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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 Commu64 TJET Q q 0.11Te, Hosdial

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.

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

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.

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.

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 'R

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 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 rel

: 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 (

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.

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

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.

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.

the key components of x-ray tubes, tables and accessories and their operation;

the display components of generator control consoles and their functions;

safe and effective handling and positioning of x-ray tubes;

safe and effective use of collimation devices;

and correct utilisation of moving and stationary secondary radiation grids, erect buckys and image receptor holders;

x-ray exposures safely whilst radiation safety measures for patients and staff;

and the correct use of radiation protection and safety devices;

and between image receptors for CR and DR systems in general use;

correct patient reception and positive identification;

effective communication interaction with patient;

application, where relevant, of pregnancy check and 28/10 day rule according to local protocol in a courteous manner with consideration of the patient's wishes.

and
the clinical placement by:

correct technique for all examinations specified for

and

the capabilities and limitations of the equipment and its suitability for use;

safe, effective and efficient operation of imaging equipment and accessories;

the capabilities and limitations of image recording systems used locally;

and correct technique for all procedures specific to the placement;

appropriate and safe patient preparation, positioning and aftercare for the examinations specific to the placement;

and techniques and procedures in consideration of traumatic, congenital and pathological conditions which may limit patient cooperation;

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;

appropriate care to patients with traumatic, congenital, pathological and post-operative conditions;

radiographs for normal and abnormal anatomical appearances and requirements for additional, supplementary or repeat imaging;

preparation, care and aftercare of patients having specialist imaging examinations and procedures;

the use of alternative and additional imaging modalities appropriate for the demonstration and differentiation of pathology and disease.

and correct technique for all examinations specified for the clinical placement by:

and the patient correctly;
and the correct equipment and accessories;
the patient, x-ray tube and image receptor correctly;
correct exposure technique;
radiation protection protocols correctly;
appropriate standards of care of the patient, before, during and after the procedure;
documentation correctly as per local protocol

-

the ability to perform correctly and in their entirety, routine
projections of;
fingers and hand,
wrist and carpal bones,
forearm,

thorax,
cervical spine,
thoracic spine,
lumbar spine,
sacrum and coccyx.

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.

the reasons for the modifications to the routine techniques for the above
procedures and the criteria for assess.04 16osg (es)04 0ma545.5f [(p) 3 r Q q 0.00000912

and the expiry date and condition of contrast media;

under supervision, contrast media for administration and contraindications for use;

and the indications and contraindications for intravenous urography and contrast examination of the biliary system, upper and lower gastrointestinal tracts;

the ability to produce, according to local protocol and the required diagnostic standard, radiographs for intravenous urography;

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;

in total patient care before, during and after contrast media examinations;

emergency procedures, according to local protocol, should an adverse reaction occur.

request forms correctly according to local protocol;
previous reports, images and records as appropriate;

the physical principles of magnetic resonance imaging and the

the physical principles of radionuclide dispensing and imaging and the safety precautions necessary;

as an active member of the multi-disciplinary team in caring for the patient before, during and after radionuclide imaging;

the use of radionuclide imaging and the utilisation of alternative cross sectional imaging methods;

correct operation of image recording equipment and PACS.

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.

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:

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

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.

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

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.

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.

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.

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.

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.

Catherine McClintick
Alison Scott

Practice Placement Coordinator / Programme Leader
Radiation Protection Supervisor

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.

CP2 category A: extremity joint of the elbow, wrist, knee or ankle.

CP2 category B: chest abdomen.

CP3 category A: mobile examination, typically the chest or abdomen.

CP3 category B: region of the vertebral column trauma imaging of the hip or the shoulder.

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 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 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

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

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 ensure that as many individuals as possible are involved in assessing students over any three-year period.

The Continuous Clinical Assessment Programme will enable the student to develop from

As a student proceeds through the course and gains knowledge and experience, they progress through various levels of clinical achievement.

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:

the student can perform routine radiographic examinations of the appendicular skeleton, chest and abdomen.

the student can perform complete routine, alternative and additional projections of the bony skeleton, thorax and abdominal contents.

the student can perform routine examinations; modifying and adapting technique

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.

the student demonstrates good background knowledge of routine radiographic techniques, including centring points.

the student can apply theoretical knowledge to routine clinical practice.

the student can apply theoretical knowledge to routine and complex clinical situations.

the student

the student demonstrates the ability to care for routine patients before, during and after diagnostic imaging, responding to the patient's needs as necessary.

the student demonstrates compassionate care and initiates appropriate care strategies for routine patients, patients in pain or patients with limited physical capabilities.

the student communicates effectively with members of the multidisciplinary team to promote patient care and support.

the student is able to function as an effective and efficient member of the multidisciplinary team promoting patient care and optimum service delivery.

the student

the student demonstrates a systematic, methodical approach to radiographic examinations and record keeping.

The student demonstrates proficient organisational skills and can complete assigned tasks efficiently and to a high standard.

the student willingly participates in all aspects of the department routine, including cleaning.

the student initiates discussions with supervisors to enhance their learning and proactively engages in all aspects of the department workload.

the student proactively makes use of departmental resources to enhance their learning.

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.

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.

If during the week the student's performance indicates that they will be 'F', the supervisor must discuss the situation with the student and

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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

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.

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 details, students should refer to the ePortfolio Handbook.

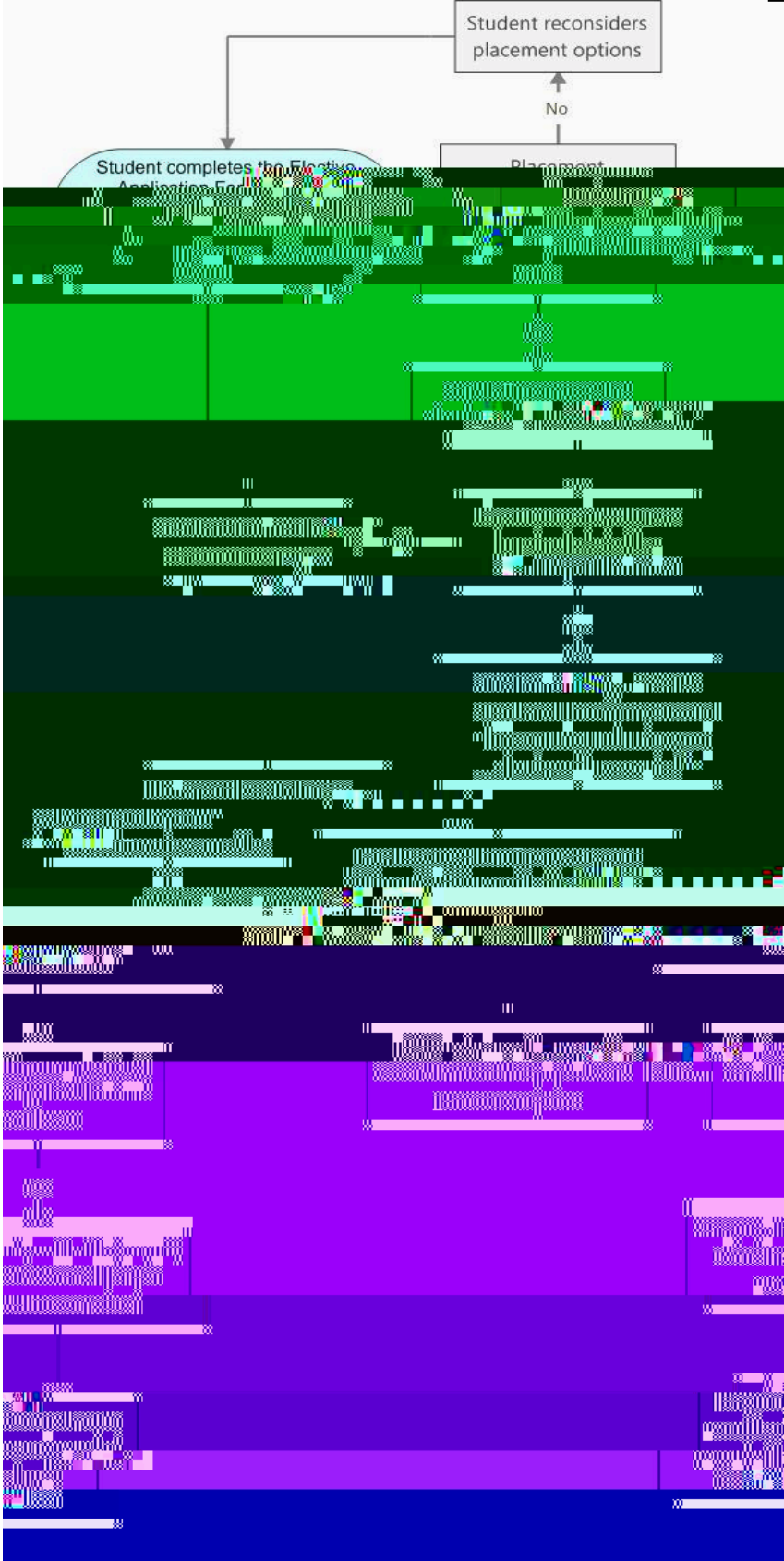
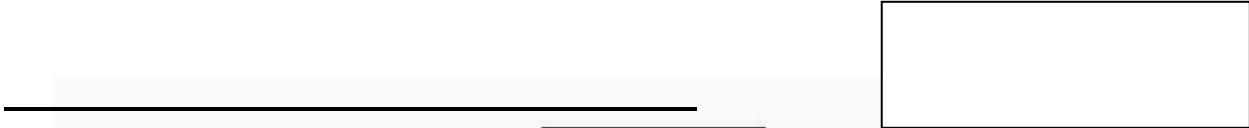
The ePortfolio will require collection and collation of information from a wide range of sources to provide evidence of competence, learning and understanding.

The ePortfolio will also require the student to provide evidence of their learning and development in a range of ways.

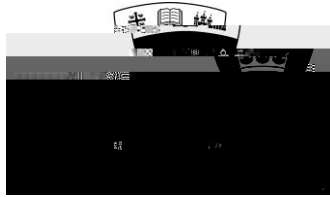
Students should also make the key elements of their learning on the ePortfolio handbook.

handbook.

Add additional and supporting information to the ePortfolio handbook.



(Example, full documentation on the Hub)

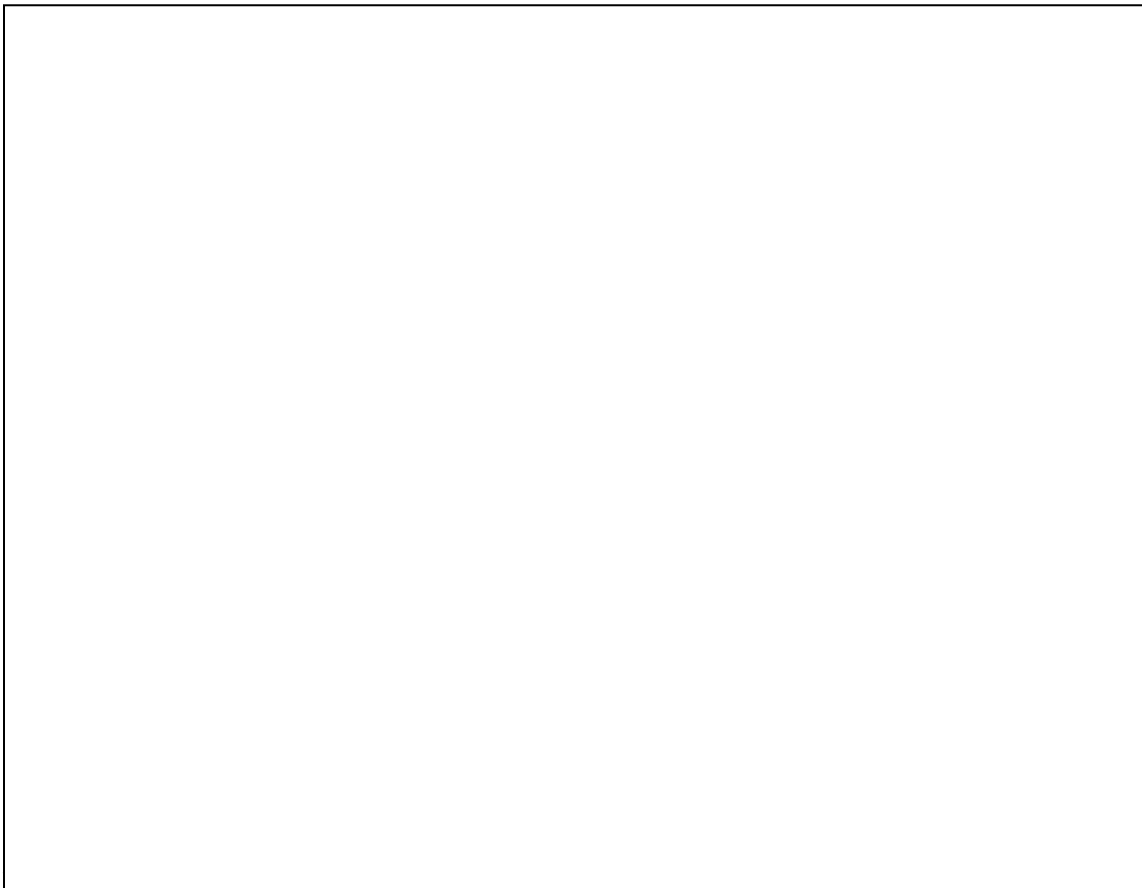


Student to record dates as well as departments / hospitals attended.

Student name.....

– Supervisor, please sign to verify attendance, please do not ‘tick’.

– e comment below on the student’s

A large, empty rectangular box with a thin black border, intended for the supervisor to provide a comment on the student's performance.

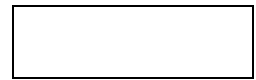
Supervisor signature and date.....



Receipt of PVG certificate		

Measured for uniforms

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



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.

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	Manual Handling guidance			
	Risk from harmful substances			
	Emergency phone numbers			
	Location of resuscitation equipment			
	Introduction to clinical tutor/ liaison / mentor			
	Learning plan agreed with supervisor			
	Arrangements for notification of sickness			
	Named person for confidential guidance and support			
	There are sufficient experienced supervisors/ assessors to support the student learning experience			
	Staff received appropriate training prior to supervising and assessing students			

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There is a system in place to ensure the competency of staff involved with students

Patient Consent Received by.....Supervisor Sign

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

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

1 An automatic fail is the result of a



Queen Margaret University
EDINBURGH

Assessor sign

Student sign.....

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.

--

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';

2.0

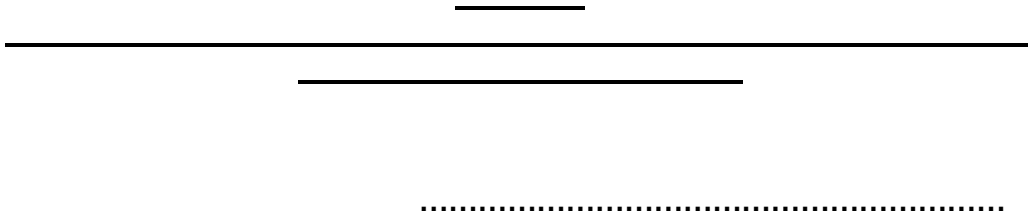
1.5

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:

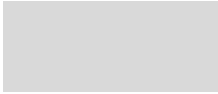


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Please record the student's strengths and an indication of th

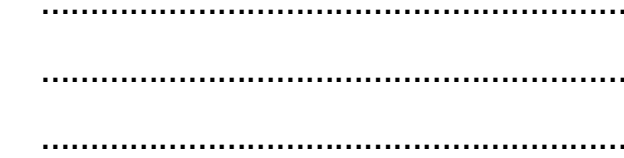
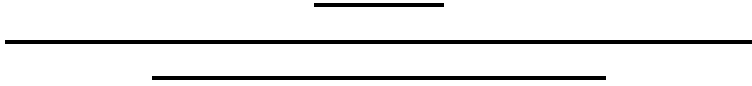
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_____		—		—			
The student('s):							
OS1	general appearance and uniform is professional and complies with local policies;						
		—	—	—	—	—	—

OS2 makes good use of unstructured time by using quieter times for study, reflection and role-play;



--	--	--	--	--	--

Please record the student's strengths and an indication of their achievements today

Please discuss the student's learning objectives for this week and record them below:

--	--	--	--	--	--

Please record the student's strength



--	--	--	--	--	--

Please complete the following proforma by rating the student's performance compared to the learning outcome:

- well above the learning outcome level
- above the level of the learning outcome
- meeting the learning outcome
- below the level of the learning outcome



--	--	--	--	--	--

Please record the student's strengths and an indication of their achievements today:

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--	--	--	--	--	--

Please record the student's strengths and an indication of their achievements today:



.....

.....

.....

The student is consistently performing well above the level of the learning outcome.

The student is performing above the level of the learning outcome.

The student is performing at the level of the learning outcome.

The student is performing below the level of the learning outcome, support is still required. Continued development of knowledge, skills or confidence required.

The student is performing well below the level of the learning outcome, constant support is required. Significant development of knowledge, skills or confidence required.

The student's performance is unsatisfactory: lack of engagement, no effort has been made to meet the learning outcome.

The student can:

—

		-	-	-	-	-	-
<hr/> The student:		-	-	-			

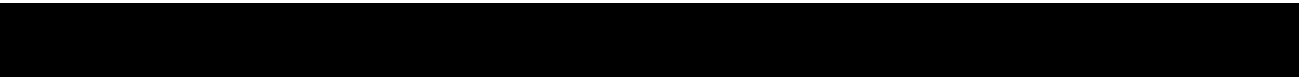


--	--	--	--	--	--

Please record the student's

--	--	--	--	--	--

e record the student's strengths and an indication of their achievements today:



--	--	--	--	--	--

_____ Please complete the following proforma by rating the student's performance compared to the learning outcome:

The student(s):

OS1

