

# MSc DIAGNOSTIC RADIOGRAPHY (pre-reg) STAGED CLINICAL ASSESSMENT

| inis section to    | be completed by the s      | student. |
|--------------------|----------------------------|----------|
| Name               |                            |          |
| Matriculation No.  |                            |          |
| Hospital           |                            |          |
| Department         |                            |          |
| Examination        |                            |          |
| Date               |                            |          |
| Assessor           |                            |          |
|                    |                            |          |
| To be completed b  | oy the Assessor (Please ti | ck):     |
| PASS               | <b>3</b>                   | FAIL     |
| Assessor's signat  | ure                        |          |
| Student's signatur | <b>*</b>                   |          |

|       | document must remain intact to facilitate marking cal Assessor completes the remainder of this document                   |                |                |         |
|-------|---|----------------|----------------|---------|
| Exan  | ninations are to be performed according to local protoc   | ol.            |                |         |
| Patie | nt Consent Received by  | Super          | visor Sign     |         |
| Chec  | k of pregnancy status is appropriate. YES / NO (Plea  | ase circle)    |                |         |
| 1     | THE REQUEST The student should not be prompted, the single appropriate question you do?'                                  | stion being 'w | hich projectio | ns will |
|       |   | Yes            | No             |         |
| 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?             |                |                |         |
| 2     | ADVANCE PREPARATION   | Yes            | No             |         |
|       |   | 163            | 140            |         |
| 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   |                |                |         |

# 4 THE EXAMINATION – TECHNICAL

# For ALL projections did the student:

|              |   | Yes | No |
|--------------|---|-----|----|
| 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?  |     |    |
| 5<br>Di      | THE EXAMINATION – PATIENT CARE d the student:   |     |    |
|              |   | Yes | No |
| 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?   |     |    |
| 6<br>Did the | THE EXAMINATION – ADMINISTRATION e student:   |     |    |
|              |   | Yes | No |
| 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.) |     |    |

## 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 -

| • | • |   | 2 | 2 | 3 |   |
|---|---|---|---|---|---|---|
|   | Y | N | Y | N | Y | N |

# 9 GENERAL INFORMATION

Please delete inapplicable.

a)

# THE STUDENT SHOULD COMPLETE THIS PAGE

| Proj      | ection(  |         |            |        |        |          |               |                        |
|-----------|----------|---------|------------|--------|--------|----------|---------------|------------------------|
|           | and siz  |         |            |        |        |          |               |                        |
| For       | each pr  | ojecti  | on, list t | he exp | osure  | factors  | as tabula     | ited:                  |
| rojection | KVp      | mA      | Time       | SID    | IR     | Grid?    | Focus<br>Size | S-Value/<br>Exp. Index |
|           |          |         |            |        |        |          |               |                        |
|           |          |         |            |        |        |          |               |                        |
| Ехр       | lain you | ır reas | sons for   | choice | of pro | jections | s and oth     | er 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**

- An automatic fail is the result of a **NO** response in section **1a) and 1b).**
- 2 An automatic fail is the result of a **NO** response in section **3b), 3c) and 3f).**
- 3 An automatic fail is the result of a **NO** response in section **3g)**( if appropriate).
- 4 Failure is the result of three **NO** responses in section **1e)** and section **5b)** and h).
- 5 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 counseled and retrained prior to reassessment.

## REFLECTIVE REPORT

A mandatory element of the ePortfolio, is the completion of a critical reflective report for each staged clinical assessment. The report should incorporate a short description of the staged clinical assessment