



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
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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 multi-professional team.

Radiographers are responsible for the teaching and effective supervision of the student on a daily basis as

The student undertakes 11 weeks of clinical placement. The learner continues to develop their general radiographic expertise and further integrates into the multidisciplinary team. Theory is closely related to practice through critical reflection.

The student undertakes 5 weeks of clinical placement. Close integration of theory with practice is facilitated with experience of specialised radiodiagnostic imaging modalities.

The student undertakes 17 weeks of clinical placement. The learner continues the safe, effective and efficient integration into the multidisciplinary health care team whilst consolidating a general knowledge and skills base. 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 elective placement enables 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 C).

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.

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.

Prior to clinical placement, the student will be given a timetable illustrating weekly clinical placements. These may not, except under exceptional circumstances and after discussion with the module coordinator, be altered.

For the 38 weeks of clinical placement in Practice Based Learning 1, 2, 3 and 4 100% attendance is required. All absence MUST be notified to the module coordinator and the clinical supervisor. A medical certificate is required for absence of more than 5 working days, this must be submitted to the module coordinator. All sick leave will be re-timetabled appropriately to ensure 100% attendance. Occasional 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

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 (Appendix C). After completion, the individual will notify the module coordinator who will arrange a meeting to discuss their concerns and explore possible actions.

On occasion a student may have concerns about the clinical placement experience they are having. If this cannot be rectified through communication and negotiation with the radiography team or they feel there may be a risk of them failing a component of their assessment then they must notify the module coordinator.

If a student is involved in a radiation 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 E). The student is required to complete a radiation incident form and email the completed form to the module coordinator and the RPS within 48 hours of the incident occurring (Appendix F).

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 G).

The student will submit Continuous Clinical Assessment Documentation (Section 14) to the assignment drop-box outside the school office in accordance with the assessment timetable published on the Hub. P

Due to professional 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.

If a student chooses to travel overseas for an elective placement, the overseas placement provider should insure the student for public liability insurance as a minimum. The University has in place travel insurance, the student should notify the Finance Office that they are going on placement where and when and obtain Insurance Policy Number and Emergency Contact information. Details can found on the Finance area of the intranet:

<http://intranet.qmu.ac.uk/sites/finance/Insurance/Forms/AllItems.aspx>

The University has a Complaints Handling Procedure which can be found here: <http://www.qmu.ac.uk/quality/gr/default.htm>. 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

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

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;
correct utilisation of moving and stationary secondary radiation grids,
erect buckys and cassette holders;
X-ray exposures safely whilst

the type and specification of imaging equipment in use;

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

effective communication with carers, relatives and members of the multi-professional team;

and

competence in performing all specified examinations;

evaluate radiographic images to distinguish the normal from the abnormal, possible causes of abnormality and diagnostic and clinical significance;

the ability to offer total patient care;

the needs of patients and carers both physically and psychologically; competence in supporting them, their relatives and

with the multi-disciplinary team, professional advice and act as an informed source of expertise;

and the physical and technological principles of all imaging modalities;

and the capabilities, strengths and weaknesses and hazards of all imaging modalities;

on the physical and emotional impact of preparation and procedure upon the patient;

and quality control procedures in imaging;

—

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 and tibia and fibula;
knee.

the ability to perform correctly and in their entirety, routine projections of:
femur and hip;
pelvis and sacroiliac joints;
thorax.

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

and appropriate methods of radiation protection;

correct management of patients in routine situations.

of: the ability to perform correctly and in their entirety, additional and alternate projections

fingers and hand;
wrist and carpal bones;
forearm;
elbow;
humerus;
shoulder girdle;
toes and tarsal bones;
ankle and tibia and fibula;
knee.

of: the ability to perform correctly and in their entirety, additional and alternate projections

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 gastrointes

local patient information documents and preparation instructions.

The focus for Practice Based Learning 4 is the consolidation of general skills in radiography and the achievement of the Elective Placement is a required element of Practice Based Learning 4 and an exemption can be given only by the Module Coordinator or Programme Leader. Students will undertake an Elective Placement of 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. Students will arrange the elective placement in Semester 7. Students who do not complete the continuous or staged assessment in Practice Based Learning

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 radiation well known. It is necessary therefore that the student be supervised, observed and monitored throughn

A total of four clinical staged assessments are required in Practice Based Learning 1 and 2:

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 counselling by the academic team, further clinical practice as required, and approval from the Convener of the Board of Examiners, the student will arrange a second diet assessment as soon as is practicable.

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.

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.

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.

In Practice Based Learning 1 and 2, supplementary and additional projections are NOT included in the assessment process.

In Practice Based Learning 1, a single patient must be used for ONE assessment only. If, for example, a patient is referred for examination of the knee and spine, they may NOT be used for assessment in both categories.

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 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 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 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 responses in sections Feedback is given to the student at the end of the assessment.

Failure is the result of responses in categories of section 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.

Students in Practice Based Learning 3 are required to demonstrate competency in CT Head imaging. To evidence completion of this competency the CT Head Checklist should be completed (Appendix J). 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

In Practice Based Learning 4, 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-

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 (Appendix J), ePortfolio of clinical practice and

the student will be able to operate imaging equipment and accessories safely, effectively and

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 is able to provide clear instructions to patients and carers before, during and after diagnostic imaging.

questions.

the student communicates clearly with regard to preparation for, experience during and consequences of specialist imaging procedures.

skills effectively.

-verbal

must comply with QMU, local and national requirements as specified in the module handbooks.

the student makes good use of unstructured time by using quieter times for study, reflection and role-play.

the student makes effective use of programmed and unstructured time to develop skills and

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.

the student proactively seeks learning opportunities: attends MDT meetings, arranges reporting sessions and participates in quality assurance tests/clinical audits.

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 ratings are:

The overall rating for Clinical Appraisal is achieved by rating the elements of each domain on a six-point scale level of achievement in the specified learning outcomes.

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

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

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;

calculated. The half

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:

- 6.5
- 5.5
- 4.5
- 3.5
- 2.5
- 1.5 1.5

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 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;

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^ Mammography placements in the Breast Unit are for females only.
All students will experience an assessed CT placement and at least two additional 'specials'.
Students who do not achieve the CT scan outcomes for the head in PBL 3 will be placed in CT in PBL4.

As part of the Continuous Clinical Assessment strategy, 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 programme.

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.

Use QMU ePortfolio which is accessed from the home page via the student IT login. A structural template is available through a gateway for students to utilise if they wish.

For each week of clinical practice in PBL1, 2 and 3 a full, reflective account of at least one procedure, experience or critical incident should be recorded using the appropriate proforma or blog. 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.

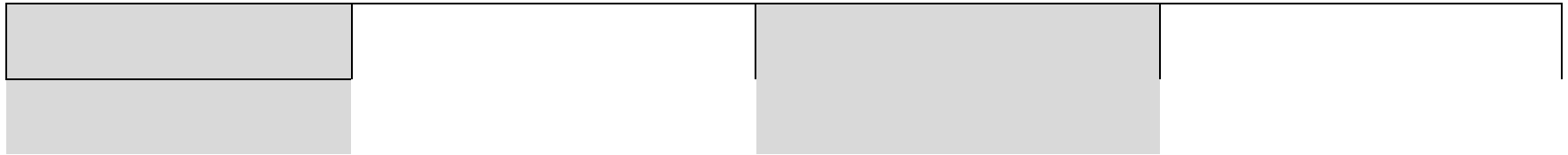
In PBL4 the students are required to critically reflect and provide evidence of clinical learning and development linked to six core, and two specific dimensions of the Knowledge and Skills Framework.

Additional and supplementary evidence of extended learning must be included and its relevance referred to explicitly in the writing.

Tutorials and discussions must be recorded and key elements of learning reflected upon.

The ePortfolio must contain a personal learning and development plan linked to the Knowledge and Skills Framework.

In PBL 4, a C-(l) 5 (2 792re W 2 9.316.4991235.0-9 (w) 2 ETT 9.9l10 (l) 5 (ec) -3.96 338.83 515.45 T(TT3 1(, re)



	Local rules on all imaging equipment		

NHS Education for Scotland Quality Standards for Practice Placements

There are sufficient experienced supervisors/ assessors to support the student learning experience			

Staff received appropriate training prior to supervising and assessing students

	Promotion of a welcoming, supportive learning environment			
	The department provides a range of learning experiences			
	There is a system in place to provide pastoral care for the student			
	Access to a library			



~~Practice Education~~

~~Practice Education Passport~~

The University has an obligation to ensure that graduates from its pre-registration healthcare programmes are fit to practise.

Receipt of PVG certificate		
Measured for uniforms		
Collection of name badge		
Health clearance check with Occupational Health Nurse		
Confirmation of Professional Indemnity Insurance		

Basic Life Support		
Child Protection		
Duty of Candour		
Infection Control (SIPCEP modules)		
Information Governance		

HPC guidance for students on Conduct and Ethics		
HPC Guidance on Health and Character		
HPC Standards of Proficiency: Radiographers		
HPC Managing Fitness to Practise		
QMU guidance on Fitness to Practise		
SCoR guidance: dealing with bullying and harassment a guide for student radiographers		

SCoR: verifying patient identification and seeking consent		
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The following proforma should be completed by a supervisor or assessor who has concerns about student performance levels in any of the domains of clinical practice. After completion, the



The elective placement must be considered by the student in the same way as any other clinical placement. The elective placement is arranged by the student for 4 weeks during semester 7. A reflective account for each week must be included in the elective documentation and the clinical procedures encountered included in the activity log.

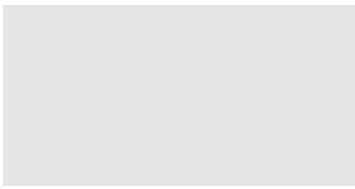
Student to record dates as well as departments / hospitals attended.

Student name.....

Student to complete a form for each elective week.

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Hospital / Department.....





Please complete the following form and email to the Practice Placement Coordinator and the Radiation Protection Supervisor within 48hours of the incident.
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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Clinical Assessor completes the remainder of this document by ticking the boxes.

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give consideration to the patients' physical condition and

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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 response in any of the following sections:

2 An automatic fail is the result of a response in section (if appropriate).

3 Failure is the result of three responses in section ___ section

4 Failure is the result of responses in categories in section .

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.



Student

Assessor.....

Date.....

Hospital.....

Department(s).....

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.

Assessor's general comments.

I have discussed this assessment with the student.

Assessor

(please tick)			
discuss CT Head requests appropriately (is contrast media 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;



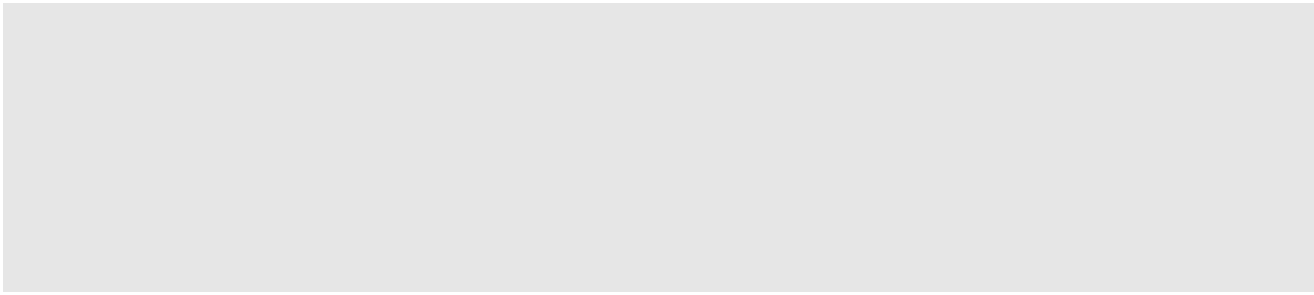
Appraisal interviews will be conducted with Year 1 students following each PBL module. Students will receive feedback regarding levels of achievement in the clinical domain for the year based upon the collation of continuous clinical assessment documentation. The process will include discussion on students' strengths and areas for development in addition to planning placements for the following year.



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<hr style="width: 10%; margin-left: 0;"/> <p>learning outcome:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>well above the learning outcome level above the level of the learning outcome meeting the learning outcome</p> </td> <td style="width: 50%; border: none;"> <p>below the level of the learning outcome well below the learning outcome level</p> </td> </tr> </table>						<p>well above the learning outcome level above the level of the learning outcome meeting the learning outcome</p>	<p>below the level of the learning outcome well below the learning outcome level</p>
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OS1	general appearance and uniform is professional and complies with local policies;						
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OS2

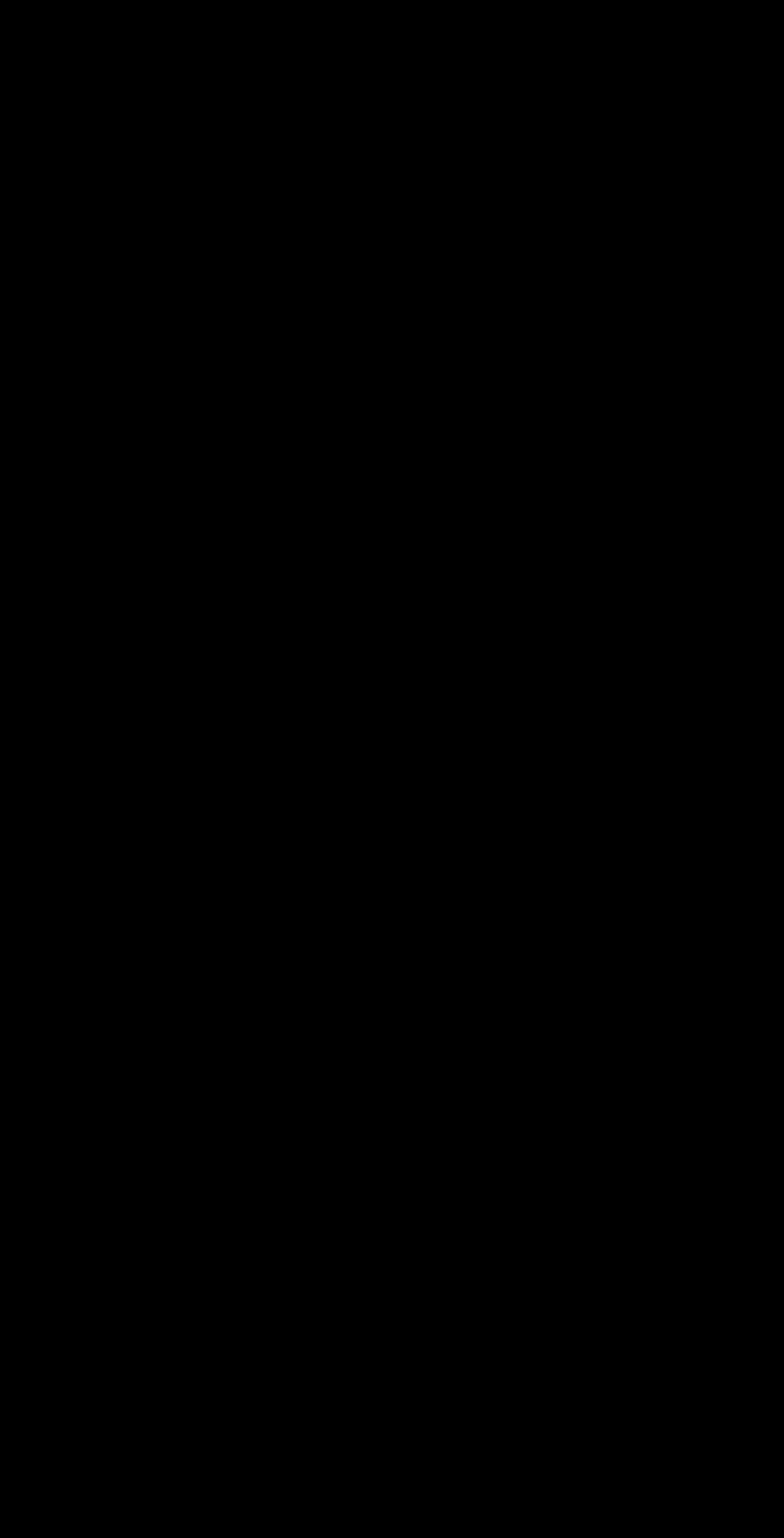


The student should initiate a discussion with their supervisor no later than one hour before the end of the day.

performance for the day and record the main points of the discussion on the relevant daily feedback section.

on the first day of placement the student should discuss their performance with their supervisor and record the main points of the discussion on the relevant daily feedback section.





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

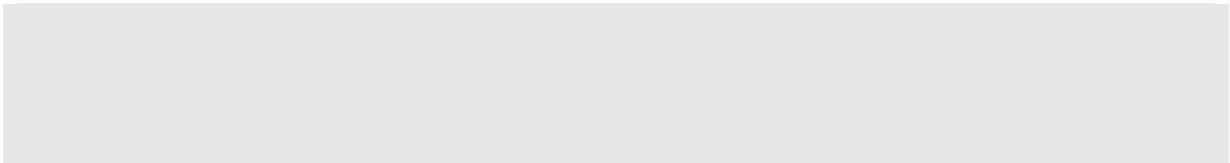
The student is performing above the level of the learning outcome.

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.

made to meet the learning outcome.



Areas that you may wish to reflect on might include:

Were the radiographers expecting you?

Did they make you feel welcome?

Were you able to put some theory into practice, no matter how trivial? What was it?

Did the radiographers have an understanding of what you were capable of doing? If not, did you explain your previous experience?

.....

.....

.....

The student should initiate a discussion with their supervisor no later than one hour before the end of the day.

performance for the day and record the main points of the discussion on the relevant daily feedback section.

on the first day of placement the student and supervisor must agree learning outcomes for the week.

s attendance by signing the attendance boxes.





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OS1				

Areas that you may wish to reflect on might include:

Were the radiographers expecting you?

Did they make you feel welcome?

Were you able to put some theory into practice, no matter how trivial? What was it?

Did the radiographers have an understanding of what you were capable of doing? If not, did you explain your previous experience?

Did you get feedback? If not, how would you like to receive it?