



Bachelor's of Science (Hons) Diagnostic Radiography

Practice Placement Guide for Radiography Students & Student Liaison Radiographers

2019/20

This document is a guide for both Students and Radiographers involved in the provision of practice placements for Diagnostic Radiography Students at De Montfort University (DMU). The guide provides information relating to the following modules:

1. Practice Placement 1 (Year 1) – Module code DRAD1008
2. Practice Placement 2 (Year 2) – Module code DRAD2008
3. Practice Placement 3 (Year 3) – Module code DRAD3008

Information including: the areas of teaching at each level of learning; the learning outcomes of each practice placement module; and the administrative processes, will be covered within this guide.

As this is a professional programme of study, your attention is drawn to the 'concerns form' at the end of the document, which may be used by both clinical and academic staff to support your progress. You will notice that there is a section where you are able to raise concerns around the care of and/or treatment of a service user. You are able to use this form to highlight concerns about another student, or clinical staff, including your practice educator.

You are also reminded of the need to complete the relevant mandatory training on line courses on safeguarding (which is hosted on Blackboard).

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Introduction

The BSc (Hons) Diagnostic Radiography programme is a three-year, full-time degree, combining both clinical and theoretical modules.

For each year of the programme, students will undertake a 30 credit Practice Placement module which is clinically based.

The focus of year 1 of the programme is undertaking radiography of the musculoskeletal system, thorax and abdomen whilst demonstrating safe and effective practice. The level of experience is classified as simple examinations within a predictable environment.

The focus of year 2 of the programme is undertaking imaging of body systems (including musculoskeletal) using appropriate imaging modalities. The level of experience is classified as either complex examinations in a predictable environment or simple examinations in an unpredictable environment.

The focus of year 3 of the programme is to allow the student to demonstrate the ability to function at the level of a newly qualified Radiographer. The level of experience is classified as complex examinations in an unpredictable environment.

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Placement Learning Outcomes

Practice Placement 1: Learning outcomes (year 1)	Practice Placement 2: Learning outcomes (year 2)	Practice Placement 3: Learning outcomes (year 3)
Undertake a range of radiographic exposures in routine clinical practice, in accordance with clinical skills and academic level of study	Undertake a range of radiographic exposures in routine clinical practice, in accordance with clinical skills and academic level of study	Undertake a range of radiographic exposures in routine clinical practice, in accordance with clinical skills and academic level of study
Achieve required competency in a range of radiographic projections (as indicated in clinical practice documentation)	Analyse the relationships of the HCPC standards (including the guidance on conduct, ethics, and behaviour) and demonstrate a developing competence in HCPC standards as appropriate to this level of training	Achieve required competency in a range of radiographic projections (as indicated in clinical practice documentation)
To develop an understanding of the HCPC standards of proficiency for Diagnostic Radiography and standards of conduct, performance and ethics and its related guidance for students.	Demonstrate appropriate professional conduct and an emerging awareness of their professional role and responsibilities	Demonstrate competence (or the potential for competence) across all sections of the HCPC Standards of Proficiency and appropriate professional conduct (i.e. the HCPC guidance on conduct, ethics, and behaviours) and an awareness of their professional role and responsibilities for safe and effective practice.
Demonstrate developing observation skills and interaction skills informed by theoretical knowledge	Demonstrate appropriate interaction with clients, carers and other professionals including an ability to adapt their communicative style	Appropriate interaction with clients, carers and other professionals including a developing ability to adapt their communicative style and to monitor these interactions independently
Understand the value of effective and appropriate verbal and non-verbal communication skills to positive outcomes for service users and to demonstrate developing ability to modify their own communication skills in practice.	Demonstrate developing skills in effective and appropriate verbal and non-verbal skills in communicating information, advice, and professional opinion to service users, their relatives and carers, colleagues, tutors and others	Use effective and appropriate verbal and non-verbal skills in communicating information, advice, instruction and professional opinion to service users, their relatives and carers, colleagues and others

Understand and demonstrate an ability to use reflection for personal and professional development towards becoming an effective and safe practitioner.	Demonstrate appropriate clinical and professional writing style	Demonstrate an appropriate clinical and professional writing style
Demonstrate professional conduct and an ability to show development with regards to professional behaviour in response to feedback and supervision	The ability to collect and collate clinical information from sources appropriate to the setting	collect and collate clinical information from sources appropriate to the setting
Complete requisite mandatory training	Planning, implementation and evaluation of theoretically principled intervention showing an appreciation of the overall management of the client/clinical setting and using appropriate approaches, techniques and strategies	Interpret and evaluate client/clinical information
Undertake a range of radiographic exposures in routine clinical practice, in accordance with clinical skills and academic level of study	To demonstrate an ability to reflect and evaluate their practice and update intervention as appropriate and make positive changes in behaviour in response to feedback	Discuss and/or present differential diagnosis/clinical description demonstrating an understanding of relevant theory
	Achieve required competency in a range of radiographic projections (as indicated in clinical practice documentation)	use reflective practice for the benefit of service users and to identify their areas of competence and future learning needs in relation to practice requirements for a newly qualified practitioner. Complete requisite mandatory training as detailed in the clinical placement handbook

BSc (Hons) Diagnostic Radiography Indicative Annual Block Time Table 2019/2020

	Week 51	Week 52	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16	Week 17	Week 18	Week 19	Week 20	Week 21	Week 22	Week 23	Week 24	Week 25	
Year 1 (8)	16/09/2019	23/09/2019	30/09/2019	07/10/2019	14/10/2019	21/10/2019	28/10/2019	04/11/2019	11/11/2019	18/11/2019	25/11/2019	02/12/2019	09/12/2019	16/12/2019	23/12/2019	30/12/2019	06/01/2020	13/01/2020	20/01/2020	27/01/2020	03/02/2020	10/02/2020	17/02/2020	24/02/2020	02/03/2020	09/03/2020	16/03/2020	
	University induction	University	University	University	University	University	University	University	University	University	University	Clinical induction	Holiday	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	University	University	University	University	University	University	University
Year 2 (8)	14/09/2020	21/09/2020	28/09/2020	05/10/2020	12/10/2020	19/10/2020	26/10/2020	02/11/2020	09/11/2020	16/11/2020	23/11/2020	30/11/2020	07/12/2020	14/12/2020	21/12/2020	28/12/2020	04/01/2021	11/01/2021	18/01/2021	25/01/2021	01/02/2021	08/02/2021	15/02/2021	22/02/2021	01/03/2021	08/03/2021	15/03/2021	
	Holiday	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	University	Holiday	University	University	University	University	University	University	University	University	University	University	University	University	University	University	Clinical
Year 3 (8)	13/09/2021	20/09/2021	27/09/2021	04/10/2021	11/10/2021	18/10/2021	25/10/2021	01/11/2021	08/11/2021	15/11/2021	22/11/2021	29/11/2021	06/12/2021	13/12/2021	20/12/2021	27/12/2021	03/01/2022	10/01/2022	17/01/2022	24/01/2022	31/01/2022	07/02/2022	14/02/2022	21/02/2022	28/02/2022	07/03/2022	14/03/2022	
	Holiday	University	University	University	University	University	University	University	University	University	University	Clinical	Holiday	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical
Year 1 (8)	23/03/2020	30/03/2020	06/04/2020	13/04/2020	20/04/2020	27/04/2020	04/05/2020	11/05/2020	18/05/2020	25/05/2020	01/06/2020	08/06/2020	15/06/2020	22/06/2020	29/06/2020	06/07/2020	13/07/2020	20/07/2020	27/07/2020	03/08/2020	10/08/2020	17/08/2020	24/08/2020	31/08/2020	07/09/2020			
	Clinical	Clinical	Clinical	Holiday	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	University Exams / Academic review	Year 2 clinical	Exam board	Holiday	Reassessment board	Holiday											Clinical placement weeks - 14 + 2 (year 1); 3 weeks as year 2	
Year 2 (8)	22/03/2021	29/03/2021	05/04/2021	12/04/2021	19/04/2021	26/04/2021	03/05/2021	10/05/2021	17/05/2021	24/05/2021	31/05/2021	07/06/2021	14/06/2021	21/06/2021	28/06/2021	05/07/2021	12/07/2021	19/07/2021	26/07/2021	02/08/2021	09/08/2021	16/08/2021	23/08/2021	30/08/2021	06/09/2021			
	Clinical	Clinical	Clinical	Clinical	Clinical	Clinical	Holiday	University	University	University Exams / Academic review	Year 3 clinical	Exam board	Holiday	Reassessment board	Holiday												Clinical placement weeks - 17 + 3; 3 weeks as year 3	
Year 3 (8)	21/03/2022	28/03/2022	04/04/2022	11/04/2022	18/04/2022	25/04/2022	02/05/2022	09/05/2022	16/05/2022	23/05/2022	30/05/2022	06/06/2022	13/06/2022	20/06/2022	27/06/2022	04/07/2022	11/07/2022	18/07/2022	25/07/2022									
	University	University	University	Holiday	University	University	Clinical	Elective	Exams / submission	Holiday	Exam board	End of programme - graduation etc														Clinical placement weeks -15 +3; + 3 week elective		

Public (Bank) and University Holidays whilst on Placement

You are not required to attend your practice placement if it falls on a Public (Bank) Holiday when the University would otherwise be closed.

For the academic year 2019/20, should your practice placement fall on any of the following dates, you are not required to attend placement on that specific day:

- Friday 10th April 2020
- Monday 4th & Tuesday 5th May 2020
- Monday 25th May 2020

If you are scheduled to be on clinical placement when the University is closed (such as at Easter, for example) then you are also not required to attend placement for that period. This is because there are limited academic staff available to support you, should an incident arise. Your clinical records will be highlighted to indicate these periods.

Taught Professional Component

The Practice Placement modules are predominately non-taught and as such will be delivered using a task-based learning approach. This approach will be supported by the following additional lecture and tutorial sessions, delivered by the module leader.

YEAR 1

Lectures

- Introduction to Practice Placement 1
- Infection prevention
- Resuscitation
- Manual handling
- Personal Protective Equipment (PPE), body fluids, and cleaning
- Reflective writing and thinking
- Resilience and wellbeing
- MRI Safety
- Introduction to Computed Tomography (Radiation Safety)

Tutorials

- Clinical Practice Assessment Documentation (CPAD)
- 1st Tutorial Review (Record of Clinical Experience – RCE)
- 2nd Tutorial Review (RCE & CPAD)
- 3rd Tutorial Review (RCE & CPAD)

YEAR 2

Lectures

- Introduction to Practice Placement 2
 - The extra-departmental setting (Wards and ITU)
 - The extra-departmental setting (Theatre)
 - Adaptation of radiographic technique to meet the needs of the service user
 - Reflective writing and critical thinking
-

- Multidisciplinary Team Working (Interprofessional Education, Strand 2)

Tutorials

- Clinical Practice Assessment Documentation (CPAD)
- 1st Tutorial Review (Record of Clinical Experience – RCE)
- 2nd Tutorial Review (RCE & CPAD)
- 3rd Tutorial Review (RCE & CPAD)

YEAR 3

Lectures

- Introduction to Practice Placement 3
- Mentoring, leadership, and professional support
- Adaptation of radiographic technique to meet the needs of the service user
- Critical understanding and synthesis of knowledge
- Paediatric radiography
- Skull and facial bones
- Preliminary Clinical Evaluation

Tutorials

- Clinical Practice Assessment Documentation (CPAD)
- 1st Tutorial Review (Record of Clinical Experience – RCE)
- 2nd Tutorial Review (RCE & CPAD)
- 3rd Tutorial Review (RCE & CPAD)

Student Learning in the Clinical Environment

The integration of academic teaching with the opportunity to practice in the clinical setting is central to the programme. This handbook explains how theory and practice are integrated via the Practice Placement modules delivered in each year (DRAD1008, 2008 and 3008). All practice-based learning and assessment is developed and overseen by De Montfort University and facilitated by the practice placement providers.

Time spent in the University's x-ray practice suite will support both the placement and radiographic technique themed modules. This will further enhance the students' ability to relate theory to practice.

Each practice placement module will involve students completing a Clinical Practice Assessment Document (CPAD) as part of their academic assessment. Each CPAD will take account of the current level of study at which students are studying and be the focus for their learning. The CPAD will allow the development of information gathering and reflective skills in order for the students to appreciate the value of Continued Professional Development (CPD) when qualified.

There are three distinct sections to the CPAD, all of which requires completion. Each section relates to the appropriate level of learning expected in a given module.

The three sections are:

1. **PROFESSIONAL BEHAVIOURS** – these relate to the standards of proficiency which are required to be demonstrated upon completion of the programme.
2. **TECHNICAL SKILLS** – these are the formal observations of students undertaking a number of specified imaging examinations. The student will be assessed against set criteria relating to the safe practice of specific examination types set according to the relevant level of learning.

Students will be observed throughout the whole examination, and questions relevant to the examination will be or can be asked. This allows the student to demonstrate their integration of theory into practical radiographic examinations.

The clinical assessment of technical skills is linked to the Record of Clinical Experience (RCE) which, is completed by students throughout the year. Once a student has performed an number of unaided examinations in a given area to an appropriate standard – we suggest 10 (each being signed-off by the supervising radiographer) the section is completed and they can request to be assessed, in that specified area. The assessor (either a Student Liaison Radiographer or Practice Educator) must agree that the student is competent enough to carry out their assessment, which on successful completion, would infer competence in that examination area.

Care must be taken to ensure that students can undertake radiographic examinations in accordance with their level of experience and academic underpinning knowledge

3. **PRACTICAL CARE SKILLS** – these will include the mandatory training aspects of practice, and will include awareness and demonstration of conformance with hospital protocols expected at the relevant level of learning

Task-based learning recognises the importance of not only knowing how to do something but also the need to know and understand the principles underlying the required action. It is intended that this approach will stimulate students to engage in further learning and reading. The task-based approach is in line with the CPD portfolio required by the HCPC standards to maintain registration as a Diagnostic Radiographer.

The philosophy is to engender a culture of enquiry and to encourage students to develop the necessary understanding of the concepts and mechanisms underlying the tasks which inform them of the role CPD will play in their future.

For each year the CPAD tasks will allow students to consolidate and complement their range of generic and profession-specific intellectual qualities and start to take greater responsibility for their learning.

To facilitate the completion of the CPAD and reflective pieces, students are allowed study time equivalent to half a day per practice placement week in years 1 and 2. In Year 3, study time increases to 1 full day per week, to allow the facilitation of the Final Year Project. The specific Study Time is allocated by the University in conjunction with the placement provider in order to ensure maximum placement capacity and student learning experience is achieved.

Study time will include any lectures/tutorials which occur during clinical time which relate to the portfolio as well as private study time.

Attendance

In preparation for graduate professional practice, 100% attendance is expected. If students are away from placement for any non-academic reason, then students must notify the placement unit by email hlplacements@dmu.ac.uk with a brief reason for their absence (i.e. non-explicit– e.g. off sick, childcare issues etc. we do not require a full medical disclosure). This is in keeping with the expectations of employers.

Students are provided with a 'clinical pathway rota' each year that provides information (at least 6 weeks in advance) as to which hospital and department they have been placed during each week of practice placement. Yearly clinical pathways are specifically designed to enable students to achieve their learning outcomes.

If a student is absent from practice placement and has not completed their individual CPAD by the submission date, then the student will be required to address this at the next placement opportunity. This must be negotiation with their placement provider and is facilitated by the module leader.

Student Support Whilst on Placement

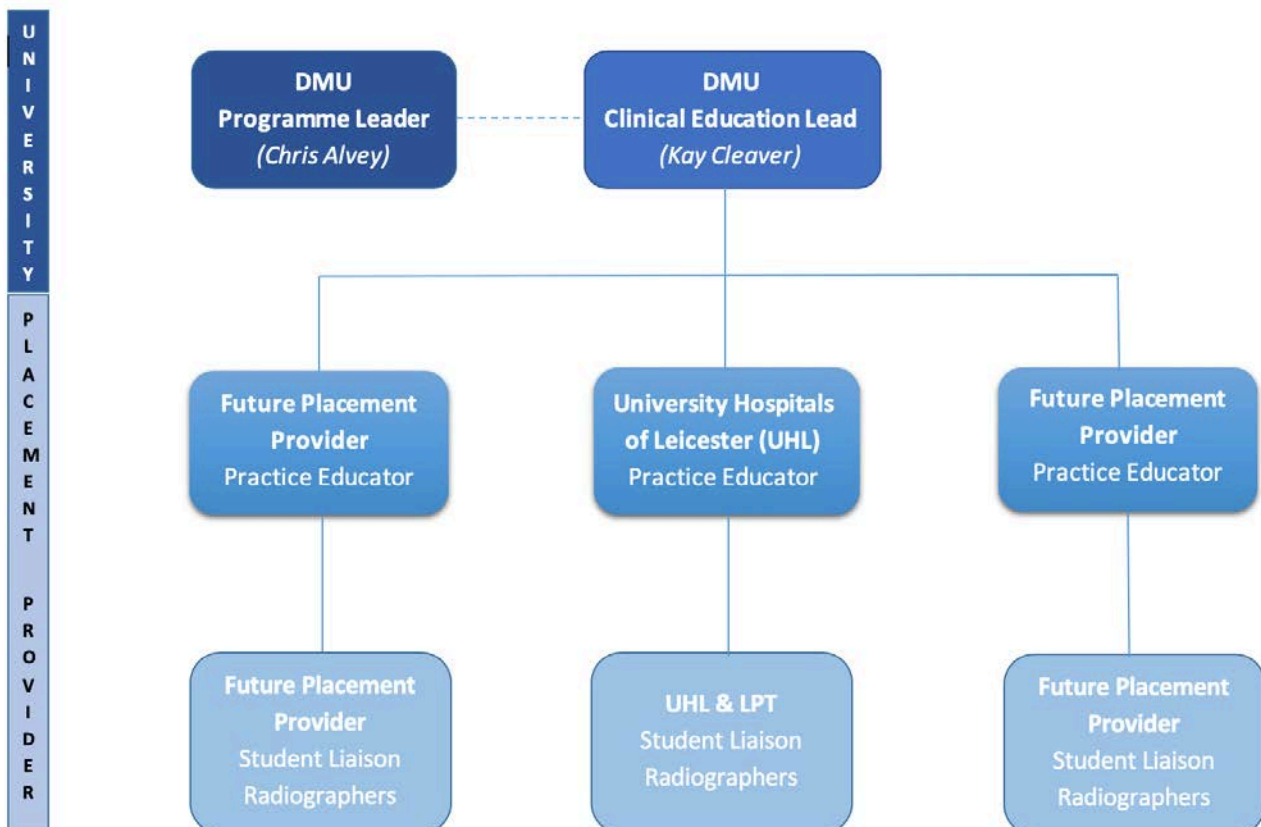
The demands and pressures that can be made upon students during clinical placements, as well as facilitating the learning experience, can be huge. Therefore, support whilst on placement is essential for the pastoral wellbeing of students.

Support will be provided from the following resources:

- The Clinical Education Lead
- Practice Educators
- Student Liaison Radiographers

Support will also remain available on the University campus via the Programme Leader, lecturers and personal tutors. However, the above roles will be uniquely utilised to support the students on practice placement.

PRACTICE PLACEMENT ORGANIZATION CHART



Role of the Clinical Education Lead

The Clinical Education Lead is employed by the University as either a lecturer or senior lecturer in clinical radiography and is also a registered diagnostic radiographer. They hold responsibility for delivering the clinical aspect of the BSc (Hons) Diagnostic Radiography programme and for overseeing all practice placements education. They achieve parity of student clinical education by co-ordinating the following areas across all practice placement sites:

- Overview of practice placement training
- Managing the content covered in the practice-based setting to ensure that academic theory and practice support each other effectively.
- Managing the placement sites ensuring parity of training
- Visiting of all practice placement sites and engaging in regular meetings with clinical staff, managers and student representatives (including 'tripartite meetings')
- Conducting clinical audits of student numbers in placement.
- Leading and organising radiography assessor training courses and update courses.
- Monitoring trends in practice placement and cascading information to the academic teaching team and other placement sites.
- Identification of potential additional practice placement sites.
- Lead in practice placement developments.

Role of the Practice Educator

The Practice Educator is a qualified radiographer employed by the placement provider to oversee the implementation and provision of DMU's practice-based learning curriculum within the radiology (imaging) service at their NHS Trust (or Private Voluntary Institution). They facilitate practice education and act as an interface between clinical and academic colleagues. The Practice Educator:

- Works under the guidance of the University's Clinical Education Lead to ensure that practice education is delivered in line with module design and learning outcomes.
- Holds overall responsibility within the practice placement Trust for signing off competency and assessment criteria based on the standards produced by the University (in line with the HCPC and College of Radiographers)
- Provide information to students about the learning experience offered and to clarify/manage their expectations
- Facilitate level-appropriate, inclusive and empowering learning environments and opportunities
- Understand where practice learning fits with taught components of the programme when working with students and communicate to Student Liaison Radiographers

- Provide a range of opportunities to maximise learning and enable the achievement of Practice Placement module learning outcomes
- Communicate in a skilled and effective manner with students, colleagues, service users and stakeholders to support the facilitation of the programme of learning
- Reflect on and evaluate their role as a practice educator and continually implement improvements
- Evaluate the practice learning environment including formal and informal learning events and liaise with the Practice Placement Coordinator to implement change based on evidence.

Role of the Student Liaison Radiographer

At each practice placement rotation, there is at least one named Student Liaison Radiographer. This radiographer acts as a point of contact for any general queries regarding that particular placement. They will liaise with the Clinical Education Lead, the relevant Practice Educator, and members of the Radiography team regarding general placement matters.

Their specific responsibilities include:

- Work in close partnership with students and the University's Clinical Education Lead
- Ensuring continuity and progression of learning in working alongside students
- Assisting with the analysis of student competence by means of formal assessment and progression monitoring
- Working with clinical staff to identify alternative means for students to gain relevant experience, and help with any rota issues
- Promoting active discussion within the clinical setting to encourage students to learn
- Providing pastoral support to students on an individual basis
- To act as the advocate for the student in the practice placement environment
- To address any issues or concerns of the student

Additional Assessment Responsibilities

Student Liaison Radiographers also act as clinical assessors, once they have successfully attended the in-house university training course. Only once the course is attended may they be involved in the summative assessment of students. Additional assessment responsibilities include:

- Carry out analysis of students' competence at all levels with verbal or written feedback
- Take responsibility to identify any deficiencies which exist in student experience and take the appropriate action to rectify any omission.
- Liaise closely with other assessors to monitor the provision of learning/ experience/ opportunities, and the development of assessment processes in practice.

- Assess the level of attainment of knowledge, skills and attitudes commensurate with the learning outcomes of the module(s) that take account of prior understanding, experience history and competence level achieved.
- Foster an evidence-based approach to enquiry and analysis of situation specific experiences to enable students to develop the skills of reflection and critical analysis of Radiography practice.
- Offer students targeted, evidence-based critical feedback on performance at the intermediate and summative assessment stages. This requires close analysis and clear documentation of the sources of evidence in support of students' attainment (or non-attainment) of the required level of knowledge, skills, attitudes and understanding.
- Liaise closely with the Clinical Education Lead to ensure early identification of any cause for concern regarding practice placement.
- Critically analyse their own personal practice. Identify learning needs in fulfilling the responsibilities of the assessor and taking appropriate action to ensure that such needs are met.

N.B. the term '**Placement Educators**' may be used throughout this handbook when referring to Practice Educators and Student Liaison Radiographers as a whole.

Supervision in Clinical Areas

Any student who is attending placement, is the responsibility of the radiographer with whom they are working. Sole responsibility for each patient examination falls to the radiographer in charge of the examination (in line with the HCPC standards of proficiency).

There are 2 levels of supervision which students can work within on clinical practice:

- Direct supervision
- Indirect supervision

Direct supervision always requires the radiographer to be with the student in the examination room. This also applies to the important patient checks carried out such as ID, LMP and dose administration.

Indirect supervision means a radiographer may be in a different room to the student, but still within reach should the student need help: such as in another x-ray room or in the processing area.

The radiographer supervising the student is responsible for the actions of the student, and the student is accountable to the supervising radiographer in the day to day activities. As the student increases in confidence and has their skills and behaviours (detailed in the CPAD) are signed off as competent, this relationship is expected to develop into one of coaching and mentoring, at which stage the direct supervision model can begin to progress to indirect supervision.

There is a legal obligation (within IR(ME)R 2018) for the employer to supervise students. In this sense, the person directing the activities of the student i.e. the supervising radiographer is acting as the employer (within the meaning of the Health and Safety at Work Act 1974).

Please note: This does not apply to extra departmental radiography such as in mobile imaging and theatre screening, where the radiographer must always be present at all times.

It is recommended that Year 1 students should be under direct supervision throughout their first year, whereas Year 2 and Year 3 students work under indirect supervision, depending upon their self-confidence and level of signed-off competence.

‘Direct clinical supervision’ is a term used to describe a radiographer who is working under the direct clinical supervision of a senior or superintendent radiographer. While this definition is helpful in situations where individuals may require close supervision in relation to specific tasks, it is only an element of clinical supervision and not the whole entity.

Clinical supervision embraces all of the strands of preceptorship, mentorship and at times direct clinical supervision. It helps to support the cultural changes required for life-long learning and incorporates the essential principles of CPD to facilitate professional and practice development and growth.’

SoR clinical supervision framework 2003

Guidance on the Responsibilities for Supervising Radiographers and Student Radiographers

In introducing a system for clinical supervision, the infrastructure that needs to be in place is partly defined by the roles and responsibilities of each of the participants, these, along with the employer’s (i.e. placement providers) commitment and responsibilities, are outlined below:

Supervising Radiographers

The importance of the role of the supervisor in the success of clinical supervision cannot be underestimated. As such, attention must be given to the selection and training of this group of staff.

Qualities required of the supervising radiographer include that they should be:

- Trustworthy
- Honest about own limitations
- Open
- Active listeners
- Supportive
- Facilitative rather than directive
- Analytical
- Committed to giving supervision
- Knowledgeable about radiography practice.

As a student you should be:

- Committed to clinical supervision
- Open to suggestions
- committed to put time and thought into the process
- Able to acknowledge clinical supervision as a tool to develop competence

The supervising radiographers whom you will be working with have all undertaken to commit to your education, and in return, we (and they) expect you to reflect the behaviours and attitudes of a receptive and reflective student.

Monitoring of Progress

One-to-One Tutorials - There will be a series of one to one tutorial meetings between each student and the Practice Placement module leader, held throughout each year to support in the completion of your CPAD during placement weeks. These meetings are designed to monitor and encourage your professional development as well as supporting your application of academic theory into your practice-based learning. The meetings ensure that theory and practice support each other effectively.

One-to-one tutorials will take place prior to each block placement commencing and also mid-way through each placement cycle.

MODULE	1-2-1	1-2-1	1-2-1	1-2-1	1-2-1	1-2-1
DRAD1008	Dec	Jan	Mar	April		
DRAD2008	June	Oct	Mar	April	May	July
DRAD3008	June	Nov	Dec	Feb		

Tripartite Meetings - in addition to the above 1-2-1 tutorial meetings, a 'tripartite' meeting will be held during each block practice placement (for each placement provider). This group meeting facilitated by the Clinical Education Lead is attended by the following representatives:

1. UNIVERSITY (via Clinical Education Lead and Practice Placement Module Leaders)
2. PLACEMENT PROVIDER (via the Practice Educators)
3. STUDENT BODY (via student placement representative)

MODULE	Tripartite	Tripartite
DRAD1008	Jan	April
DRAD2008	Oct	March
DRAD3008	Dec	Feb

The purpose of the tripartite meeting is to discuss each cohort's placement experience, in order to ensure that the placement modules and associated rotations are providing the necessary clinical experience to effectively consolidate academic theory with practice-based learning.

The meetings act as a forum to discuss best educational practice and resolve issues faced by any of the three representative areas. Tripartite meetings should be viewed as a supportive and nurturing platform for discussion.

You should note, that academic and clinical staff have a very good relationship, and meet regularly, outside of the tripartite set up.

Our intention is always to be supportive, while recognising the need to be mindful of our responsibilities to the profession, and of course, the service users and their families/ carers.

Super Forums – in supporting parity of practice-based learning between placement sites. The Clinical Education Lead will chair an annual ‘super forum’ that has representation from practice educators and student liaison radiographers across all placement sites.

Our clinical practice partners are invited to participate in the management of the programme through the Programme Management Board, here, any aspects of clinical practice education can be discussed with the wider school team, including student representatives for each programme.

Respecting Patient’s Consent to Treatment and Care

As a student you have a responsibility to ensure that the principles of informed consent are upheld when you are in practice areas and involved in patient care. **You should always introduce yourself to patients as a student radiographer.** You must ensure that your involvement in any treatment and care (including observing treatment and care) is with the patient’s informed consent and that you have the patient’s permission to observe or be involved in their care. Patients have the right to refuse to give such consent and may withdraw their consent for you to be involved with their care at any time and this should always be respected. For any patients who are regarded as ‘lacking capacity’ and unable to independently make a decision about their care, you must seek advice from a Registered Health Care professional. You should also ensure that when working with children and young people you understand the laws around capacity, and child and parental consent, including giving and refusing consent for the implementation of any treatment or intervention.

Consent is defined as ‘permission for something to happen or agreement to do something’ (Oxford English Dictionary 2018). In relation to health care, it is a general legal and ethical principle that valid Consent must be obtained before commencing an examination, starting treatment, undertaking a physical investigation, or providing care. This principle reflects the rights of a person to determine what happens to their own bodies, what shapes their care, who delivers their care and what support they receive. It is fundamental to good practice. As a student on a programme preparing you for entry to the register with the Health Care Professions Council (HCPC) you are expected to abide by Standards of Proficiency which states that “...you must:

(2.3) understand the need to respect and uphold the rights, dignity, values, and autonomy of service users including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing

(2.7) understand the importance of and be able to obtain informed consent

Further the HCPC Standards of performance, conduct and ethics state

(1.4) you must make sure that you have consent from service users or other appropriate authority before you provide care, treatment or other services.

Health Care Professions Council (2013) Standards of Proficiency -Radiographers, London:

Health Care Professions Council (2013) Standards of performance, conduct, and ethics, London

Student Activity on Placement

It is expected that students will experience and undertake a diverse range of opportunities and activities on placement, as appropriate to the service or setting they are in at a given time. In all situations, Student Liaison Radiographers and Practice Educators can support students' development through guidance, demonstration, supervised practice and by referring to relevant knowledge and theory.

A combination of activities is suggested as appropriate to the setting.

The following are suggested activities:

- Observation and interpretation
- Information gathering, such as case history, through talking to patients, carers and referrers
- Formal and informal assessment
- Preliminary Clinical Evaluation
- Involvement in moving and handling team tasks
- Contributing to the department by carrying out administrative or related tasks and understanding patient data systems such as CRIS and PACS

(The list of suggested activities is for guidance only as we recognise that each placement will vary).

'Hands on': It is recommended that students can participate in 'hands on' activity from as early in the placement period as possible and to participate in a range of activities and examinations.

Teaching vs. Assessment

Practice Educators and Student Liaison Radiographers are asked to be both teacher and assessor and this can present a conflict on occasion for both educator and students. Placement educators may feel pressure to 'assess' the competency of their student continually and some students report feeling, 'assessed' all the time, and pressure to answer questions only when they are sure that they are 'right' answer. *Asking students questions to explore and extend their learning is essential* but students need to feel able to attempt to answer questions and explore their ideas allowing for the fact that they will not always be 'right'. In this students will be encouraged to apply theory to practice.

Radiographer educators will make judgements about how a student is progressing throughout placement.

Students are expected to take part in the learning process by being proactive and taking responsibility for their learning by sharing their knowledge with their educator in attempting to answer questions and carrying out independent study and preparation. It is difficult for educators to guide and support students unless they know what a student is thinking and how a student is problem solving. Students also have a responsibility to be well prepared for placement and to have revised relevant theory.

Supervision & Feedback

Feedback to students about their progress in order to move learning forward

Students rely on feedback from placement educators in order to identify areas of their development that need to be addressed and to identify ways to improve. However, becoming an autonomous reflective practitioner is a gradual process and supporting this process by giving explicit feedback is an important aspect of the placement educator. Throughout the placement students will appreciate timely, explicit, constructive feedback on their progress. Students should be aware that clinicians constantly practice self-monitoring and adjust in response to feedback from patient performance, colleague opinion and discussion etc.

Students should always be encouraged to monitor their own performance even when specific feedback sessions are not planned. The Weekly Review section of the Student Attendance form allows Ideas for further learning (see RCE) This method of weekly monitoring of students' performance allows both student and educator to signpost areas to 'Stop, Start and Continue'.

Many models of feedback exist in the literature and it is recommended that this be carried out as an active conversation and that students prepare to take full part in identifying both positive performance in addition to areas for improvement. However, written feedback is useful as it allows the student to step back and digest at their own pace. Therefore, a written form has been incorporated for use in clinical practice (see page 23). This also allows students to reflect upon their placement and encourages reflective practice. Educators are encouraged to ensure that feedback is balanced.

Giving structured feedback regularly will improve both student performance and patient care.

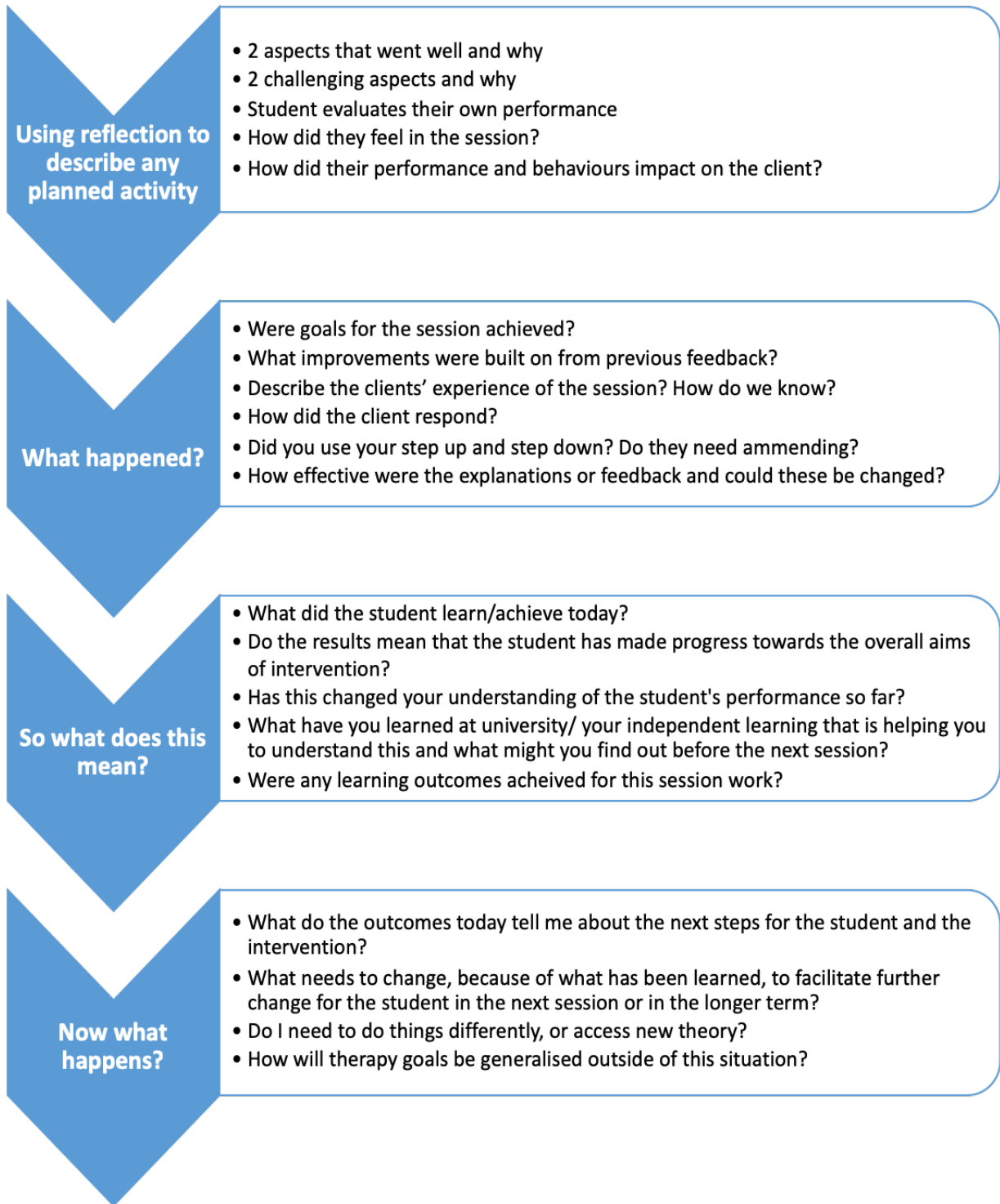
Essential Components of Feedback

Experience has shown that if Placement Educators establish ground rules for feedback at the start of placement it can lead to a more successful experience for all concerned.

- A good relationship between the student and the person giving the feedback is vital as it forms the foundation of being able to give and receiving feedback effectively. Literature suggests that a positive, well-developed relationship between student and mentor is crucial to quality feedback (Thomas & Arnold, 2011). Mutual respect is an important component.
- Agree scope and confidentiality level. (Feedback may or may not be confidential but both parties should be clear about the level of confidentiality)
- Feedback sessions should facilitate a balance of both positive comment and suggestion for change to guide future performance. It must be clear to both that the purpose of the feedback is to improve the students' performance.
- It may be felt by both parties that a mechanism for monitoring development is utilised. Both parties might use the Developmental Action Plan (included within the RCE) - creating an action plan reinforces the concept that feedback is a supported sequential process rather than a series of isolated feedback events (Archer, 2010; Bing-You & Trowbridge, 2009).
- Feedback should be on observed performance rather than offering judgement on past events (Thomas & Arnold, 2011).
- Feedback should focus on specific behaviours and be explicit.

- Timing and frequency of feedback. Wherever possible it is suggested that supervision or feedback session are planned as it allows the student some time to reflect before discussion takes place. Reflection and planning can be one of the independent activities undertaken by the student. Students are required to complete 'Weekly Ideas for Further Learning' within their attendance logs, this is incorporated into the weekly meeting records (Included within the RCE).
- Be aware of the potential for feedback to have an emotional impact on the student, they may need time to process feedback.

The following model should be utilised when providing feedback:



Student Guidelines for receiving constructive feedback

Whilst most people would agree that balanced feedback is important for learning, receiving feedback can be challenging at times. Students must be prepared to receive feedback from their educators as well as giving and receiving feedback with their peers. Students are advised prepare for this experience in the following ways:

1. Listen to the feedback (rather than prepare your response/defense).
2. Ask for it to be repeated if you did not hear it clearly.
3. Assume it is constructive until proven otherwise; then consider and use those elements that are constructive.
4. Pause and think before responding.
5. Ask for clarification and examples if statements are unclear or unsupported.
6. Accept it positively (for consideration) rather than dismissively (for self-protection).
7. Ask for suggestions of ways you might modify or change your behaviour.
8. Respect and thank the person giving feedback.

Encouraging Clinical Reasoning and Applying Theory to practice

Whilst feedback tends to focus on an immediate event, students also needs to be encouraged to use reflection and knowledge to respond to questions which will challenge their thinking and help with problem solving.

Clinical Reasoning can be defined as the process by which a practitioner collects cues, processes the information, comes to an understanding of an individual's problem or situation, plans and implements interventions, evaluate outcomes and reflects on and learns from the process.

There are many opportunities in practice to support students to develop these skills. Learning to reason and to understand how to bring information together and weigh up its relevance, is a developmental process that requires scaffolding, with detailed individual steps.

This will be addressed using the feedback models as suggested above, but the following can also be helpful.

- Modelling reflective practice
- Model clinical reasoning and compare educator reasoning with student reasoning when planning
- Using the Clinical Practice Assessment Document (CPAD) to identify aspects that have been learned throughout the day rather than just describing the experience – this will be useful when considering the reflective piece for your assessment
- Ask students to think aloud when you are planning session together
- Tell stories and give examples from practice about your own reasoning around individuals
- Ask students to observe aspects of your behaviour and activity and to guess your aims or reasoning.
- Using questions combined with the reflective cycle (as above)
- Encouraging students to see the similarities and differences between individuals and situations (comparing patterns)

Regulations

Professional concerns policy / form

The concerns reporting form attached as an appendix to this document, and is to be used by anyone whom wishes to raise a concern.

We encourage a low threshold for reporting, since it is often easier to address a possible issue early, rather than wait for it to develop into a much bigger issue – of course, service user, staff, and student safety must take priority in the immediate management of an incident.

Confidentiality

Please note that there is a legal obligation under the Data Protection Act, 2018 to protect sensitive information and the information that Radiographers (including students) hold falls within this category. Students must demonstrate familiarity with Section 7 of the HCPC, Standards of Proficiency (Radiographers) and the HCPC, 'Guidance on Conduct and Ethics for Students'. Students must not compromise either their clients, their placement educators or the service within which they are placed. Students are responsible for ensuring that their work meets these standards of confidentiality.

Confidentiality and social media

The legal and moral obligation to protect confidentiality also applies to use of information via social media, regardless of whether communicating with other health professionals, friends or the general public. Care must be taken to ensure that clients cannot be identified, either directly or indirectly. Consider who will be able to access the information that is being posted and whether this will allow the identity of a client to be exposed. Do not use names of services or specify any patient details when discussing cases with others, as information can be triangulated and identification of services, clinicians or patients can be inadvertently revealed.

Service Users and professional boundaries

Maintaining clear professional boundaries can be difficult when using social media. Diagnostic Radiography students should not share their own private details with any service users. It is not recommended that any online relationship with current or former service users is entered, in order to ensure that professional boundaries are always maintained.

Please also be aware that due to the accessibility of information via social media, some organisations use these sites as part of employee checks when recruiting to positions. Any information that appears unprofessional or controversial may affect future chances of employment.

Most social networking sites will have privacy settings to enable control of how accessible material is (at least to some extent). Please ensure that the implications of these settings are fully understood.

Please note that keeping client data confidential applies to both 'public' and 'closed' sites available to invited groups.

Use of mobile phones

Students must ensure that they keep their mobile phones turned off on placement except in exceptional circumstances or where they have been given explicit permission by their educator.

The use of mobile phones with a camera facility (which can record activity) can constitute a considerable risk. These risks can be identified as:

- Possible breach of medical confidentiality
- Possible intrusion into an individual's private life
- Possible contravention of Data Protection Act 2018 and breach of patient confidentiality
- Possible risk to safety and welfare of children in contravention of The Children Act 2014
- Cause of nuisance to staff and other service users
- Perceived lack of respect

In order to preserve service user and service provider confidentiality, Students must not use their mobile phones to capture either video, audio or still images in any area of their practice placement. Integral cameras or document management functions within any form of mobile communication should never be used for clinical purposes.

Where recordings are required for use in the clinical setting or for university assessment, only authorised equipment (available from the placement provider or university) may be used. Prior consent must be obtained, including detailed discussion and clearance by the practice educator.

Any breach of these conditions will result in a suspended placement and a 'Fitness to Practice' investigation. The De Montfort University Faculty of Health and Life Sciences policy should be read and understood – you can access it here: <https://www.demontfortsu.com/asset/News/6052/11th-Jan-16-HLS-FtP-procedure-final.pdf>.

HCPC Standards and Professional Conduct for Students

Many HCPC standards also apply to students on an HCPC-approved programme. Although students are not regulated, the HCPC expects students to understand the 'Standards of Conduct, Performance and Ethics' in preparation for when they are registered. Education providers and practice placement providers often have their own policies and procedures which students should also follow.

On the Diagnostic Radiography programme, you can develop the skills and knowledge you need to become a healthcare professional in an environment which protects the public. Students also can learn about the professional behaviour that the public expects from a registrant.

As a student studying to become a regulated professional, you have certain responsibilities. On your programme you will be expected to meet high standards of conduct and ethics. **You should be aware that in very serious circumstances, your conduct may affect your ability to:**

- Complete your programme
- Gain the final qualification
- Register with the HCPC

All HCPC approved programmes have processes in place for dealing with concerns about a student's profession-related conduct. This means that misconduct may affect your ability to complete your programme. You can download the HCPC Standards of Education and Training from their website at

www.hcpc-uk.org

<https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf>

The HCPC consider it essential that students are aware of professional responsibilities from the beginning of their training. In Year 1 of their programme, students have had opportunities to discuss what it means to be a 'professional' and to consider the significance of this aspect of their education. Professional conduct can be demonstrated by the students through:

- Attending as required
- Arriving at the clinical setting well prepared for the working day
- Personal presentation being appropriate to the setting
- Always informing their placement site if unable to attend, or if likely to be late in a timely manner
- Understanding dress codes and uniform policies
- Maintaining confidentiality and understanding data protection when accessing patient information systems.
- Good timekeeping
- Having a willing, and diligent attitude to work
- Being proactive and showing initiative
- Responding appropriately to teaching opportunities offered in placement.
- Understanding that patients' needs are paramount
- Informing your placement educators if any of the service users encountered on placement are personally known to them

Feedback on professional conduct

Occasionally, students do not readily adapt to the professional role and it can be difficult for educators to tackle unsatisfactory behaviour in some of the more personal aspects of clinical work. In some instances, it is difficult to specify precisely why an attitude or behaviour is inappropriate. Educators are advised to:

1. Discuss the identified behaviours with the student in order to ascertain any underlying problems.
2. Discuss with a placement educator (Practice Educator or Student Liaison Radiographer)
3. Refer to the Clinical Education Lead

It can be helpful to identify the effect that these behaviours have upon service users or team members, in order for the student to understand the rationale for the discussion. Nevertheless, development of professional skills is equally important to acquisition of theoretical knowledge and practical clinical skills and it is essential that students are given clear feedback from educators if their attitudes, manner or personal presentation are inappropriate. The use of the personal development plan, see p.38, can be helpful in setting out the expectations early in placement and can be used as a resource to refer to, if the student is not meeting the terms of the agreement. Please contact the university if problems arise.

There are four sets of HCPC standards:

Standards of Conduct, Performance and Ethics

- Sets out the behaviour and conduct expected of registrants
- Applies to both registrants and prospective registrants (i.e. Students)

Standards of Proficiency (Radiographers)

- Every registrant must meet these in order to become registered and to remain on the HCPC Register
- Students must be able to meet these standards when they complete an approved programme such as this university course.

Standards of Education and Training

- Must be met by education providers. These standards ensure that all those completing an approved programme meet the standards of proficiency

Standards of Continuing Professional Development

- Must be met by all registrants. The HCPC expect registrants to continue to develop their knowledge and skills while they are registered so they can be confident that they are able to practice safely and effectively.

All of the above standards also apply to people who are applying to become registered with HCPC. When you are applying to be registered, the HCPC will ask you to sign a declaration to confirm that you have read and will keep to the standards once you are registered.

Learning resource

In the revised Guidance on Conduct and Ethics for Students document (June 2017), the HCPC have produced a learning resource for students which promotes and contextualises the guidance. This learning resource is comprised of a series of four short films featuring four different case studies confronted with various scenarios whilst undergoing practice placements as part of their approved education and training programmes. **It is recommended that students view these:**

<https://www.hcpc-uk.org/education/students/while-i-am-studying/guidance-on-conduct-and-ethics/>

Practice Placement Induction (Including Health and Safety and Statutory Learning)

All students will receive a practice placement induction from their NHS Trust placement provider before commencing practice placement. Practice placement inductions are facilitated by the Practice Educators. Students will have the opportunity to visit the placement and meet staff and view the facilities as part of a planned induction.

All students are required to complete the necessary statutory and mandatory training required by their practice placement provider. This will be completed as part of the practice placement induction. Attendance is compulsory, and students will not be able to undertake their clinical placement until this is completed. Students must adhere to the Radiology (Imaging) department's statutory and mandatory training and as such, will be expected to update their learning across the 3 years, as specified **in their Clinical Practice Assessment Document**

Uniform and Dress Code Policy

Whilst attending practice placements, Students are required to adhere to the full uniform policy of their practice placement Trust. This requires that all staff and students be 'bare below the elbow'. Female members of staff who for religious reasons wish to cover their hair and neck by the wearing of a dark plain coloured scarf are permitted to do so. The material must be able to withstand a 60-degree mechanical wash (The veil is not permitted for staff who are patient facing). Uniforms are supplied by the University and support NHS Trusts' infection control protocols, including Hand Hygiene Policies'.

Administration/ Procedure/ Organisation

Absence Policy

Your attention is drawn to the programme handbook (section 10 p28).

Full attendance at practice placement is expected and forms a vital part of your education and ability to achieve the Programme Learning Outcomes.

Students are provided with a clinical pathway (rota) each year. Yearly clinical pathways are specifically designed to enable students to achieve their learning outcomes. If a student is absent from practice placement and has not completed the required documentation by the submission date, then the student will be required to address this at the next placement opportunity. This must be negotiation with their placement provider and is facilitated by the module leader.

There may also be occasions where you are asked to make up hours missed from Practice Placement, if your educators deem this necessary in order for you to achieve the module learning outcomes and to complete your individual Clinical Practice Assessment Document.

If you are unable to attend your practice placement for any reason, you should phone your rostered placement no later than 30 minutes after the start of your shift and advise the Student Liaison Radiographer of your absence. You are then require to email the University Practice Placement Coordinator to also notify them of your absence.

The placement unit phone number is 0116 2577716, their email address is hlsplacement@dmu.ac.uk

Practice Hours

Daytime Shifts

The normal working day is 7.5 hours long. You should arrive, ready to start a daytime shift and have signed into the relevant department detailed on your rota by 08:30 (please allow sufficient time before this to change into your uniform). If it is your first day in a department, please introduce yourself to either the Student Liaison Radiographer or Practice Educator. You are allowed a 1-hour lunch break, which will be allocated by the member of staff you are working with (some departments offer a 30 minute lunch break, with an earlier finish time). Additional comfort breaks are at the discretion of the individual department where you are placed. A normal daytime shift will finish at 17:00.

Out of core hours

It is recognised that diagnostic radiography is a 24-hour profession. To reflect this and provide students with the opportunity to experience Radiology Department's out of core hour's service, part of the students' practice placement rota will involve working evenings, overnight and weekends. The specific start and end times will be detailed on your placement rota.

Private study time on placement

Years 1 & 2 – Students are allocated half a day study leave per practice placement week (scheduled by the Clinical Education Lead, and will usually fall on a Wednesday afternoon. This time allows time for reflection of clinical learning and also to attend any educational workshops that are being held.

Year 3 – Students are allocated 1 full day study leave per practice placement week. This time should be spent working on Final Year Projects (which may include evidence gathering and liaising with departmental and Trust staff regarding Service Evaluation or Clinical Audit).

DBS Certificate

Students are unable to attend Practice Placement until satisfactory DBS clearance have been received

Occupational Health

The role of the diagnostic radiographer requires students to be able to operate and manoeuvre large pieces of imaging equipment. It also requires the ability to be involved in the moving and handling of services users. It is important for both the safety of the service user, colleagues and the student themselves, that student radiographers are able to engage in this activity safely without putting themselves, service users or other colleagues a risk of injury or exacerbation of existing health conditions.

Therefore, students are unable to attend Practice Placement until they have received the necessary occupational health clearance.

All successful applicants who enrol onto the programme are required to undergo appropriate immunisations. This process is facilitated by the University and will involve attending occupational health clinics to receive the necessary vaccinations and blood test screening to ensure compliance with the requirements for new and existing healthcare workers within the NHS.

Identification Badges

Students must always wear their university identification badges on practice placement (except when working in theatre or in MRI). This enables both Service Users and staff to identify you and your role within the department. Students must contact Melissa Pendery in the Faculty office MPendery@dmu.ac.uk or Nicola Johnson if they lose their badge or need a replacement.

Access to Medical Records

Many services now record client data using electronic records. Different services use different systems. Student access to these records is usually by SMART card or similar. Nicola Johnson or your placement setting will give details of how to acquire these cards, usually at the start of placement in year 1. Once students have SMART cards issued, they can be reactivated on subsequent placements with different health services. Therefore, students must look after these cards with great care and report any loss or damage.

Radiation Monitoring Badges

You will be issued with a radiation monitoring badge, which must be worn at all times when in clinical placement, and whenever you are within a controlled area (under the definitions of such areas as described in IRR17). The exceptions to this are when you are rostered to MRI and Ultrasound departments.

These badges are your responsibility, and you must take reasonable care of them. There will be a charge for their replacement if they become lost. If you do lose your badge, or knowingly expose it to ionising radiation, then you should report the occurrence to the Radiation Protection Supervisor (RPS) at both the University and the appropriate clinical department. This will ensure that any anomalous readings can be accounted for. You should note that no badge = no placement

Assessment of Professional Practice

Student Assessment

Assessment has a number of functions for practice education. By the end of the programme students must achieve the potential to meet the HCPC Standards of Proficiency (*Radiographers*) for professional practice. Along the path to this goal, assessments in placement can:

- Helps to guide and motivate the student to learn
- Monitor and record the progression of the student's clinical and professional skills
- Encouragement self -assessment and reflective practice
- Identify goals for the student to focus on in their next clinical placement

Aims and Objectives

The purpose of the observed assessment of practice is to:

- a) Permit summative assessment of professional practice
- b) Assess the student's performance in a range of examinations encountered by Diagnostic Radiographers
- c) Develop students' ability to integrate all relevant theoretical knowledge to a series of clinical examinations.

Observation of practice

Practical Clinical assessments will take place in the clinical environment and will be performed by a Student Liaison Radiographer or Practice Educator, who has completed accessory training in assessment delivery. This training will be provided in advance by the University. A register of trained assessors and their department locations will be made available to the students. A record of assessors will also be held centrally by the University and specific Imaging departments and may be used to further evaluate and develop radiographic departmental training needs.

The assessor undertaking the assessment of the student is expected to pre-select the specific examination and service user accordingly. Consent from the service user will be sought in advance of the commencement of the imaging examination to be used for assessment. The service user may withdraw this consent at any time during the examination. Should this occur then advice will be sought from the University.

When pre-selecting examinations to use for student assessment the assessor will select the examination and service user/environment in line with the expectations and level of training of the individual that is being assessed. Only adult service users who have given their consent will be invited to take part.

Service users will be invited to give feedback to the clinical assessor as well as the student.

Triggered Assessments

Once a student has performed a number of unaided examinations to an appropriate standard (at the discretion of the supervising radiographer), the section is completed, and they may approach an assessor to trigger their own assessment in that specified area. If students are experiencing difficulty in achieving

their desired competence (due to lack of exposure to clinical settings, or personal ability), then they should discuss this at the earliest opportunity with the supervising radiographer.

The timings of the technical skills assessments should be by negotiation, and distributed across the placement period – not left for the last week of placement!

Your progress with these will be discussed with you during our academic visits.

Assessment by Year

The Practice Placement modules run across the 3 years of the programme. The overall aim is to ensure that the student has the underpinning knowledge and gains the accompanying skills and attitudes to work as a Diagnostic Radiographer Practitioner. The emphasis will be on relating theory with practice. It is a module that will require the student to reflect on their practice and consider their own skills and their approach.

Practical Clinical Assessments

The assessment for all professional practice modules comprises two main sections:

Section A - Practical Clinical Assessment

This is an Observed Assessment of Practice; the student is assessed by members of clinical staff (who have undergone the university’s clinical assessor [or Practice Educator] training course) in conducting body region specific examinations – these are classed as pass/fail, and are categorised as follows:

Criteria Level	Knowledge/Reasoning	Level of Performance	Personal and Professional Awareness
Observational (O)	Lacks knowledge No awareness of alternatives Unable to explain / give reasons for actions	Lacks accuracy & confidence Needs continuous guidance & supervision Poor organisation No awareness of priorities	Actions & behaviour are not modified to meet the needs of the patient and situation No meaningful explanations given Lacks insight into personal and professional behaviour
We would expect these to be addressed as part of level 4 attainment Participation (P)	Knowledge is usually accurate Little awareness of alternatives Identifies reasons for actions	Accurate performance but some lack of confidence & efficiency. Requires frequent direction / supervision Some awareness of priorities / requires prompting	Recognises the need to modify actions / behaviour to the client and situation, but unable to do so in non-routine situations Gives standard explanations / does not modify information
We would expect these to be addressed as part of level 5 attainment Minimal Supervision (MS)	Applies accurate knowledge to practice Some awareness of alternatives Beginning to make judgements based on contemporary evidence	Safe and accurate; fairly confident / efficient Needs occasional direction or support Beginning to initiate appropriate actions Identifies priorities with minimal prompting	Actions / interventions / behaviours generally appropriate for the client and situation Explanation is usually at an appropriate & coherent level Identifies the need for assistance

<p>We would expect these to be addressed as part of level 6 attainment</p> <p>Independent / unaided</p> <p>(I)</p>	<p>Applies evidence based knowledge</p> <p>Demonstrates awareness of alternatives</p> <p>Sound rationale for actions</p> <p>Makes judgements / decisions based on contemporary evidence</p>	<p>Confident / safe / efficient</p> <p>Needs minimal direction / support</p> <p>Able to prioritise</p> <p>Able to adapt to the situation</p>	<p>Conscious / deliberate planning</p> <p>Actions/ interventions/ behaviour are appropriate to the client & situation</p> <p>Gives coherent / appropriate information</p> <p>Identifies & makes appropriate referrals</p>
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There are three distinct sections to the Clinical Practice Assessment Document (CPAD) each of which requires completion. ***Please refer to the respective module handbook for your year of study (DRAD1008, DRAD2008 & DRAD3008) as the assessment types will relate specifically to your level of learning.***

The three sections are:

1. **Professional behaviours** – these are the standards of proficiency which are required to be demonstrated upon completion of the programme.

(Each section must be signed, or if not, an action plan documented).

2. **Technical skills** – these are the formal observations of students undertaking a number of specified diagnostic imaging examinations. The student will be observed under assessment conditions, undertaking a specified plain film x-ray examination.

Students will be observed throughout the whole examination, and questions relevant to the examination will be or can be asked. This allows the student to demonstrate their integration of theory into practical radiographic examinations.

Technical skills assessments are linked to the Record of Clinical Experience (RCE) which, is completed by students throughout the year. Once a student has performed a number of unaided examinations (we suggest 10) to an appropriate standard (at the discretion of the supervising radiographer), the section is completed, and they can then trigger their own assessment in that specified area. Satisfactory sign off would infer competence in that anatomical area – care must be taken, however, to ensure that students can undertake radiographic examinations in accordance with their level of experience and academic underpinning knowledge.

Examinations are selected by the assessor and Students must successfully perform the correct number of views per examination per protocol.

3. **Practical care skills** – these will include the mandatory training aspects of practice, and will include awareness and demonstration of conformance with hospital protocol for identification of patients, infection prevention, dealing with waste and so on; it will include managing infection prevention practices, awareness of different types of communication needed, working safely with other staff and patients, ensure compliance with ionising radiation legislation including enquiring about pregnancy, and others.

All 3 areas must be passed in order for the student to have passed the practical clinical assessment overall.

Section B: Reflective Development

a. Personal Development Plan

b. Reflection Essays or Patchwork Screencast Assessment (PASTA) Presentation

Personal Development Plan – Creating a plan for personal development helps you get a better sense of control over your life and will make you better prepared for whatever comes your way. A personal development plan is your guideline for your life and your future success – we are using it here to support your professional development.

When writing a personal development plan, it is important to consider the goals you want to achieve, ways in which you need to improve and develop, and design a plan that will make you prepared to tackle the most important tasks for the next period of clinical practice. Of course, we would encourage you to use these strategies in all of your pursuits – both academic, clinical, and indeed personal.

Reflection Essays or PASTA Presentation - Whichever method of assessment you choose for this section, the piece of work should be a reflective, evidenced description of your developmental journey as a radiography student over the course of the module. You should be able to use some of the work from your patches to help you to synthesise your PASTA, but remember that your work needs to be one, coherent story in which the patches are stitched together seamlessly. Therefore, you may be able to use some of your personal development plan, but you may also need to add further content or amend the 'patches' so that they flow and fit your journey. As part of this you should draw on the work from your patches as well as the observations. Observations provide a key platform to evaluate your practice and to identify ways to improve your practice. There is an expectation that observations and commentaries have been used, in part, to inform the PASTA and you will be required to submit a copy of the observation forms via Turnitin.

Normally, we recommend that you use DMU Replay to construct this assessment, for instance as a set of PowerPoint slides with an audio commentary, as training and support for using this platform is provided at DMU. However, if you feel comfortable using other types of software to produce your screencast (e.g. a PowerPoint with audio narration, Open Broadcaster) then this will also be acceptable.

We will be expecting you to demonstrate the linking of theory to practice through these reflective pieces. ***Please refer to the respective module handbook for your year of study (DRAD1008, DRAD2008 & DRAD3008) as the assessment types will relate specifically to your level of learning.***

This section (B) gives the total mark for the module in all 3 years.

Pass mark for the module is 40%

Both section A and section B have to be passed to pass the module overall.

Reassessment

Practical Clinical Reassessment - If any part of the Practical Clinical Assessment is failed. Students will be given an opportunity to be reassessed in placement.

Reflective piece Reassessment - If the submitted portfolio has not achieved a pass mark of 40% or above, then the portfolio can be resubmitted (*in line with university and programme specific regulations*) but any subsequent mark will be capped at 40%.

The Clinical Practice Assessment document is the formal process used to assess your radiographic practice within the clinical environment, and is a record of your developing professional skills, it is supplemented by the Record of Clinical Experience; this latter document is your record of your experiences, and should be used to support the CPAD, academic staff may wish to review progress using it, so you should bring it with you to each placement session.

During an assessment you will be observed by an assessor under formal assessment conditions, whilst undertaking a specified imaging examination. You will be marked against criteria related to the safe practice of examinations (see 'Technical Skills Assessment' section in the CPAD).

Your entire performance during the assessment will be observed and evaluated and will include the following:

- Your interaction with the Service User
- Interaction with other members of the radiographic team
- Your awareness and use of departmental policies and procedures
- The diagnostic examination itself
- Your ability to evaluate the images that you produce

Throughout the examination and subsequent discussion with your assessor, you will be asked questions to allow you to demonstrate your further understanding of key points and to show how you are able to integrate your knowledge of theory into your everyday practice.

There is no compensation in any area of the clinical assessments. All areas of the clinical assessment forms (see CPAD Section 2) must be populated for the student to be awarded an overall pass.

The following are identified as the examinations to be undertaken in each year group. These are completed only when the student can provide evidence that they have completed the prerequisite number of unaided examinations in the category (See RCE)

To achieve a pass for the entire Practice Placement module, you must complete all individual clinical assessments to a minimum level of a 'Pass' standard

Year 1 – Level of Experience

The focus of year 1 is undertaking radiography of the musculoskeletal system, thorax and abdomen whilst demonstrating safe and effective practice. The level of experience is classified as simple examinations within a predictable environment. This translates to the student being restricted to performing non-complex, plain film examinations in the x-ray department on ambulant service users with no complex needs (i.e. no additional needs are required for mobility, support or understanding)

Students will work in a range of imaging departments with supervising radiographers and focus on x-ray imaging examinations.

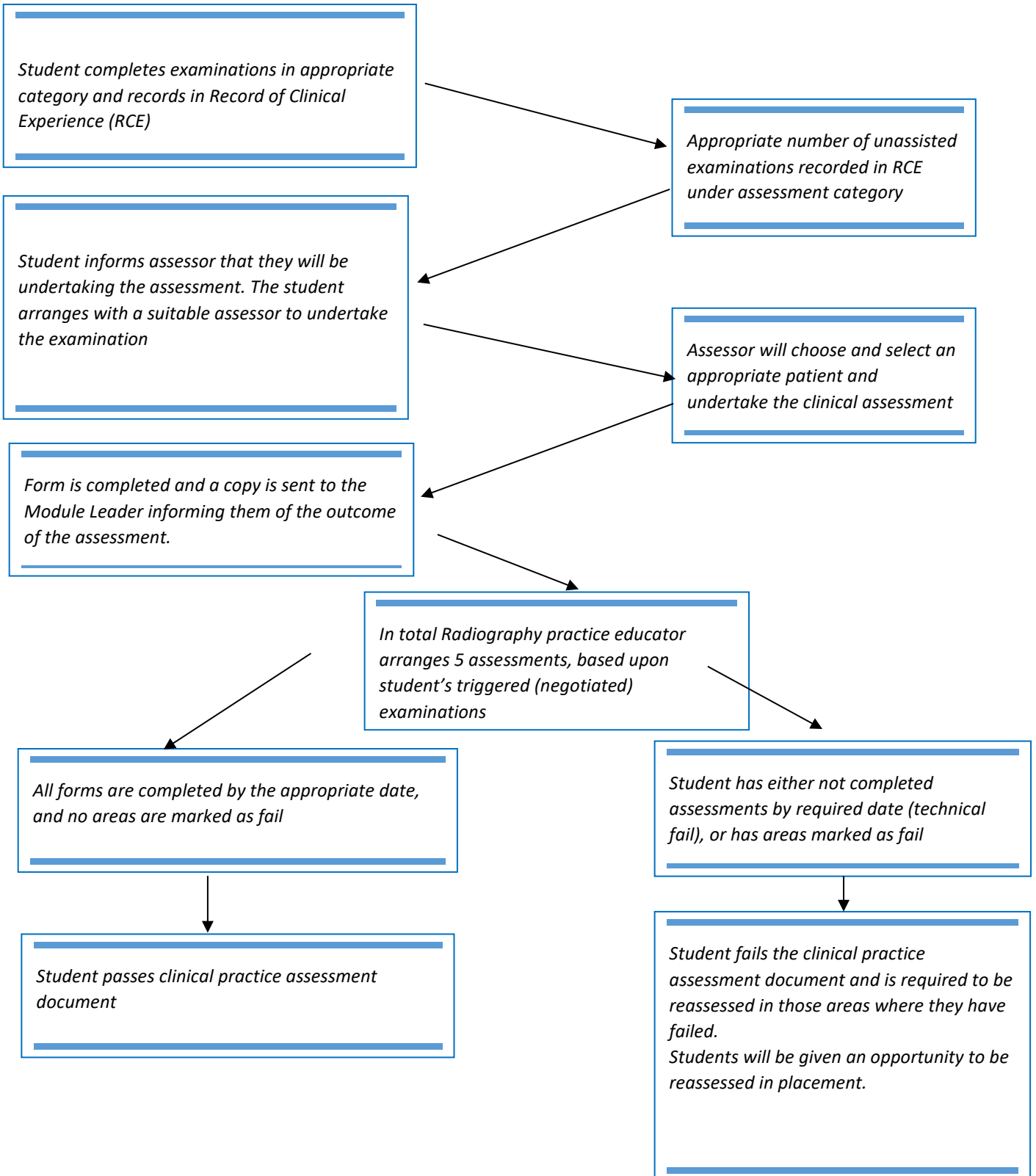
Year 2 – Level of Experience

The focus of year 2 of the programme is undertaking imaging of body systems (including musculoskeletal). The level of experience is classified as either complex examinations in a predictable environment or simple examinations in an unpredictable environment.

Year 3 – Level of Experience

The emphasis in year 3 is placed on the ability at the end of the year/ programme to reflect upon clinical practice and meet the HCPC 'Standards of Proficiency – Radiographers' and the HCPC Standards for Conduct, Performance and Ethics.

Clinical Assessment Flowchart



Safeguards of the Assessment:

1. All staff undertaking clinical assessments will have the support of their clinical manager and have completed the DMU Radiography Internal Examiner Course.
2. Examinations must be terminated immediately if, in the Radiography Clinical Assessor's judgement, the patient is seen to be at risk.
3. Assessments will be overseen by the Practice Educator on site to ensure standards are maintained during assessments.

In case where the actions or omissions of the student would render the patient or service user at risk of further harm, the clinical assessor must intervene immediately, and terminate the assessment.

Whether this is classed as dangerous practice is at the discretion of the clinical assessor, examples may include much greater than intended radiographic exposure, physical harm arising out of neglect – for example not using protective barriers on trolleys. The nature and extent of risk in clinical practice is by its nature, broad, and all eventualities cannot be explicitly noted.

Management of Practice Placement Learning

1. Implementation of the Practice Placement modules and policy decisions relating to them are made by DMU in close liaison with clinical staff.
2. The Clinical Education Lead will be responsible for overall management of the clinical assessments in participating sites, thus ensuring that equal standards are maintained across all clinical sites.
3. The Practice Educator will be responsible for facilitating the assessment in partnership with the Radiographer Assessors.
4. All clinical assessments will be completed by week 37 of the academic year.

Record of Clinical Experience (RCE) Evidence Collecting:

This portfolio of evidence is the way in which you are expected to record the practical clinical experience that you observe, contribute towards and undertake in your daily practice placement as a student Radiographer.

It has been carefully mapped against the learning outcomes required to complete this module and, once completed will provide you with a record of the imaging experience you have gained as you progress through this academic year.

The Record of Clinical Experience (Logbook) will provide you with the opportunity to record the clinical imaging examinations that you observe, assist with and undertake independently throughout your time on the programme. **Please remember that ALL imaging examinations you are directly involved with as a student radiographer must be supervised by a qualified member of radiographic staff.**

The record is divided into sections which reflect the area of practice you will be working within. These are also the areas in which you will be expected to undertake your formal practical clinical assessments.

Once a diagnostic imaging examination has been completed you will be expected to state whether this was performed in one of 4 ways; Observed, Participated, Minimal Supervision, or Unaided.

Observed: The examination was performed entirely by the supervising radiographer or the student had limited involvement.

Participated: The student demonstrated participation in the examination, for example initial examination set up, setting of preliminary exposures, review of previous imaging. Student can discuss required imaging.

Minimal supervision: The student performed the examination with some involvement from the supervising radiographer or the student required some support/correction during the radiographic examination. The student required some reassurance/prompting from supervising radiographer during the examination.

Unaided: The student performed the examination confidently and with no additional involvement from the supervising radiographer.

Appendix 1 Professional Concerns Form (PCF) School of Allied Health Sciences

Concerns report form – please tick all that apply

- Fitness to Practice (professional suitability)
- Academic performance
- Clinical placement concern (student performance)
- Clinical placement concern (safeguarding)
- Clinical placement concern (staff – student relationship)

Has this matter been brought to the attention of the student? Y

N

If Y, when:

If N, why not?

This form is to be used by **all staff who are concerned about a student's fitness to practise**; for professional conduct, behaviour and health reasons. It is a formal record of those concerns and forms the basis of the Fitness to Practise process. The form will trigger an initial investigation into the concerns raised, from which the School FtP Triage Team will determine the most appropriate outcome.

All Staff - please ensure that sections 1-3 are completed as accurately and fully as possible: this form should be completed and submitted electronically to the relevant programme lead or their deputy.

Section 4 is to be completed by the programme leader or their deputy. **Section 5 is to**

be completed by the School FtP Triage team.

The form and any supporting documentation will be held confidentially in line with DMU policy. The student will be informed of any allegations or concerns raised through this process.

Section 1: Student Details – to be completed by initial point of contact

PNumber		Cohort	
Student Surname (Block Capitals)		Student first name	
Programme Title		Declared disability?	Y/N

Section 2: Cause for concern – to be completed by initial point of contact

Concern raised by:	
Role and position:	
Date of raising concern:	

SECTION 3: What is the nature of your concern – please give as much information as possible

Evidence: please submit any evidence you have to support your concern along with this form. Witness statements must be signed and dated.

Please provide a list of the evidence submitted below:

Thank you; please submit this form and associated documents to the relevant programme leader or their deputy as soon as possible.

Section 4: Investigating Officer to complete: please note this should take no longer than 10 working days

Name		Role	
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Date of receipt of CRF	
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Additional evidence gathered: please provide details of any further information obtained in connection with the case including names; connection with the case; dates and details of the evidence eg witness statement, facebook post etc.

Evidence reviewed: please provide commentary of all evidence reviewed

Date student notified of concern	
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Date of initial student interview	
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Details of initial discussion with student:

Is suspension recommended?	Y/N	If Y is suspension from practice only recommended	Y/N
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Insert date of suspension discussion with HoS		Suspension decision	
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Insert date suspension request sent to Student Appeals and Conduct Officer		Insert date of formal suspension	
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Date CRF and associated documents sent to HoS		Date set for Triage meeting	
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Section 5: To be completed by the Triage team	
Date of Triage Meeting:	
Name and Role of Triage members present:	
Is there a case to answer?	Yes/ No/further information required – please provide details below:
Does the case require referral to the Disciplinary team?	Yes / No
Does the case require OH or other health professional advice?	Yes/No
Rationale for decisions made:	
Where Fitness to practise investigation is required, please list the charges:	
Signed and dated:	
Signed and dated:	
Signed and dated:	

All students must be informed in writing of the allegations and decisions made by the Triage team.

If the decision is to refer the student for a Fitness to Practise investigation this form, and any accompanying documentation should be given to the Faculty Fitness to Practise Lead who will commence the procedure.