



BSc (Hons) Diagnostic Radiography

Record of Clinical Experience

RCE Year 1



DRAD1008

Level 4

Student Name:

ID Number:

Introducing your Record of Clinical Experience

This Record of Clinical Experience (RCE) provides you with the opportunity to record the clinical imaging examinations that you observe, assist with and undertake independently throughout your Year 1 practice placements. 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 formal technical clinical assessments.

It has been mapped against the technical skills aspect of the Clinical Practice Assessment Document (CPAD) required to complete this module. Once completed it will provide you with a record of the technical imaging experience you have gained as you progress through this academic year.

There are 5 specified areas for technical x-ray imaging assessment in Year 1:

- Upper limb (including shoulder girdle)
- Lower limb
- Chest (thorax)
- Pelvis/Abdomen
- Spine (vertebral column)

Once an imaging examination has been completed you will be expected to state whether this was performed in one of 3 ways; Observed, with assistance or unaided.

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

With assistance This includes examinations that the student either 'participated' in or in which they required 'minimal supervision' (See *Practice Placement Handbook, p41*). 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/prompts from supervising radiographer during the examination.

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

A trigger for your technical skills assessment

It is a recommendation that once you have completed 10 unaided examinations in a particular area that you approach an assessor (either a Student Liaison Radiographer or Practice Educator) to discuss performing the formal technical skills assessment with you for this section. Please remember that you are expected to plan your time with placement and arrange a mutually convenient opportunity to undertake the assessment. Your assessor will select an appropriate examination and patient/environment for you but this will be completed being mindful of the point you are at with your training.

For Practice Placement 1 (DRAD1008) the appropriate level of learning is:

SIMPLE examination, SIMPLE environment or service user (no additional needs required for mobility, support or understanding)

Personal Reflections

Prior to completing each technical skills assessment, you will be required to complete a personal reflection for each of the 5 areas of practice in this log book. You should choose an appropriate reflective model (e.g. Gibbs 1988).

Reflections could include comments about any of the following:

Your Planning and Organisations skills - Did you conduct enough of this in advance? Were there any obstacles? If so, would these be avoidable with improved planning? How could you improve upon this for next time? Do you need to access additional assistance to be successful at this?

The examination itself - How did this go? If it went well, why did it go well? Not so good, how could you alter your practice for next time? How do you think your patient felt? Did they make any comment to you? Would you consider this a successful examination? What would you do differently next time?

Training and development needs

UPPER LIMB (including Shoulder Girdle):

- Hand / Fingers / Thumb
- Humerus
- Clavicle
- Wrist / Scaphoid
- Shoulder
- Scapula
- Forearm (Radius & Ulna)
- Glenohumeral Joint
- Sternoclavicular Joints
- Elbow
- Acromioclavicular Joint

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
1							
2							
3							
4							
5							
6							
7							
8							

UPPER LIMB Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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UPPER LIMB Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PERSONAL REFLECTION

UPPER LIMB

(Using an appropriate reflective model, please reflect on your clinical experience of performing upper limb radiographic examinations)

Date:

Student Signature:

LOWER LIMB:

- Foot / Toes
- Tibia and Fibula
- Ankle Joint
- Knee Joint
- Calcaneum
- Femur
- Subtalar Joints

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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LOWER LIMB Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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LOWER LIMB Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PERSONAL REFLECTION

LOWER LIMB

(Using an appropriate reflective model, please reflect on your clinical experience of performing upper limb radiographic examinations)

Blank area for personal reflection.

Date:

Student Signature:

CHEST (THORAX):

- Chest PA / AP / Lateral
- Trachea (Thoracic Inlet)
- Ribs
- Sternum

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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CHEST Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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CHEST Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PERSONAL REFLECTION

CHEST (THORAX)

(Using an appropriate reflective model, please reflect on your clinical experience of performing upper limb radiographic examinations)

Blank area for personal reflection.

Date:

Student Signature:

PELVIS & ABDOMEN:

- Hip Joint
- Sacro-iliac Joints PA / AP
- Acetabulum
- Abdomen (& Pelvic Cavity)
- Pelvis
- Kidney, Ureter & Bladder
- Symphysis Pubis

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PELVIS & ABDOMEN Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PELVIS & ABDOMEN Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PERSONAL REFLECTION

CHEST (THORAX)

(Using an appropriate reflective model, please reflect on your clinical experience of performing upper limb radiographic examinations)

Empty space for personal reflection.

Date:

Student Signature:

SPINE (Vertebral Column):

- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Sacrum

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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SPINE Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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SPINE Cont'd:

	EXAMINATION TYPE	PROJECTIONS	DATE	S NUMBER	OBSERVED / ASSISTED / UNAIDED	COMMENTS	RADIOGRAPHER SIGNATURE
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PERSONAL REFLECTION

SPINE (Vertebral Column)

(Using an appropriate reflective model, please reflect on your clinical experience of performing upper limb radiographic examinations)





Blank area for personal reflection.

Date:












Student Signature:

Record of Learning and Development needs












(Please photocopy as required and add in to the record)

Date and shift times 	Description of shift - experiences, skill and learning Points  	SOP Covered	Comments – including areas for development and Signature –Practice Educator 



Developmental Action Plan

<p>On Placement?</p> 		<p>In Simulation?</p> 		<p>Threshold Level Required:</p> 		<p>Date Action Plan → Commenced:</p> 	
<p>Which elements are included within this element?</p>	<p>The student should be able to:</p>						
<p>Area of Development:</p>	<p>Knowledge <input type="checkbox"/></p>		<p>Practical <input type="checkbox"/></p>		<p>Personal & Professional <input type="checkbox"/></p>		
<p>Action Plan</p>	<p>Specific Goals</p> 						
	<p>How will this be measured?</p> 						
	<p>Is this goal achievable?</p> 						
	<p>Is this goal realistic?</p> 						
	<p>When will this be reviewed and reassessed?</p> 						
<p>Assessment Level Grade</p>	<p><input type="checkbox"/> Observational Level Practice <input type="checkbox"/> Participation Level Practice <input type="checkbox"/> Minimal Supervision Level Practice <input type="checkbox"/> Independent Level Practice</p>			<p><input type="checkbox"/> Development Action Plan Reviewed and Passed? <input type="checkbox"/> Development Action Plan Reviewed and Failed?</p>			
<p>PEd Signature / Date</p>				<p>Student Signature / Date</p>			

Developmental Action Plan

<p>On Placement?</p> 		<p>In Simulation?</p> 		<p>Threshold Level Required:</p> 		<p>Date Action Plan → Commenced:</p> 	
<p>Which elements are included within this element?</p>	<p>The student should be able to:</p>						
<p>Area of Development:</p>	<p>Knowledge <input type="checkbox"/></p>		<p>Practical <input type="checkbox"/></p>		<p>Personal & Professional <input type="checkbox"/></p>		
<p>Action Plan</p>	<p>Specific Goals</p> 						
	<p>How will this be measured?</p> 						
	<p>Is this goal achievable?</p> 						
	<p>Is this goal realistic?</p> 						
	<p>When will this be reviewed and reassessed?</p> 						
<p>Assessment Level Grade</p>	<p><input type="checkbox"/> Observational Level Practice <input type="checkbox"/> Participation Level Practice <input type="checkbox"/> Minimal Supervision Level Practice <input type="checkbox"/> Independent Level Practice</p>			<p><input type="checkbox"/> Development Action Plan Reviewed and Passed? <input type="checkbox"/> Development Action Plan Reviewed and Failed?</p>			
<p>PEd Signature / Date</p>				<p>Student Signature / Date</p>			

Record of Meetings / Tutorials

<p>Date</p> 	<p>Content of Discussion</p> 	<p>Signatures – Student & Practice Educator</p> 