates discussions with supervisors to enhance their learning and proactively engages in all aspects of the department workload.
- **CP3:** the student proactively makes use of departmental resources to enhance their learning.
- **CP4:** the student proactively seeks learning opportunities: attends MDT meetings, arranges reporting sessions and participates in quality assurance tests/clinical audits.

PR2 RESPONSIBILITY

- **ICP:** the student is able to introduce themselves to patients and carers in a professional manner.
- **CP2:** the student undertakes routine examinations within their capabilities.
- **CP3:** the student accepts responsibility for routine and more complex examinations, and asks for assistance when required.
- **CP4:** the student knows their limitations and will ask for appropriate assistance.

PR3 PROFESSIONAL JUDGEMENT

- **ICP:** the student is willing to learn and can set their own learning objectives.
- **CP2:** the student demonstrates an understanding of the justification process and the procedure to deal with incomplete/inappropriate referrals.
- **CP3:** the student is able to use their initiative to help resolve any professional/clinical problems and justify their actions.
- **CP4:** the student demonstrates the ability to assess professional/clinical problems and deal with the problem based on their acquired knowledge and experience.

PR4 PROFESSIONAL CONDUCT

- **In all modules:** The student is punctual and acts in a professional manner at all times.

The students' abilities in these areas are assessed during each clinical placement, collated by the module coordinator and are appraised by the module coordinator / lecturers at the end of each level of the programme

17.5 OPERATION OF CONTINUOUS CLINICAL ASSESSMENT SCHEME

The Continuous Clinical Assessment Scheme operates via the placement report proforma. Daily placement discussions are vital to explore the practitioners' expectations of the student, to identify issues that may hinder progress and to give an opportunity to offer positive reinforcement and two-way feedback.

Student ability in the domains of clinical practice are assessed during placement and appraised by the module coordinator throughout the year.

It is the responsibility of the supervising radiographer to be aware of the outcomes in the performance report and to rate each student objectively and equitably.

The overall rating for Clinical Appraisal is achieved by rating the elements of each domain on a six-point scale on the final day of placement. In each element of each domain the rating is awarded according to the student's level of achievement in the specified learning outcomes.

- A** The student is consistently performing well above the level of the learning outcome.
- B** The student is performing above the level of the learning outcome.
- C** The student is performing at the level of the learning outcome.
- D** The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.
- E** The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.
- F** The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

The rating will take into account any factors or constraints which have affected the student's ability to perform effectively.

The Clinical Supervisor will:

- discuss the assessment with the student;
- discuss and set the student's learning objectives for the week;
- complete the daily report component of the continuous clinical assessment proforma;
- complete the ratings component on the final day of the student's placement, this is based on their observation of working with the student and the feedback the student has received during the week;
- identify, discuss and agree the students' strengths and areas for development.

The Clinical Supervisor:

- responsible for completing the daily/weekly report will be one of a team within a placement or will be the member of staff with responsibility for students within that placement.

IMPORTANT NOTES

If during the week the student's performance indicates that they will be awarded an 'F', the supervisor must discuss the situation with the student and record details of the discussion on the continuous assessment sheets. If there is no improvement the subsequent day(s) the supervisor must contact the Module Coordinator, and complete a cause for concern form (Appendix [D](#)).

If on the final day of placement the student scores an 'E' in any of the categories, immediate contact with the Module Coordinator is required.

Each case will be considered individually and appropriate remedial action taken.

A student will have a range of skills levels in different areas at the same time. They will be competent in some techniques and still be novice in others. Areas in which the student receives limited experience require specific objectives.

17.6 CLINICAL ACTIVITY LOG

- During each clinical placement experience the student is required to complete and record a number of patient episodes using the appropriate proforma supplied by the module coordinator. The purpose of the clinical log is to ensure the student gains a wide clinical experience. The clinical log will be utilised during the student appraisal to discuss placement provision and the student's participation in clinical procedures.

- Although a guide to the minimum number of procedures may be specified, as many and as wide a variety of techniques as possible should be recorded. To pass the continuous assessment, the student must demonstrate a participation in a wide variety of examinations, and attain the minimum numbers in accordance with their clinical rotation. Changes to clinical practice and protocol may impact upon the availability of some examinations, for example skull and fluoroscopy.
- The student's clinical experience is classified under the following three headings:
 - **Observed** the student observes the examination, they are not actively involved in the examination process;
 - **Aided** the student undertakes the examination with support or assistance from the supervisor;
 - **Unaided** the student, under supervision, completes the examination without assistance from the supervisor.

17.6.1 Clinical Activity Log Procedures

ICP

By the end of ICP the student should have documented the following minimum numbers of procedures:

Procedure	Observed	Aided	Unaided
Upper Limb	5	10	10
Lower Limb	5	10	10
Shoulder Girdle	5	10	10
Pelvis and Hip	10	10	
Spine	10	10	
Skull and Face*	10	10	
Thorax and Contents	5	15	20
Abdomen	10	10	5

* It is acknowledged that, due to changes in clinical management, skull radiography is diminishing. Facial bone examinations are plentiful however in Accident and Emergency departments. Allowances for these changes will be made by the module coordinator.

CP2

By the end of Level 2 the student should have documented the following minimum numbers of procedures:

Procedure	Observed	Aided	Unaided
Upper Limb		10	20
Lower Limb		10	20
Shoulder Girdle		10	10
Pelvis and Hip	10	10	
Spine	10	10	
Skull and Face*	10	10	

Thorax and Contents		15	20
Abdomen		10	5
Upper GI Contrast *	10	10	
Lower GI Contrast *	10	10	
Genitourinary System *		5	5
Biliary System *	2	2	

* It is acknowledged that, due to changes in clinical management, skull radiography is diminishing. Facial bone examinations are plentiful however in Accident and Emergency departments. Due to changes in imaging practice, GI and Biliary examinations are being replaced by endoscopy and IVU by CT and MRI. Allowances for these changes will be made by the module coordinator.

CP3

By the end of Level 3 the student must have documented the following minimum numbers of procedures:

Procedure	Observed	Aided	Unaided
Upper Limb		5	20
Lower Limb		5	20
Shoulder Girdle		5	10
Pelvis and Hip		10	10
Spine		10	10
Skull * Face & Dental		15	10
Paediatric Skeletal		10	10
Paediatric CXR/AXR		10	5
Paediatric Fluoro	15	5	
Thorax & Contents		10	25
Abdomen		5	5
Ward Radiography		5	5
Upper GI Contrast *		10	5
Lower GI Contrast		10	10
Urinary System *		5	5
Biliary System *		3	3
Ultrasound Ob/Gyn	20		
Ultrasound General	20		
Mammography ^	10	5	
Lithotripsy	5		
CT Head	10	5	5
CT Other	10		
MRI Head/Spine	15	5	
MRI Other	5		
Cardio / Interventional	10		
RNI	10	5	

* It is acknowledged that, due to changes in clinical management, skull radiography is diminishing. Facial bone examinations are plentiful however in Accident and Emergency departments. Due to changes in imaging practice, GI and Biliary examinations are being replaced by endoscopy and IVU by CT and MRI. Allowances for these changes will be made by the module coordinator.

^ Mammography placements in the Breast Unit are for females only. Some male students are placed in the Breast Screening Service where valuable learning is facilitated but patient consent is required for observation.

All students will experience an assessed CT placement and at least two additional 'specials'.

Students who do not achieve the CT head competency in Level 3 will be placed in CT in Level 4.

CP4

By the end of Level 4 the student must have documented the following minimum numbers of procedures:

Procedure	Observed	Aided	Unaided
Upper Limb			25
Lower Limb			25
Shoulder Girdle			20
Pelvis and Hip			20
Spine			20
Mobile CXR/AXR		20	10
Mobile Skeletal *		10	10
Theatre Skeletal		10	10
Skull and Face ^		5	20
Thorax and Contents			40
Abdomen		5	15
Fluoro Procedures*		30	10
Urinary System *		5	5

* Modern methods in treatment of fractures have reduced the requirement for mobile examinations of the skeleton. Due to changes in imaging practice, GI and Biliary examinations are being replaced by endoscopy and IVU by CT and MRI. Allowances for these changes will be made by the module coordinator.

^ It is acknowledged that, in modern clinical practice, skull imaging is diminishing. Facial examinations should however be plentiful in Accident and Emergency departments.

18 CT HEAD COMPETENCY

Students in Level 3 are required to demonstrate competency in CT Head imaging. To evidence completion of this competency the CT Head Checklist should be completed (Appendix [R](#)). Only one checklist is required to be completed. The individual elements of the checklist can be completed as the student develops their skills throughout the placement week. To pass the assessment the checklist should evidence 'Acceptable' in all elements and the supervisor must confirm the student has completed, under supervision, five unaided CT Head examinations.

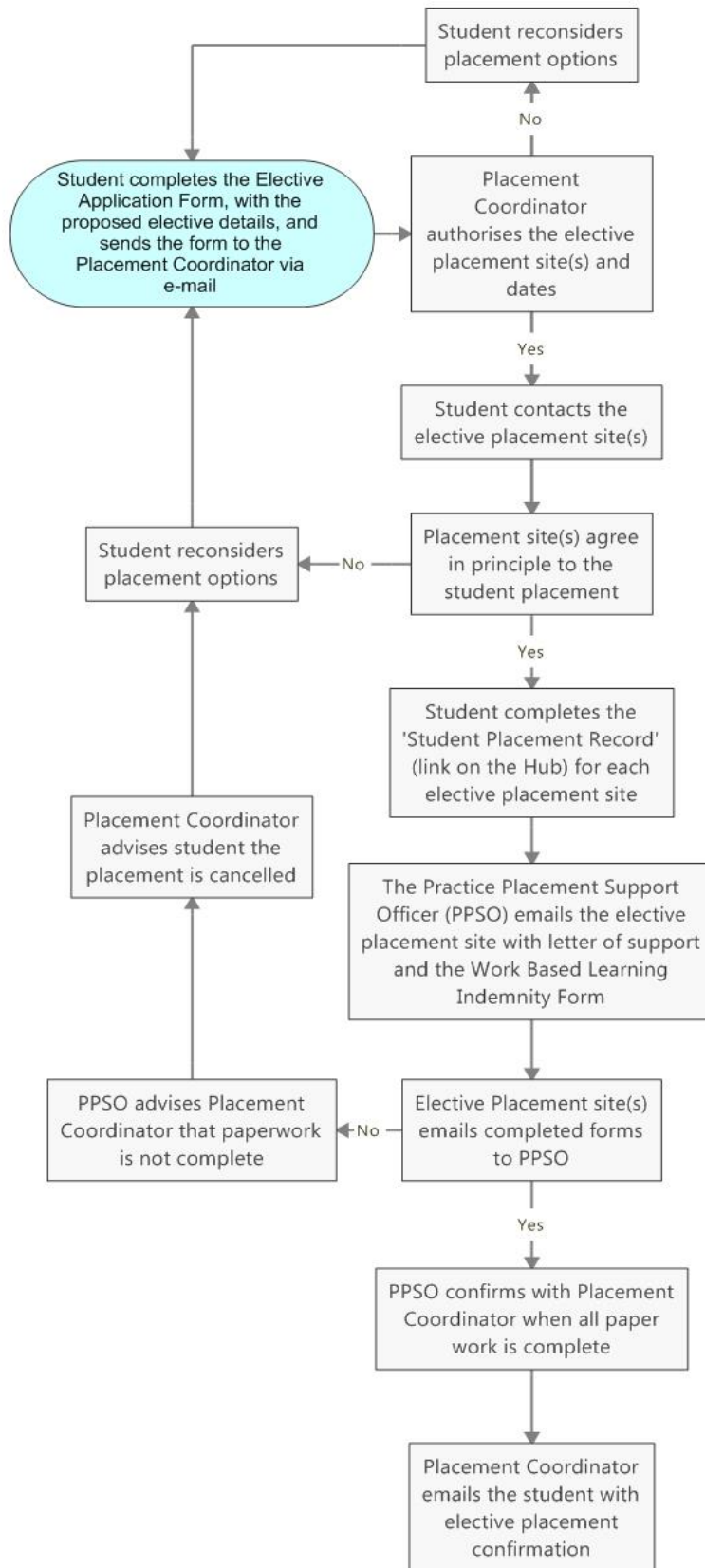
If the student does not attain 'Acceptable' in all elements, or does not complete the 5 unaided CT Head examinations, the student can still progress to Level 4. The student will be provided with a second opportunity in Level 4 to successfully complete the assessment.

19 ePORTFOLIO

As part of the Continuous Clinical Assessment strategy in Level 2 and the Professional Practice modules in Level 3 and 4, the student is required to maintain an electronic portfolio of clinical practice and professional development using QMU ePortfolio (Pebble+). This will give the student opportunities to reflect upon clinical practice, learning and performance and to provide evidence of clinical experience and progress. It will form the foundation for continuing professional development and will be maintained and developed throughout the four years of the programme. For specific guidelines students should refer to the ePortfolio Handbook.

- The ePortfolio will require collection and collation of information from a wide range of sources to provide evidence of competence, learning and understanding.
- The ePortfolio will also include elements of personal reflection from individual clinical experiences.
- For each week of clinical practice in Level 2 a full, reflective account of at least one procedure, experience or critical incident should be recorded. The student should also make the key elements of their learning on placement specific; this commentary should make reference to the learning outcomes stated in the handbook.
- Additional and supplementary evidence of extended learning must be included and its relevance referred to explicitly in the writing.

ELECTIVE PLACEMENT APPLICATION PROCESS



ELECTIVE DOCUMENTATION
(Example, full documentation on the Hub)

APPENDIX B



Queen Margaret University
EDINBURGH

SCHOOL OF HEALTH SCIENCES
RADIOGRAPHY

RECORD OF ELECTIVE PLACEMENT

Student Name: _____

Matriculation Number: _____

General Requirements

The elective placement must be considered by the student in the same way as any other clinical placement. A reflective account for each week must be included, attendance recorded in the elective section of the continuous assessment spreadsheet and the clinical procedures encountered included in the activity log.

Reflective accounts might include the following:

- techniques performed in a way different to your current experience and reasons for the differences;
- techniques and procedures you have not experienced before and what you have learned;
- differences in the general organisation of the department workload and an evaluation of these differences;
- contrast agents used that are unfamiliar;
- new knowledge gained; link this to existing knowledge.

Completing this record

The student must maintain the Summary of Elective Placement; this is a simple list of all the departments and hospitals attended during the period.

Maintain a brief record of your daily experiences for each week of placement and note your learning; this will help you to construct your reflective accounts.

As with any other placement, the supervisor must sign to verify attendance. An appraisal statement is requested from your supervisor at the end of each week.

Following the Elective Placement

Please scan the entire document as one file and upload to your PebblePad Clinical Workbook.

Remember to update your continuous assessment spreadsheet with your attendance and the clinical activity log with the examinations you experienced.

SUMMARY OF ELECTIVE PLACEMENT

Student to record dates as well as departments / hospitals attended.

Student name.....

Week Beginning	Hospital / Department

Student to complete a form for each elective week.

Week beginning.....

Hospital / Department.....

	Procedures etc.	Outcomes achieved
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		

APPRAISAL STATEMENT

**Attendance – Supervisor, please sign to verify attendance, please do not ‘tick’.
Student is permitted one half-day per week for study and reflection. Thank you.**

	Monday	Tuesday	Wednesday	Thursday	Friday
a.m.					
p.m.					

Student Appraisal – Supervisor(s), please comment below on the student’s skills, abilities, attitudes, strengths and areas for improvement. Thank you.

Supervisor signature and date.....

Week 1 Student Reflective Report

Hospital: _____

Date(s): _____

Please continue over the page if you require more space.

PRACTICE EDUCATION PASSPORT

Queen Margaret University
EDINBURGH

Radiography
School Of Health Sciences
Practice Education Passport

FITNESS TO PRACTISE

The University has an obligation to ensure that graduates from its pre-registration healthcare programmes are fit to practise. This means we need to consider whether students:

- have a long-term health condition or disability which could prevent them from practising safely without supervision;
- have any criminal convictions or cautions which could make them unsuitable for registration;
- have demonstrated that they can maintain the standards of conduct expected of a health professional

Your behaviour on placement and in private life has the potential to affect your suitability for registration. If the University becomes aware of an issue regarding a student's behaviour it may initiate Fitness to Practise proceedings. Where there are serious concerns, a Fitness to Practise panel may be convened. The Fitness to Practise panel has the authority to impose a range of sanctions, including requiring a student to suspend study or even to leave the programme.

For more information, see the QMU Fitness to Practise Policy.

Health and Disability

Students should keep their Personal Academic Tutor or Programme Leader informed of any changes to their health or disability status. The University will seek to put in place measures to support students with health problems or disabilities so far as is practical. It is essential that you discuss any concerns you might have with staff as early as possible. To protect patient safety, you must inform your placement supervisor immediately if you contract a communicable disease.

Conduct

Concerns may arise about your fitness to practise if any of the following situations occur:

- you are convicted of a criminal offence, particularly one involving dishonesty or violence;
- you are found in breach of the student discipline code, e.g., for your behaviour towards other students or for cheating in an exam / plagiarism;
- you behave in an unethical or unprofessional manner on placement;
- you breach patient confidentiality.

The above list is not exhaustive. Each case will be dealt with according to the individual circumstances.

Student Name:
Matriculation Number:

Pre-placement checks	Date	Signature
Receipt of PVG certificate		
Measured for uniforms		
Collection of name badge		
Health clearance check with Occupational Health Nurse		
Confirmation of Professional Indemnity Insurance	Name of Insurer: Membership or Policy No:	

Mandatory Reading	Date	Signature
Data Protection Act 2018		
HCPC: Confidentiality – guidance for registrants		
HCPC Managing Fitness to Practise		
HCPC guidance for students on Conduct and Ethics		
HCPC Guidance on Health and Character		
HCPC: Health, disability and becoming a health and care professional		
HCPC: Standards of Proficiency: Radiographers		
HCPC: Whistleblowing policy		
ICO: Guide to GDPR		

Completion of Passport verified by:
Date:

Pre-placement training	Date	Signature
Basic Life Support		
Child Protection		
Duty of Candour		
Fire Safety		
Infection Control (SIPCEP)		
Information Governance		
Manual Handling		
Safeguarding Adults		
Violence and Aggression		

Mandatory Reading	Date	Signature
IR(ME)R 2017: Guidance and good practice notes		
IRR 2017: Regulations and Guidance notes		
NHS Scotland: Looking after information		
Records Management: NHS Scotland Code of Practice		
QMU: Guidance on Fitness to Practise		
SCoR: Dealing with bullying and harassment – a guide for student radiographers		
SCoR: Obtaining consent		

APPRAISAL / CLINICAL INTERVIEW

Appraisal interviews will be conducted with Level 2 after ICP, and Level 3 and 4 after clinical block 1. The process will include discussion on students' strengths and areas for development. This form can also be used for any meeting to discuss clinical issues with the student.

DATE OF INTERVIEW.....

Summary of points discussed and actions agreed

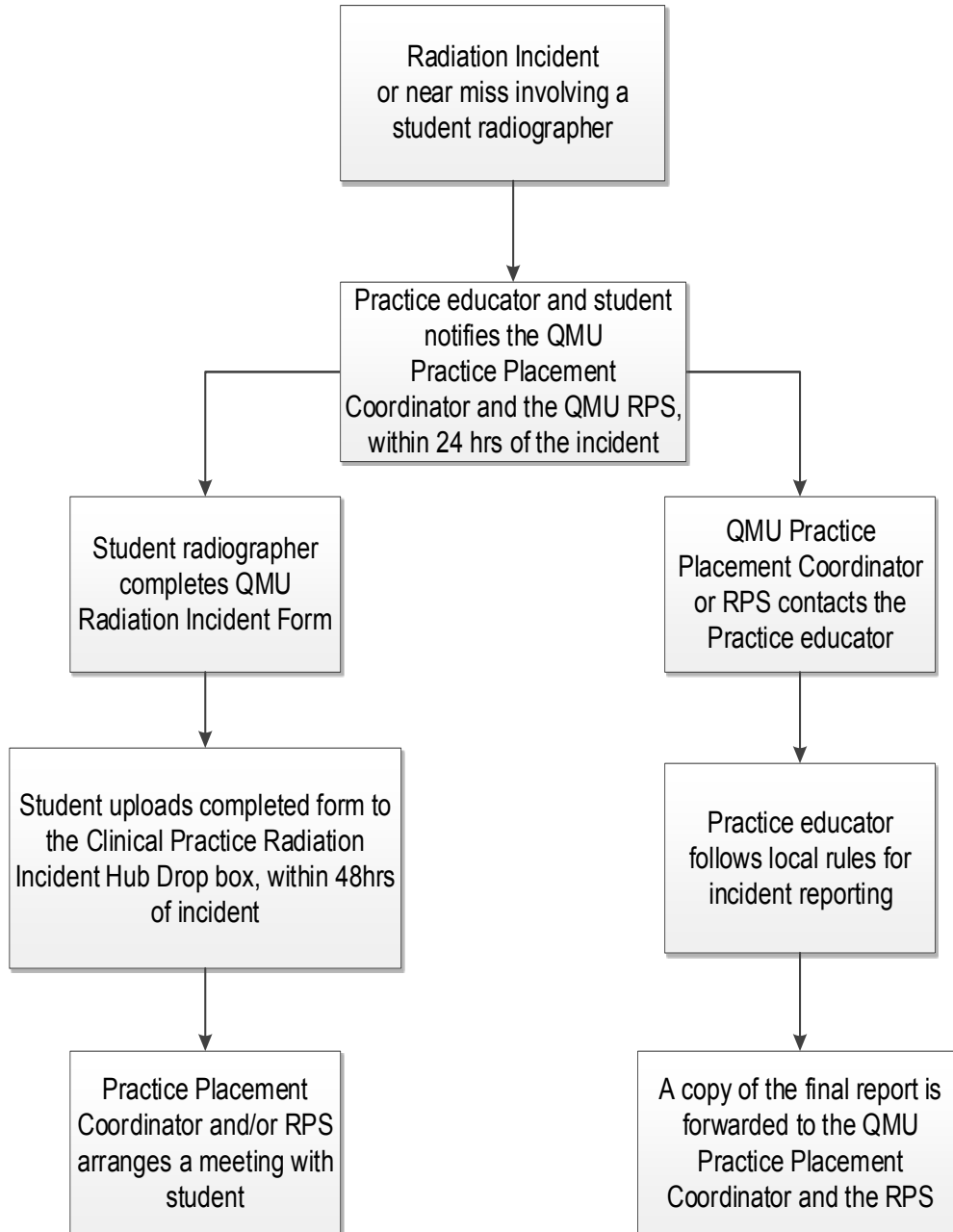
THE STUDENT SHOULD ONLY SIGN BELOW IF HE/SHE AGREES WITH AND ACCEPTS THIS APPRAISAL. IN CASES OF DISAGREEMENT THE APPRAISAL WILL BE REFERRED TO THE COURSE LEADER WITH ALL RELEVANT DOCUMENTATION.

STUDENT: _____ LECTURER: _____

SIGNED: _____ SIGNED: _____

RADIATION INCIDENT FLOWCHART

APPENDIX F



RADIATION INCIDENT FORM

Please complete the following form and upload to the Radiation Incident drop box on the Clinical Practice Hub site within 48hours of the incident. Please email the Practice Placement Coordinator and the Radiation Protection Supervisor to let them know the form is there.

Fill in as many details as you can, but remember if a patient is involved do not include any patient identifiable information.

Student:

Hospital Site:

Placement:

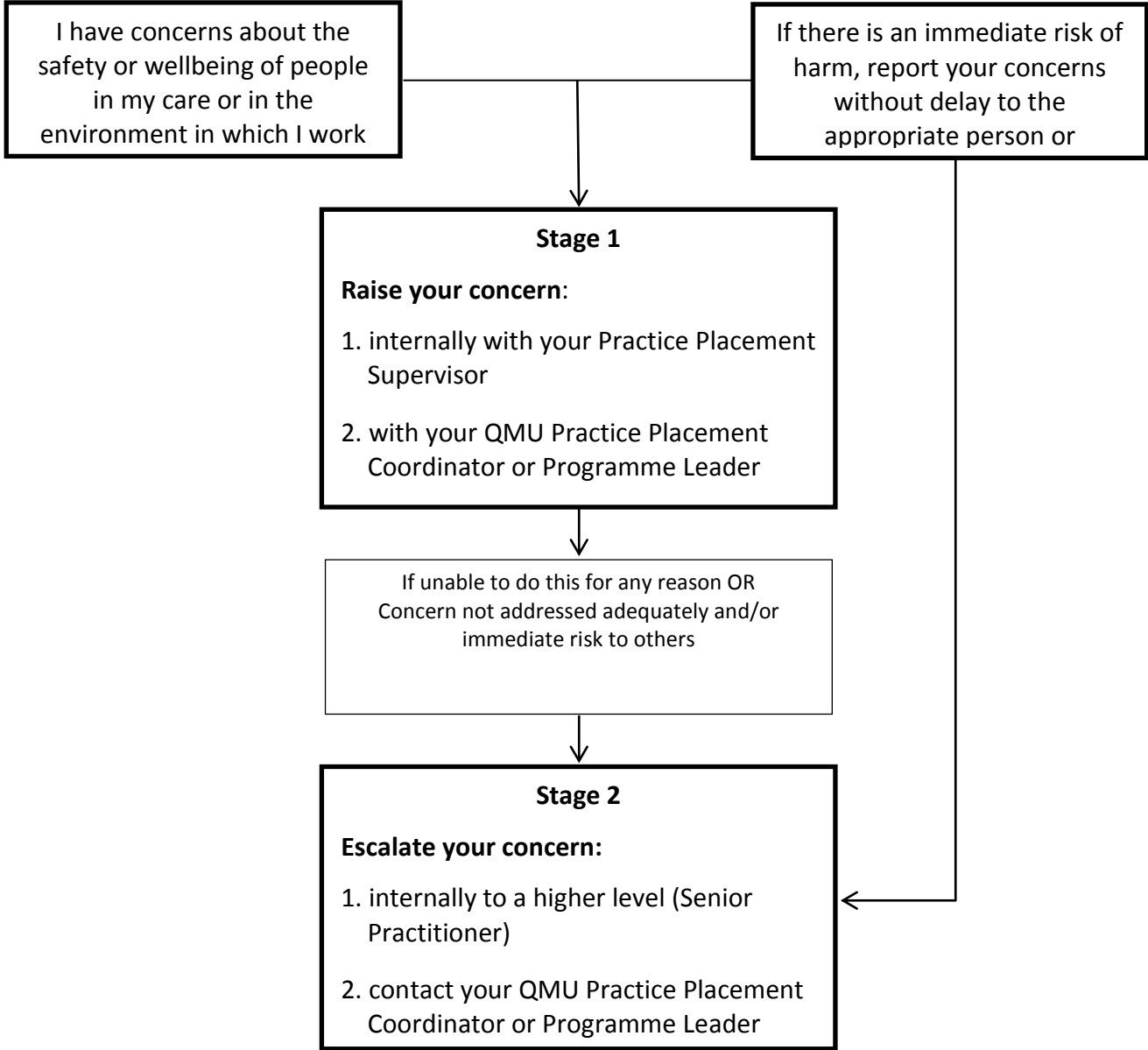
Date of incident:

Practice Educator(s):

Describe exactly what happened:

RAISING AND ESCALATING CONCERNS FORM

Adapted from BSc Hons Nursing Guidance



Seeking Advice
 If you are unsure about whether, or how, to raise a concern at any stage, you should seek advice from your QMU Practice Placement Coordinator or Programme Leader.

*Independent confidential advice is available from your professional body, trade union or PCaW. †
 Students can also speak with their university tutor.

† Public Concern at Work (www.pcaw.org.uk)

Key Points

- Take immediate or prompt action
- Protect confidentiality
- Refer to whistleblowing policies
- Keep an accurate record of your concerns and actions taken

PLACEMENT ANNUAL MONITORING FORM



Queen Margaret University
EDINBURGH

**School of Health Sciences
Radiography
Clinical Placement Initial and Continuous Monitoring Report**

Organisation:		Clinical Tutor / Student Liaison officer(s):	
Hospital:		Date of completion:	
Department:		Name:	
Radiology manager:		Signature:	
Placement approved		Placement not approved until conditions are met	
Placement approved subject to conditions		Date of next visit	
Conditions:			

Please complete the following form, indicating compliance with the following requirements for student placements. Please use the notes section to provide evidence of how the requirement is met, or the action(s) required to achieve the requirement. ★ denotes a mandatory requirement for placement approval.

Requirement		Yes	No	Notes
Section 1: Policies and Procedures				
The placement provider can demonstrate the following policies are in place, in relation to students, and provide evidence of how they are implemented and monitored:				
1.1	Ionising Radiation Regulations ★			
1.2	Infection Control ★			
1.3	Health and Safety ★			
1.4	Data Protection ★			
1.5	Equality and Diversity ★			
Section 2: Documentation				
The placement provider can demonstrate the following documents are available to students:				
2.1	Ionising Radiation Regulations ★			
2.2	Infection Control ★			
2.3	Health and Safety ★			
2.4	Data Protection ★			
2.5	Equality and Diversity ★			
2.6	Local rules on all imaging equipment ★			
2.7	NHS Education for Scotland – Quality Standards for Practice Placements			
Section 3: Induction				
The placement provider can provide evidence that the following information is provided to student at commencement of the placement:				
3.1	A departmental induction pack ★			
3.2	Orientation of department facilities ★			
3.3	Fire safety arrangements ★			
3.4	First aid arrangements ★			

3.5	Manual Handling guidance ★			
3.6	Risk from harmful substances ★			
3.7	Emergency phone numbers ★			
3.8	Location of resuscitation equipment ★			
3.9	Introduction to clinical tutor/ liaison / mentor ★			
3.10	Learning plan agreed with supervisor			
3.11	Arrangements for notification of sickness ★			
3.12	Named person for confidential guidance and support			
Section 4: Supervisor and Assessor support				
The placement can provide evidence to demonstrate the following:				
4.1	There are sufficient experienced supervisors/ assessors to support the student learning experience ★			
4.2	Staff received appropriate training prior to supervising and assessing students ★			
4.3	Supervisors/assessors are aware of the learning outcomes for QMU students★			
4.4	Supervisors and assessors have access to the QMU clinical documentation – hard copy / electronic ★			
4.5	There is a team approach to supporting student learning			
4.6	Staff receive sufficient time to discuss individual student's learning needs and set learning objectives ★			
4.7	Staff receive sufficient time to support and guide students to achieve their learning outcomes ★			
4.8	Supervisors and assessors provide timely, objective and constructive verbal and written feedback, inline with QMU clinical placement documentation★			
4.9	Clinical assessments are conducted in a fair, timely, supportive, constructive manner ★			
4.10	Staff are aware of the procedure if a student fails an assessment? ★			
4.11	There is a system in place to raise concerns about a student★			

	Requirement	Yes	No	Notes
4.12	There is a system in place to ensure the competency of staff involved with students ★			
4.13	Do you require supervisory training?			? how many staff:
4.14	Do you require assessor training?			? how many staff:
Section 5: Organisational				
The placement provider can provide evidence to meet the following requirements:				
5.1	Promotion of a welcoming, supportive learning environment ★			
5.2	The department provides a range of learning experiences			
5.3	There is a system in place to provide pastoral care for the student			
5.4	Access to a library			
5.5	Internet access for study and research			
5.6	A system to assess the quality and effectiveness of student placements, and action any issues raised? ★			
5.7	Systems to ensure patients are aware of potential student involvement in their care? ★			

LEVEL 2 AND 3 STAGED ASSESSMENT FORM



Queen Margaret University
EDINBURGH

BSc (Hons) DIAGNOSTIC RADIOGRAPHY

**STAGED CLINICAL ASSESSMENT
CLINICAL PRACTICE 2 / 3**

This section to be completed by the student.

Name

Matriculation No.

Hospital

Department

Examination

Date

Assessor

CP2 Assessments, one from each category:

- Extremity joint: elbow, wrist, knee or ankle
- Chest or Abdomen

CP3 Assessments, one from each category:

- Region of the vertebral column or trauma imaging of the shoulder or hip
- Mobile 'examination, typically the chest or abdomen

To be completed by the Assessor (Please tick):

PASS

FAIL

Assessor's signature _____

Student's signature _____

Clinical Assessor completes the remainder of this document by ticking the boxes.

Examinations are to be performed according to local protocol.

Patient Consent Received by.....Supervisor Sign

Check of pregnancy status is appropriate. YES / NO (Please circle)

1 THE REQUEST

The student should not be prompted, the single appropriate question being 'which projections will you do?'

- a) * Has the student checked all request details are completed: patient ID, clinical information, signature of referrer, date?
- b)* Has the student followed the local IRMER rules for justification and authorisation of the request?
- c) Does the student demonstrate understanding of the medical terminology used?
- d) Has the student considered viewing previous films etc ?
- e) Does the student know which projections are appropriate?
- f) If the examination was a mobile one, did the student seek the permission of a nurse prior to the examination?

Yes	No

2 ADVANCE PREPARATION

- a) Was the X-ray room presented in a tidy fashion?
- b) Did the student demonstrate awareness of infection control issues?
- c) Was the X-ray equipment, including image receptors where appropriate, set up in advance?
- d) Was a preliminary set of exposure factors set?
- e) Were protective devices and general accessories available?

Yes	No

3 PRELIMINARY PATIENT CARE AND MANAGEMENT

- a) Did the student introduce himself or herself and greet the patient and / or carer appropriately?
- b) * Did the student obtain a positive identity?
- c) * Even where the information was completed on the request, did the student ask whether they had been X-rayed before?
- d) Did the student communicate well, giving clear instructions to the patient?
- e) Did the student prepare the patient appropriately, with regard to clothing, jewellery etc.?
- f) * Did the student check that the correct area is to be examined?
- g) * If appropriate, did the student check pregnancy status?

Yes	No

4 THE EXAMINATION – TECHNICAL

For ALL projections did the student:

- a) position the patient and image receptor correctly?
- b) use the correct surface markings, centering point(s) and central ray direction(s)?
- c) protect the patient correctly through the use of collimators and accessory devices?
- d) select the correct anatomical marker and place it appropriately on the image receptor?
- e) correctly adjust and check pre-set exposure factors?
- f) instruct the patient clearly and concisely?
- g) use immobilisation and support devices appropriately to facilitate patient comfort and stability?
- h) observe the patient closely throughout the procedure?
- i) check that the exposure occurred?
- j) comply with the local rules governing safe use of ionising radiations?

Yes	No

5 THE EXAMINATION – PATIENT CARE

Did the student:

- a) adopt appropriate infection control measures and practices?
- b) communicate effectively with the patient throughout the examination?
- c) answer patient queries adequately?
- d) give consideration to the patients' physical condition and special requirements?
- e) attend to safety issues appropriately?
- f) upon completion of the examination, give appropriate and accurate information to the patient or their carer?
- g) ensure that the patient was fit to leave the department or was left in a comfortable condition on the ward?
- h) appear and act in a professional manner throughout?

Yes	No

6 THE EXAMINATION – ADMINISTRATION

Did the student:

- a) complete documentary and electronic administrative requirements as per local protocol?
- b) deal with the images and documentation correctly at the end of the examination? (e.g. send for reporting, to clinic etc.)

Yes	No

7 THE EXAMINATION – DIAGNOSTIC QUALITY

Were the images of diagnostic quality according to local protocol?

	Yes	No
Projection 1		
Projection 2		
Projection 3		

Please give reasons for repeat radiographs below.

Copies of the assessment images are not required.

8 STUDENT CRITIQUE OF THE RADIOGRAPH(S)

Diagnostic quality is NOT an issue in this section. The student is required to critique the original radiographs (not repeats) under the tabulated headings. For all projections, please indicate whether or not this was achieved.

Did the student correctly appraise the radiographs with regard to -

Projection Number -

identification?

anatomical markers and legends?

region of interest?

projection?

density, contrast, sharpness, exposure index?

collimation?

artifact?

anatomy, anatomical variations, pathology?

need for additional projections?

need for repeats?

		1		2		3	
		Y	N	Y	N	Y	N
identification?							
anatomical markers and legends?							
region of interest?							
projection?							
density, contrast, sharpness, exposure index?							
collimation?							
artifact?							
anatomy, anatomical variations, pathology?							
need for additional projections?							
need for repeats?							

9 GENERAL INFORMATION

Please delete inapplicable.

a) Was the student assisted with the examination? YES / NO

Specifically, what assistance was given?

b) Did the student encounter any difficulties? YES / NO

Specifically, what were they and how did the student deal with them?

c) Please make any other comments regarding student performance in this staged assessment that you feel are relevant.

Signed-----(Clinical Assessor)

**THE STUDENT SHOULD COMPLETE THIS PAGE
TO RECORD EXAMINATION DETAILS**

1. **Projection(s)** -----

2. **No. and size of
image receptors** -----

3. **For each projection, list the exposure factors as tabulated:**

Projection	KVp	mAs	SID	IR	Grid?	Focus Size	S-Value/ Exposure Index

4. **Explain your reasons for choice of projections and other factors.**

STAGED CLINICAL ASSESSMENT

MARKING SCHEME

The student must pass the practical element of the Clinical Assessment before proceeding to the element of discussion with the Academic Tutor.

CRITICAL ELEMENTS

- 1 An automatic fail is the result of a **NO** response in any of the following sections: **1a, 1b, 3b, 3c, or 3f.**
- 2 An automatic fail is the result of a **NO** response in section **3g**(if appropriate).
- 3 Failure is the result of three **NO** responses in section **1e** and section **5b** and **h.**
- 4 Failure is the result of **NO** responses in **any 3** categories in section **4.**

The clinical assessor and the student must report the failure to the Module Coordinator as soon as possible.

As necessary, the student will be counselled and retrained prior to reassessment.

COMPETENCE TO PRACTICE ASSESSMENT



Queen Margaret University
EDINBURGH

BSc (HONS) Diagnostic Radiography

Clinical Practice 4

Assessment of Competence to Practice

Student _____

Matriculation No. _____

Assessor _____

Date _____

Hospital _____

Department(s) _____

To be completed by Assessor:

PASS

REFER

Percentage

Assessor sign

Student sign.....

Examination(s)				
Patient Information	Age		Gender	

Number of Projections	
------------------------------	--

A. Administration

Did the student:

Check the signature of referrer?

Justify request under IR(ME)R?

- a. Understand the medical terminology?
- b. State relevance of pregnancy status?
- c. Perform clerical tasks correctly?

	N
*	
*	
Total	

B. Preparation of Room and Equipment

Did the student:

- a. Select appropriate equipment?
- b. Pre-select exposure factors?
- c. Prepare the room prior to examination?
- d. Remain organised throughout?
- e. Tidy and clean after the examination?

	N
Total	

C. Patient Care

Did the student:

Positively identify the patient?

a. Introduce themselves?

Verify pregnancy status to protocol?

Verify correct examination requested?

- b. Prepare the patient (clothing etc)?
- c. Consider patient difficulty (eg. Mobility)
- d. Adhere to infection control procedure?
- e. Apply moving / handling procedures?
- f. Consider patient health and safety?
- g. Maintain patient dignity throughout?
- h. Correctly instruct the patient?

	N	NA
*		
*		
*		
Total		

D. Procedure

Did the student:

- a. Select correct image receptor?
- b. Adjust exposure factors appropriately?
- c. Identify correct radiographic technique?
- d. Position the patient correctly?
- e. Modify technique as required?
- f. Utilise appropriate radiation protection?
- g. Apply markers / legends correctly?
- h. Use equipment / accessories correctly?
- i. Use immobilisation devices / techniques?

	N	NA
Total		

E. Radiographic Critique

Did student appraise image for:

Was patient ID present and correct?

- a. Presence of markers and legends?
- b. Region of interest?
- c. Collimation/artefacts
- d. Accuracy of positioning?
- e. Image quality – CR / DR systems?
- f. Normality / Abnormality / Pathology?
- g. Need for further projections?
- h. Need for repeat projections?

	N
*	
Total	

F. Communication

For this examination the student:

- a. Communicated appropriately with staff.
- b. Communicated effectively with patient.
- c. Communicated appropriately with carers.
- d. Gave correct post exam information;
- i. To patient,
- ii. To carers,
- iii. To staff.

	N	NA
Total		

Repeat Radiographs

State number of repeats.

G. General Performance

- a. Student led procedure effectively.
- b. The procedure was 'unaided'.
- c. Advice was sought appropriately.
- d. Initial images were diagnostic.
- e. Student was professional throughout.
- f. Prompting/intervention was required.

	Y	N	NA
Total			

Assessors Notes

Collation

Patient Number	A	B	C		D		E	F		G (a-e)		G (f)
	N	N	N	NA	N	NA	N	N	NA	N	NA	Y
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
Total												
	N	N	N	NA	N	NA	N	N	NA	N	NA	Y

Insert the figures you need for the error rate calculation below;

Total Y & N (errors) = Total NA = Total Patients =

To calculate the overall percentage, please perform the following equation:

$$\frac{\text{Total errors}}{(\text{Total patients} \times 51) - \text{Total NA}} \times 100\% = \text{Percentage}$$

- For example; 5 errors, 8 patients and 20 NAs:

$$\frac{5}{(8 \times 51) - 20} \times 100\% = \text{Percentage} \qquad \frac{5}{388} \times 100\% = 1.3\%$$

Please enter the figures into the equation:

$$\frac{\text{_____}}{(\text{_____} \times 51) - \text{_____}} \times 100\% = \text{_____}\%$$

Pass = 5% or less. Please insert your figure on the front sheet.

Feedback

The assessor should discuss the process and provide feedback to the student as soon as possible after the assessment is completed. Written comments should be provided below.

What were the particular strengths of the student performance?
What specific aspects of student skills require further development?
Assessor's general comments.

I have discussed this assessment with the student.

Assessor – sign and date

Student – sign and date

CONTINUOUS CLINICAL ASSESSMENT**COLLATION AND MARKING SCHEME**

Achievement levels from all outcomes, of every domain, of clinical practice are entered by the student onto the continuous Assessment Spreadsheet. The spreadsheet will automatically calculate and map the inputted data to the appropriate rating. The previous sheet provides examples of the ratings obtained from various combinations. The Module Coordinator will check the student marking and collate achievement levels.

Collation and Marking Process:

- the student downloads the spreadsheet from the Hub;
- the student inputs their attendance, entering 'Y' or 'N', the overall attendance will be automatically calculated. The half day study should be recorded as 'N';
- the student inputs the data from the continuous assessment sheets into the spreadsheets using the codes A, B, C, D, E, F or Y, N for yes/no responses;
 - any missing or incomplete data – leave the cell blank
- the numerical values attached to each of the codes are:

A 6.5

B 5.5

C 4.5

D 3.5

E 2.5

F 1.5 **N** 1.5

Y does not have a numerical value as the student should be consistently working at the level of the learning outcome, the final rating will not be affected. If a student is rated **N**, the student's rating will have a detrimental effect on the rating for the week, the domain of practice and the overall rating.

- the spreadsheet automatically calculates the weekly, overall block and module domain ratings, this provides the student with feedback to evaluate their current status and progression throughout the module;
- to calculate the final weekly, overall block and module rating the following minimal values must be attained:

6.0 **A**

5.0 **B**

4.0 **C**

3.0 **D**

2.0 E

1.5 F

- by the specified dates, the student will enter the completed spreadsheets to the Hub drop box;
- continuous assessment documentation should be given to the Module Coordinator at the appropriate tutorial;
- the Module Coordinator will verify data entry, to ensure consistency and accuracy of data entry.

Levels required for a 'pass' are:

ICP	General	C	Specials	None
CP2	General	C	Specials	None
CP3	General	C	Specials	D
CP4	General	C	Specials	None

LEVEL 2
INTRODUCTION TO CLINICAL PRACTICE IN DIAGNOSTIC IMAGING
CONTINUOUS ASSESSMENT

PLACEMENT TYPE General Radiography

STUDENT NAME

HOSPITAL & DEPT.

DATES

STUDENT VERIFICATION

Clinical Supervisor / Educator please complete on the first day of placement:

I can confirm that I have checked the QMU student identity card and can verify the attendance of _____ at _____ hospital

Signed _____ Date

On a daily basis, the student and supervisor jointly completes the formative feedback. The student is responsible for ensuring that the supervisor completes the Continuous Clinical Assessment proforma on the final day of placement. Please rate the student using the categories listed below.

- A** The student is consistently performing well above the level of the learning outcome.
- B** The student is performing above the level of the learning outcome.
- C** The student is performing at the level of the learning outcome.
- D** The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.
- E** The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.
- F** The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

Day 1: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss the student's learning objectives for this week and record them below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 2: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 3: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 4: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 5: date		Morning	Afternoon				
<p>Supervisor: Please complete the following proforma by rating the student's performance compared to the learning outcome:</p> <p>A – well above the learning outcome level D – below the level of the learning outcome B – above the level of the learning outcome E – well below the learning outcome level C – meeting the learning outcome F – unsatisfactory</p>							
TECHNICAL SKILLS		A	B	C	D	E	F
The student can:							
TS1	perform routine radiographic examinations of the appendicular skeleton, chest and abdomen;						
TS2	identify normal and abnormal appearances on radiographic images;						
TS3	can operate imaging equipment and accessories safely, effectively and efficiently whilst observing local rules for safety.						
APPLIED KNOWLEDGE		A	B	C	D	E	F
The student:							
AK1	demonstrates good background knowledge of routine radiographic techniques, including centring points;						
AK2	critically reflects on their clinical knowledge and skills.						
PATIENT MANAGEMENT		YES		NO			
The student:							
PM1	state emergency telephone numbers and has been oriented into department emergency procedures;						
		A	B	C	D	E	F
PM2	demonstrates an awareness of the patient's physical condition throughout the radiographic examination;						
PM3	demonstrates courtesy and patience, does not show distaste or disapproval.						
COMMUNICATIONS SKILLS		A	B	C	D	E	F
The student:							
CS1	communicates appropriately with supervisors and asks appropriate questions in a professional manner;						
CS2	is aware of their role within the radiodiagnostic multidisciplinary team and communicates effectively with team members;						
CS3	is able to provide clear instructions to patients and carers before, during and after diagnostic imaging.						

<u>ORGANISATIONAL SKILLS</u>		<u>YES</u>		<u>NO</u>			
The student('s):							
OS1	general appearance and uniform is professional and complies with local policies;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
OS2	makes good use of unstructured time by using quieter times for study, reflection and role-play;						
OS3	can establish and confirm the information required for justification, authorisation, patient identification and consent.						
<u>PROFESSIONALISM</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student:							
PR1	willingly participates in all aspects of the department routine, including cleaning;						
PR2	can introduce themselves to patients and carers in a professional manner;						
PR3	is willing to learn and can set their own learning objectives;						
		<u>YES</u>		<u>NO</u>			
PR4	is punctual and acts in a professional manner at all times.						

Please discuss and record the student's strengths and if they met their learning outcomes for this week:

-
-
-
-

Please discuss and record areas for the student to develop and improve their ratings:

-
-
-
-

Supervisor sign _____ Student sign _____



Queen Margaret University
EDINBURGH

LEVEL 2
CLINICAL PRACTICE IN DIAGNOSTIC IMAGING 2
CONTINUOUS ASSESSMENT

PLACEMENT TYPE General Radiography

STUDENT NAME

HOSPITAL & DEPT.

DATES

STUDENT VERIFICATION

Clinical Supervisor / Educator please complete on the first day of placement:

I can confirm that I have checked the QMU student identity card and can verify the attendance of _____ at _____ hospital

Signed _____ Date _____

On a daily basis, the student and supervisor jointly completes the formative feedback. The student is responsible for ensuring that the supervisor completes the Continuous Clinical Assessment proforma on the final day of placement. Please rate the student using the categories listed below

- A** The student is consistently performing well above the level of the learning outcome.
- B** The student is performing above the level of the learning outcome.
- C** The student is performing at the level of the learning outcome.
- D** The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.
- E** The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.
- F** The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

Day 1: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss the student's learning objectives for this week and record them below:</p> <ul style="list-style-type: none"> • • • 					
<p>Supervisor sign _____ Student sign _____</p>					

Day 2: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • 					
<p>Supervisor sign _____ Student sign _____</p>					

Day 3:date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign_____</p>					

Day 4:date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign_____</p>					

Day 5: date		Morning	Afternoon				
Supervisor: Please complete the following proforma by rating the student's performance compared to the learning outcome:							
A – well above the learning outcome level		D – below the level of the learning outcome					
B – above the level of the learning outcome		E – well below the learning outcome level					
C – meeting the learning outcome		F – unsatisfactory					
TECHNICAL SKILLS The student can:		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
TS1	perform complete routine, alternative and additional projections of the bony skeleton, thorax and abdominal contents;						
TS2	discuss image patterns, distinguish between normal and abnormal appearances, and suggest possible causes;						
TS3	operate imaging equipment and use accessories effectively by adhering to local policies and procedures.						
APPLIED KNOWLEDGE The student:		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
AK1	can apply theoretical knowledge to routine clinical practice;						
AK2	has read and can apply local infection control, health and safety, equality and diversity and radiation protection policies and procedures to their clinical practice.						
PATIENT MANAGEMENT The student:		<u>YES</u>		<u>NO</u>			
PM1	state emergency telephone numbers and has been oriented into department emergency procedures;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
PM2	demonstrates the ability to care for routine patients before, during and after diagnostic imaging, responding to patient's needs as necessary;						
PM3	demonstrates an awareness of the patient's psychological/emotional state, and responds appropriately to any changes.						
COMMUNICATIONS SKILLS The student:		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
CS1	can receive, record and convey verbal and electronic information accurately;						
CS2	is aware of their role within the radiodiagnostic multidisciplinary team and can communicate effectively with team members;						
CS3	demonstrates the ability to respond appropriately to patients and carers' questions.						

<u>ORGANISATIONAL SKILLS</u>		<u>YES</u>		<u>NO</u>			
The student('s):							
OS1	general appearance and uniform is professional and complies with local policies;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
OS2	uses unstructured time effectively and responds quickly to emergent work;						
OS3	can establish a safe working environment by adhering to infection control, radiation safety and manual handling polices and procedures.						
<u>PROFESSIONALISM</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student:							
PR1	initiates discussions with supervisors to enhance their learning and proactively engages in all aspects of the department workload;						
PR2	undertakes routine examinations within their capabilities;						
PR3	demonstrates an understanding of the justification process and the procedure to deal with incomplete/inappropriate referrals;						
		<u>YES</u>		<u>NO</u>			
PR4	is punctual and acts in a professional manner at all times.						

Please discuss and record the student's strengths, and if they met their learning outcomes for this week:

-
-
-
-

Please discuss and record areas for the student to develop and improve their ratings:

-
-
-
-

Supervisor sign _____ Student sign _____



Queen Margaret University
EDINBURGH

LEVEL 3
CLINICAL PRACTICE IN DIAGNOSTIC IMAGING 3
CONTINUOUS ASSESSMENT

PLACEMENT TYPE **General Radiography**

STUDENT NAME

HOSPITAL & DEPT.

DATES

<p><u>STUDENT VERIFICATION</u> Clinical Supervisor / Educator please complete on the first day of placement: I can confirm that I have checked the QMU student identity card and can verify the attendance of _____ at _____ hospital Signed _____ Date _____</p>
--

On a daily basis, the student and supervisor jointly completes the formative feedback. The student is responsible for ensuring that the supervisor completes the Continuous Clinical Assessment proforma on the final day of placement. Please rate the student using the categories listed below.

- A** The student is consistently performing well above the level of the learning outcome.
- B** The student is performing above the level of the learning outcome.
- C** The student is performing at the level of the learning outcome.
- D** The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.
- E** The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.
- F** The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

Day 1: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss the student's learning objectives for this week and record them below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 2: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 3:date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 4:date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 5: date		Morning	Afternoon				
Supervisor:							
Please complete the following proforma by rating the student's performance compared to the learning outcome:							
A – well above the learning outcome level			D – below the level of the learning outcome				
B – above the level of the learning outcome			E – well below the learning outcome level				
C – meeting the learning outcome			F – unsatisfactory				
TECHNICAL SKILLS							
The student can:		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
TS1	perform routine examinations; modifying and adapting technique for trauma, pathology and congenital abnormalities as required;						
TS2	evaluate radiographic images for technical accuracy, pathological appearances and identify the need for additional and supplementary projections;						
TS3	manoeuvre and manipulate imaging equipment safely and effectively, compensating for patient condition, disability, trauma, pathology and congenital abnormality as required.						
APPLIED KNOWLEDGE							
The student:		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
AK1	can apply theoretical knowledge to routine and complex clinical situations;						
AK2	demonstrates awareness of the requirement for critical appraisal and evaluation of and research into current clinical practice;						
PATIENT MANAGEMENT							
The student:		<u>YES</u>		<u>NO</u>			
PM1	state emergency telephone numbers and has been oriented into department emergency procedures;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
PM2	demonstrates compassionate care and initiates appropriate care strategies for routine patients, patients in pain or patients with limited physical capabilities;						
PM3	recognises the signs of emotional distress and anxiety, assists with alleviation measures and is supportive towards patients undergoing investigation and treatment.						
COMMUNICATIONS SKILLS							
The student:		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
CS1	is able to assimilate information, act upon it appropriately without detailed instruction and respond constructively to direction;						
CS2	communicates effectively with members of the multidisciplinary team to promote patient care and support;						
CS3	can communicate clearly with regard to preparation for, experience during and consequences of imaging procedures.						

ORGANISATIONAL SKILLS		<u>YES</u>		<u>NO</u>			
The student(s):							
OS1	general appearance and uniform is professional and complies with local policies;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
OS2	makes effective use of programmed and unstructured time to develop skills and knowledge and ensuring that assigned tasks are completed on schedule;						
OS3	demonstrates a systematic, methodical approach to radiographic examinations and record keeping.						
PROFESSIONALISM		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student:							
PR1	proactively makes use of departmental resources to enhance their learning;						
PR2	accepts responsibility for routine and more complex examinations, and asks for assistance when required;						
PR3	is able to use their initiative to help resolve any professional/clinical problems and justify their actions;						
		<u>YES</u>		<u>NO</u>			
PR4	is punctual and acts in a professional manner at all times.						

Please discuss and record the student's strengths and if they met their learning outcomes for this week:

-
-
-
-

Please discuss and record areas for the student to develop and improve their ratings:

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-
-
-

Supervisor sign _____ Student sign _____

CLINICAL PRACTICE IN DIAGNOSTIC IMAGING 3
CONTINUOUS ASSESSMENT

PLACEMENT TYPE **Cross Sectional Imaging or Specialist Placement**

STUDENT NAME

HOSPITAL/DEPT

DATES

STUDENT VERIFICATION
Clinical Supervisor / Educator please complete on the first day of placement:
 I can confirm that I have checked the QMU student identity card and can verify the attendance of _____ at _____ hospital
 Signed _____ Date _____

On a daily basis, the student is responsible for ensuring that the supervisor completes the Continuous Clinical Assessment proforma. Please rate the student using the categories listed below:

- A** The student is consistently performing well above the level of the learning outcome.
- B** The student is performing above the level of the learning outcome.
- C** The student is performing at the level of the learning outcome.
- D** The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.
- E** The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.
- F** The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

Student Attendance

Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

<u>TECHNICAL SKILLS</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student can:							
TS1	assist before, during and after the imaging procedure;						
TS2	describe and evaluate images, identify and discuss presence and significance of abnormalities;						
TS3	assist with imaging equipment and discuss its capability and limitation.						
<u>APPLIED KNOWLEDGE</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student can:							
AK1	apply theoretical knowledge appropriately in clinical practice;						
AK2	initiate discussion and utilise relevant literature and research.						
<u>PATIENT MANAGEMENT</u>		<u>YES</u>		<u>NO</u>			
The student can:							
PM1	state emergency telephone numbers and has been oriented into department emergency procedures;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
PM2	recognise patient pain and discomfort, and suggest appropriate minimisation strategies;						
PM3	Assist in maintaining patient dignity and in minimising anxiety via appropriate care strategies.						
<u>COMMUNICATIONS SKILLS</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student:							
CS1	assimilates, acts and responds constructively to information and instruction;						
CS2	seeks to communicate effectively within the multidisciplinary team						
CS3	is alert to client needs, using communication in a skilled, effective manner.						
<u>ORGANISATIONAL SKILLS</u>		<u>YES</u>		<u>NO</u>			
The student:							
OS1	is clean, tidy and professional in appearance;						

		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
OS2	evaluates operational needs and makes effective use of time;						
OS3	carries out assigned duties in a methodical, systematic manner.						
<u>PROFESSIONALISM</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student:							
PR1	is motivated to participate in department activity and makes use of departmental resources to enhance their learning.						
PR2	accepts responsibility and seeks help appropriately;						
PR3	the student is willing to learn and has prepared for the placement;						
		<u>YES</u>		<u>NO</u>			
PR4	is always punctual and acts in a professional manner.						

Please discuss and record the student's strengths and their achievements this week:

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-
-
-

Please discuss and record areas for the student to develop and improve their knowledge/skills:

-
-
-
-

Supervisor sign _____ Student sign _____



Queen Margaret University
EDINBURGH

LEVEL 4
CLINICAL PRACTICE IN DIAGNOSTIC IMAGING 4
CONTINUOUS ASSESSMENT

PLACEMENT TYPE **General Radiography**

STUDENT NAME

HOSPITAL & DEPT.

DATES

STUDENT VERIFICATION

Clinical Supervisor / Educator please complete on the first day of placement:

I can confirm that I have checked the QMU student identity card and can verify the attendance of _____ at _____ hospital

Signed

Date

On a daily basis, the student and supervisor jointly completes the formative feedback. The student is responsible for ensuring that the supervisor completes the Continuous Clinical Assessment proforma on the final day of placement. Please rate the student using the categories listed below

- A** The student is consistently performing well above the level of the learning outcome.
- B** The student is performing above the level of the learning outcome.
- C** The student is performing at the level of the learning outcome.
- D** The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.
- E** The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.
- F** The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

According to the published assessment instructions, students must submit all documentation to the Module Coordinator at the academic tutorial, and submit the Continuous Assessment Spreadsheet to the Hub drop box following each clinical block. Please consult the QMU regulations regarding penalty for late submission.

Day 1: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss the student's learning objectives for this week and record them below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 2: date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 3:date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 4:date		Morning		Afternoon	
<p>Please record the student's strengths and an indication of their achievements today:</p> <ul style="list-style-type: none"> • • • 					
<p>Please discuss areas for the student to develop and record below:</p> <ul style="list-style-type: none"> • • • <p>Supervisor sign _____ Student sign _____</p>					

Day 5: date		Morning	Afternoon				
<p>Supervisor: Please complete the following proforma by rating the student's performance compared to the learning outcome:</p> <p>A – well above the learning outcome level D – below the level of the learning outcome B – above the level of the learning outcome E – well below the learning outcome level C – meeting the learning outcome F – unsatisfactory</p>							
TECHNICAL SKILLS							
The student can:		A	B	C	D	E	F
TS1	consistently produces high quality images, adapting technique as required to meet individual patient's needs and capability;						
TS2	critically appraise diagnostic images: describe abnormalities, identify possible causes of abnormalities and discuss their diagnostic and clinical significance;						
TS3	competently use imaging equipment in a variety of clinical settings and demonstrate competence in the selection and manipulation of exposure factors, minimising patient dose.						
APPLIED KNOWLEDGE							
The student:		A	B	C	D	E	F
AK1	can justify their clinical practice based on a sound knowledge of theory, policies and procedures;						
AK2	will initiate inquiry and discussion and will seek and use relevant literature and research materials to improve their practice.						
PATIENT MANAGEMENT							
The student:		YES		NO			
PM1	state emergency telephone numbers and has been oriented into department emergency procedures;						
		A	B	C	D	E	F
PM2	demonstrates a patient centred care approach, modifying technique, communication and providing support as required;						
PM3	anticipates sources of general distress and those related to specific procedures, use appropriate patient care measures to minimise stress and adopts a supporting role.						
COMMUNICATIONS SKILLS							
The student:		A	B	C	D	E	F
CS1	is able to communicate effectively and constructively, making a valuable contribution to department operations;						
CS2	is able to function as an effective and efficient member of the multidisciplinary team promoting patient care and optimum service delivery;						
CS3	responds to individuals' need for information and can use verbal and non-verbal skills effectively.						

ORGANISATIONAL SKILLS		YES					NO
The student(s):							
OS1	general appearance and uniform is professional and complies with local policies;						
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
OS2	demonstrates the ability to prioritise clinical workload;						
OS3	demonstrates proficient organisational skills and can complete assigned tasks efficiently and to a high standard.						
PROFESSIONALISM		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>	<u>F</u>
The student:							
PR1	the student proactively seeks learning opportunities: attends MDT meetings, arranges reporting sessions and participates in quality assurance tests/clinical audits;						
PR2	the student knows their limitations and will ask for appropriate assistance;						
PR3	demonstrates the ability to assess professional/clinical problems and deal with the problem based on their acquired knowledge and experience;						
		YES		NO			
PR4	is punctual and acts in a professional manner at all times.						

Please discuss and record the student's strengths and if they met their learning outcomes for this week:

-
-
-

Please discuss and record areas for the student to develop and improve their ratings:

-
-
-

Supervisor sign _____ Student sign _____

CT HEAD CHECKLIST

Student: _____

Matriculation Number _____

The student can (please tick):	1	2	3
discuss CT Head requests appropriately; (Is contrast media is indicated?)			
prepare the examination room;			
greet, positively ID and prepare patients;			
explain the procedure to the patients;			
assist patients on and off the couch;			
position and immobilise patients correctly;			
manoeuvre the gantry and couch correctly;			
recognise and discuss contrast agent contraindications, if appropriate;			
assist with the preparation and administration of contrast media, if appropriate;			
set up and produce a topogram / scannogram / scout;			
set up scan range;			
perform scan;			
effectively communicate with patients during the examination;			
provide patients with accurate post examination information;			
demonstrates compliance with infection control policies before, during and after the examination;			
adhere to local radiation protection procedures (including pregnancy status);			
demonstrate high levels of care and respond to patient's needs.			
record, archive and processes images correctly;			
identify basic anatomy and gross pathology;			

1: Acceptable

2: Requires improvement

3: Unacceptable

I can confirm the student has completed, under supervision, 5 unaided CT Heads: Yes / No

Supervisor _____ Date _____

Signed _____ Hospital _____