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Requirements and support for Clinical practice Educators

Clinical Practice Education

A primer (non-student facing)

Table of Contents

[Recruitment and selection of practice educators 2](#_Toc534627781)

[Student Support Whilst on Placement 2](#_Toc534627782)

[Role of the Practice Placement Coordinator 2](#_Toc534627783)

[Role of the Practice Educator 3](#_Toc534627784)

[Role of the Student Liaison Radiographer 4](#_Toc534627785)

[Role of the Radiography Clinical Assessor 4](#_Toc534627786)

[Supervision in Clinical Areas 5](#_Toc534627787)

[Direct supervision 5](#_Toc534627788)

[Indirect supervision 5](#_Toc534627789)

[Guidance on the Responsibilities for Supervisors and Supervisees 6](#_Toc534627790)

[Supervisors 6](#_Toc534627791)

[Qualities required of the supervisor include that they should be: 6](#_Toc534627792)

[Supervisees need to be: 6](#_Toc534627793)

## Recruitment and selection of practice educators

Day to day clinical support for students will be undertaken by all qualified members of the clinical radiography workforce. In order to develop into the role of practice educator.

Clinical assessors should have a clear and demonstrable desire to support student learning and be willing to undertake the necessary additional reading and /or professional development topics, in order to carry out the role successfully.

Many employers link this development to the KSF for progression to AfC band 6 and provide time for the required study to achieve this.

The training requirements will vary according to the individuals own level of experience, the following knowledge and skills must be demonstrable:

1. An understanding of the Requirements of the SoR PEAS learning outcomes
2. What does good practice education look like?
3. Understanding of the criteria for clinical assessment
4. Teaching and learning pedagogy
5. Professional concerns reporting
6. Professional development and student support

Practice educators need to demonstrate excellence in radiographic practice, and be able to relate to students in training, and be able to recognise when students are in difficulty; they need to be able to be empathetic, and at the same time maintain professional boundaries.

## 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 DMU Practice Placement Coordinator
* Practice Educator (Clinical Practice Developer at UHL)
* Student Liaison radiographers
* Clinical Radiography Assessors

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.

Role of the Practice Placement Coordinator

The Practice Placement Co-ordinator has a remit for overseeing all practice placement within the BSc (Hons) Diagnostic Radiography programme and is responsible for ensuring the parity of the students’ clinical education. This is achieved by co-ordinating the following areas across all practice placement sites:

* Overview of practice placement training
* 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 clinical developments.

## Role of the Practice Educator / Assessor

Within each practice placement Trust there is at least one Practice Educator (known as the Clinical Practice Developer at UHL). The Practice Educator overseas practice education within the radiology (imaging) service at their particular NHS Trust (or Private Voluntary Institution). They facilitate practice education and act as an interface between clinical and academic colleagues. The Practice Educator:

* Works closely with the University’s Practice Placement Coordinator 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 Standards of Proficiency)
* 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 site there is at least one named Student Liaison Radiographer. This radiographer acts as a point of contact for any general queries regarding the placement. They will liaise with the Practice Placement Coordinator, the relevant Practice Educator, and members of the Radiography team regarding general placement matters. Their specific responsibilities include:

* 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 harassment or noticeable bullying instances and protect the student

Role of the Clinical Radiography Assessor

At each practice placement site there is at least one named Clinical Radiography Assessor. *This role is to be outlined in an in-house university training course*. Only radiographers who have successfully attended the course may be involved in the summative assessment of students. The specific responsibilities of the Radiography Clinical Assessor include:

* Ensure continuity and progression of learning, carry out analysis of students’ competence at all levels with verbal or written feedback
* Work in close partnership with students and the Practice Placement Coordinator
* Take responsibility to identify any deficiencies which exist in student experience and take the appropriate action to rectify any omission.
* Assist in the organisation, facilitation and supervision of the learning experience.
* Liaise closely with other Radiography 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 Practice Placement Coordinator to ensure early identification of any cause for concern regarding practice placement.
* Critically analyse of their own personal practice. Identify learning needs in fulfilling the responsibilities of the Radiography Assessor and taking appropriate action to ensure that such needs are met.

N.B. the term **‘Placement Educators’** may be used throughout the handbook when referring to Practice Educators, Student Liaison Radiographers and Radiography Clinical Assessors as a whole.

## Supervision in Clinical Areas

Any student who is on practice 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 clinical supervisor is responsible for the actions of the student, and the student is accountable to the supervisor in the day to day activities. As the student grows in competence and confidence, this relationship is expected to develop into a coaching and mentoring relationship rather than a classic supervision model.

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 clinical supervisor 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, for the duration of the examination.

It is recommended that Year 1 students should be under direct supervision throughout their first year, whereas Year 2 and Year 3 students may 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 Supervisors and Supervisees

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 commitment and responsibilities, are outlined below:

### Supervisors

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.

Supervisor Qualities

● Trustworthy

● Honest about own limitations

● Open

● Active listeners

● Supportive

● Facilitative rather than directive

● Analytical

● Committed to giving supervision

● Knowledgeable about radiography practice.

Supervisees

need to be:

● Committed to clinical supervision

● Empowered to select an appropriate supervisor

● Open to suggestions

● committed to put time and thought into the process

● Able to acknowledge clinical supervision as a tool to develop competence

## Indicative course content

‘CPD type’ learning for staff involved in student assessment

1. Requirements of the SoR
   1. Introduction to the PEAS accreditation scheme
2. Learning and teaching theory
   1. Pedagogy
   2. Behaviourist / Humanist
   3. Reflective theory
3. Constructive alignment
   1. Link Prog level learning outcomes to module outcomes
   2. Assessment strategy
4. Teaching the teacher and personal professional development
5. What does good practice education look like?
   1. Discussion
6. Criteria for student assessment and DMU documentation
   1. Assessing competence
   2. When is the student ready?
   3. The paperwork
   4. ‘Failure to fail’
7. Scope, frequency, and content of student conversations
   1. Professional boundaries
   2. Disclosure
   3. Feedback
   4. documentation
8. Application to ‘real-life’ situations – impact and progression
9. Professional concerns and fitness to practice
   1. When to act
   2. How to act