

**BSc (Hons) Diagnostic Radiography**

**Clinical Assessment Scheme**

**Sept 2021-2022**

**Year 2**

**Clinical Assessment Scheme for Year 2**

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* 2 x MSK radiography using adapted technique
* abdomen (patient from a trolley or bed)
* 2 x mobile
* facial bones/ OPT
* 2 x theatre
* Computed Tomography
* 1 additional observation of a paediatric patient
* 1 additional observation of the student's choice to be agreed by CLO/VL.

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**Section 1**

1.1 Induction

1.2 Yearly Calendar

1.3 General Information

**1.1 Clinical Placement Induction.(ONLY COMPLETE IF YOU HAVE CHANGED DEPARTMENTS)**

This brief induction is to help you settle in on your first clinical placement block of year 2. The Clinical Liaison Team (CLT) within your department will arrange talks and presentations to cover these items. Completion of this worksheet is essential during your first clinical block.

The CLT members will explain exactly what is expected of you as a radiography student, in the imaging department and elsewhere in the hospital, as it may vary to where you were placed in the first year of the course.

**FORMAL**

YOU **MUST SIGN BELOW** TO DECLARE THAT YOU EITHER UNDERSTAND, HAVE READ OR HAVE BEEN SHOWN THE FOLLOWING; YOUR SUPERVISING RADIOGRAPHER MUST ALSO COUNTER SIGN

|  |  |  |
| --- | --- | --- |
|  | **STUDENT'S SIGNATURE** | **RADIOGRAPHER'S SIGNATURE** |
| LOCAL RULES |  |  |
| COSHH FILE |  |  |
| FIRE PROCEDURE |  |  |
| REPORTING ACCIDENT/INCIDENT PROCEDURE |  |  |

**THE TABLE ABOVE MUST BE SIGNED BEFORE YOU FINISH YOUR FIRST PLACEMENT IT IS YOUR RESPONSIBILITY TO ENSURE THIS SECTION IS COMPLETED.**

**Other Important Information you need to know about**

|  |  |  |
| --- | --- | --- |
| **Emergency and other procedures** | **Brief details of procedure to be followed** | **Phone number if required as part of procedure** |
| CRASH TEAM |  |  |
| RESUSCITATION PROCEDURES |  |  |
| PERSONAL SECURITY |  |  |
| BLEEP SOMEONE |  |  |
| ANY OTHERS? |  |  |

**Tick of each item as you cover it and be prepared to discuss them with your Visiting Lecturer**

|  |  |
| --- | --- |
| **Location of emergency equipment** | ***Please tick below when completed*** |
| oxygen cylinders |  |
| suction equipment |  |
| resuscitation trolley |  |
| fire extinguishers |  |
| **List others you are aware of below** | |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Be prepared to give directions and describe the location of the following areas within the hospital;**

wards and/or ward blocks

operating theatres

staff and patient restaurants

Outpatient departments

A&E department

A&E trolley area

Mobile x-ray equipment

archived radiographs store

library

shops

staff accommodation

surgical appliances unit

plaster room

blood laboratories

ECG

Medical Physics

Physiotherapy

Porters’ lodge/Security Office

HR department

Occupational Therapy

**And within the imaging department**

patient reception area/s

X-ray and other imaging rooms

processors and viewing areas

the waiting areas

laundry room and dirty laundry skips

patient and staff toilets

general store room/s

fire exits and fire fighting equipment

sluice area

patient and staff changing areas

student and staff rest room/s

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.2** **Undergraduate Academic Calendar 2020/21**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Week No.** | **Week Beginning** | | **Y1**  **Level 4** | **Y2**  **Level 5** | **Y3**  **Level 6** | **NOTES** | | | 8 | 13-Sep | |  |  | **A** | Induction L6 - module introductions | | | 9 | 20-Sep | |  | **A (ICC)** | **A (ICC)** | Enrolment L4/Re-enrolment L5/6 | | | 10 | 27-Sep | | **A** | **A** | **C** | Induction L4 & L5 | | | 11 | 04-Oct | | **A** | **C** | **C** |  | | | 12 | 11-Oct | | **A** | **C** | **A** |  | | | 13 | 18-Oct | | **A** | **C** | **A** |  | | | 14 | 25-Oct | | **A** | **C** | **C** |  | | | 15 | 01-Nov | | **A** | **A** | **C** |  | | | 16 | 08-Nov | | **A** | **A** | **C** |  | | | 17 | 15-Nov | | **A** | **C** | **A** |  | | | 18 | 22-Nov | | **A** | **C** | **A** |  | | | 19 | 29-Nov | | **A** | **C** | **C** |  | | | 20 | 06-Dec | | **A** | **C** | **C** |  | | | 21 | 13-Dec | | **A** | **C** | **C** |  | | | 22 | 20-Dec | | **V** | **V** | **V** | **Christmas Vacation** | | | 23\* | 27-Dec | | **V** | **V** | **V** | | 24 | 03-Jan | | **A** | **C** | **C** |  | | | 25 | 10-Jan | | **A** | **C** | **C** |  | | | 26 | 17-Jan | | **C** | **A** | **C** |  | | 27 | 24-Jan | | **C** | **A** | **C** |  | | 28 | 31-Jan | | **C** | **A** | **C** |  | | | 29 | 07-Feb | | **C** | **C** | **A** |  | | | 30 | 14-Feb | | **C** | **C** | **A** |  | | | 31 | 21-Feb | | **A** | **C** | **A** |  | | | 32 | 28-Feb | | **A** | **C** | **A** |  | | | 33 | 07-Mar | | **C** | **C** | **A** |  | | | 34 | 14-Mar | | **C** | **C** | **A** |  | | | 35 | 21-Mar | | **C** | **A** | **C** |  | | | 36 | 28-Mar | | **C** | **A** | **C** |  | | | 37 | 04-Apr | | **C** | **A** | **C** |  | | | 38 | 11-Apr | | **V** | **V** | **V** | **Easter Vacation** | | | 39 | 18-Apr | | **V** | **V** | **V** | | 40 | 25-Apr | | **C** | **C** | **A** |  | | | 41\* | 02-May | | **C** | **C** | **A** |  | | | 42 | 9-May | | **C** | **C** | **A** |  | | | 43 | 16-May | | **C** | **A** | **C** |  | | | 44 | 23-May | | **C** | **A** | **C** | End of this week is the earliest possible placement completion for 3rd years - **IF ALL criteria from Section 8 of CAS workbook have been met** | | | 45\* | 30-May | | **C** | **C** | **C/V/E** | **C/V/E WEEKS** - used by those at dual cohort sites or those with outstanding time to make up. You can finish during this period ONLY if ALL hours are completed and CLO/VL authorises and confirms you have met all your competencies - 24th June (TBC) 3rd year CAS Uni Submission deadline for ALL 3rd years | | | 46 | 06-Jun | | **C** | **C** | **C/V/E** | | 47 | 13-Jun | | **C** | **C** | **C/V/E** | | 48 | 20-Jun | | **C** | **C** | **C/V/E** | | 49 | 27-Jun | | **C** | **C** | **R** | End of this week is the earliest possible placement completion for 1st & 2nd years - **IF ALL criteria from Section 8 of CAS workbook have been met** | | | 50 | 04-Jul | | **V/C/D** | **V/C/D** | **R** | **V/C/D WEEKS** - used by those at dual cohort sites or those with outstanding time to make up. You can finish during this period ONLY if ALL hours are completed and your CLO/VL authorises and confirms you can progress to the next year - 28th July (TBC) 1st & 2nd year CAS Uni Submission deadline for ALL 1st & 2nd years | | | 51 | 11-Jul | | **V/C/D** | **V/C/D** | **R** | | 52 | 18-Jul | | **V/C/D** | **V/C/D** | **R** | | 53 | 25-Jul | | **V/C/D** | **V/C/D** |  | | 1 | 01-Aug | | **R** | **R** | **R** | **R WEEKS**  **Additional Recovery weeks for loss of placement hours if required** | | | 2 | 08-Aug | | **R** | **R** | **R** | | 3 | 15-Aug | | **R** | **R** | **R** | | 4 | 23-Aug | | **R** | **R** | **R** | | 5\* | 30-Aug | | **R** | **R** | **R** | | 6 | 06-Sep | | **R** | **R** | **R** | | 7 | 13-Sep | | **R** | **R** | **R** | |  |  | |  |  |  |  | | | \* UK Bank Holidays and additional University closures:  **Week 6 - 30 and 31 Aug 2021**  **Week 23 - 27 to 31 December 2021**  **Week 41 - 2 May 2022**  **Week 45 - 30 and 31 May 2022** | | | | | | | | | **C** | | Clinical week for ALL students | | | | | | | **V/C/D** | | Vacation/Clinical/Dual cohort (Clinical for students at the dual cohort sites OR those who need to make up any outstanding time) | | | | | | | **C/V/E** | | CAS scheme last week if all hours are completed Electives optional, no elective if outstanding hours | | | | | | | **A** | | Study and revision weeks | | | | | | | **A** | | Academic week - ONLINE OR FACE 2 FACE | | | | | | | **A** | | IPE Academic week | | | | | | | **V** | | Vacation | | | | | | |

**1.3 General Information**

**What areas should you concentrate on this year?**

We do not want to be too restrictive with your clinical learning. The attached list is designed to give you an idea of some of the topics we think are appropriate at this stage of your training. Some of the topics will also be studied in class. You also need to be flexible, as there may be other areas the CLOs or VLs think you will gain the most benefit.

* Chest, Abdomen, axial and appendicular radiography with more complex cases using adapted techniques
* Imaging of the Gastro-Intestinal system
* Imaging of the Genito-Urinary system
* Imaging of the Circulatory and respiratory
* Imaging of skull, facial bones and dental radiography (including X-ray examinations)
* Imaging of the reproductive system
* Fluoroscopic equipment
* Mobile fluoroscopic equipment

1. Computed Tomography
2. Magnetic Resonance Imaging
3. RNI
4. Ultrasound (focused around urinary, reproductive and digestive systems)
5. Departmental I.T.
6. Image digitisation, distribution and storage

* Digital manipulation techniques used in CT, MRI, Ultrasound, digital fluoroscopy.
* Diagnosis by numbers, E.G. regions of interest measurements and other graphical and numerical data.

**Section 2**

**Attendance**

You are on an HCPC approved course and part of the validation of this course is based on an appropriate amount of clinical experience. This is not the same as being employed, it is about an appropriate amount of time in order to pass the requirements of the course. As such we expect 100% attendance in order to gain an appropriate range of clinical experience and competence.

**Expectations:**

* Students are expected to aim for 100% attendance at all times.
* Any absence must be reported following the clinical placement site procedure during your placement weeks.
* Students are expected to provide Medical Certificates in support of any absence over 5 working days.
* Persistent non-attendance may indicate that the student is professionally unsuitable and ineligible to continue on the course.

**IF YOU ARE ABSENT, ILL OR LATE FOR ANY REASON (before your shift starts) YOU MUST:**

1. **CONTACT YOUR PLACEMENT SITE**
2. **CONTACT THE UNIVERSITY PLACEMENT ABSENSE LINE**

**Student attendance is recorded and monitored during clinical placement as follows:**

**1) Clinical Attendance Records** within this Clinical Assessment Book.

**2) Electronic Attendance Sheet**s the process is outlined on the Radiographic Practice 3 Blackboard site (*Please note; that travel and accommodation expenses will not be considered unless your electronic attendance sheets have been submitted).*

**3) Clinical Placement Site Records**

Each clinical placement site will keep their own records of your attendance.

**IT IS YOUR RESPONSIBILITY TO ENSURE YOUR ATTENDANCE IS RECORDED CORRECTLY.**

**Student attendance and absence management processes:**

**Attendance is also monitored to help indicate professional suitability:**

* Firstly; employers in the health service and in the private sector ask for the number of days absent a potential employee has had during the previous two years. This is a standard requirement of the application process you will go through when trying to secure employment as a Radiographer at the end of the course.
* Secondly; the University has a contractual responsibility to monitor student attendance to identify patterns of absence.

The course team review attendance as part of the RAG meetings where each student is considered across many aspects of the course. Absence monitoring, the number of absences and any emerging patterns of non-attendance are one of the main foci of the RAG meetings. Records of all absences are kept on a master spreadsheet for all student activity.

* Any unexplained absences or patterns in both academic and clinical are investigated.
* Missed attendance on clinical placement will, wherever practicable, be retrieved during vacation weeks, or during student private study time, at the discretion of the course leader and in consultation with the CLO. Following this a local plan for missed clinical attendance will be put in place by the relevant Visiting Lecturer and Clinical Liaison Officer for a particular site.

**Your attendance and adherence to following absence procedures are both graded as PASS OR FAIL elements of this Clinical Assessment Scheme Workbook**

**Attendance Sheet**

**To be initialled by a supervising radiographer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Week | Date W/C | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |

**Note dates and reasons for absences below**

|  |  |
| --- | --- |
| Date | Reason for absence |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I declare this is a true record of dates of attendance and reasons for absence.

Signed: ………………………………… Date: / /

**Section 3**

**Record of examinations/activity**

|  |  |  |
| --- | --- | --- |
| **MSK (requiring adapted techniques)** | | |
| Case Number | Date | Relevant Examination History |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
|  | | |
| **Mobiles** | | |
| Case Number | Date | Relevant Examination History |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

|  |  |  |
| --- | --- | --- |
| **Facial bones** | | |
| Case Number | Date | Relevant Examination History |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
|  | | |
| **Theatre** | | |
| Case Number | Date | Relevant Examination History |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

|  |  |  |
| --- | --- | --- |
| **Abdomen** | | |
| Case Number | Date | Relevant Examination History |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

|  |  |  |
| --- | --- | --- |
| **CT** | | |
| Case Number | Date | Relevant Examination History |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

***This is a true record of my placement activity:***

***Signed (student):……………………………………………………….***

***Date: ……………………………………………***

**Section 4**

**Professionalism and Feedback**

**4.1 Professional Suitability Assessment**

**4.2 Guidance on providing feedback to students**

**4.3 Weekly OR Daily Feedback Forms**

**Professional Suitability.**

In order for you to become a future health care professional it is important you conduct yourself in an appropriate manner. As such the two areas outlined below will form key elements of the assessment of your clinical practice.

Both your **Professional Behaviour** and **Health &** **Safety** will be assessed as part of your clinical practice and form an integral part of this Clinical Assessment Workbook.

* **Both these areas are** **graded as PASS OR FAIL** at the end of year assessment
* They are weighted so that **a fail in either area will result in a failure of the placement** as a whole.
* Where a student does not meet the required standard in these areas then this is an academic fail of the placement in the first instance.
* If your behaviour is sufficiently serious we can refer you to the professional issues team.

**Professional Behaviour will include (but not restricted to) the following elements:**

* Attendance
* Appearance
* Time keeping
* Absence reporting
* Maintaining confidentiality
* Responding to feedback in a constructive manner
* Honesty & integrity
* Respects the views of individuals, adhering to equality and diversity procedures
* Refraining from using social media unless authorised by relevant placement personnel

**Health & Safety will include (but not restricted to) the following elements:**

* Ability to adhere to local organisational policies
* Safe use of equipment
* Compliance with Radiation Monitoring Processes and Radiation Protection Procedures.
* Practices within scope of professional practice, with awareness of own limitations, seeking assistance in an appropriate manner
* Takes necessary measures to ensure the health & safety of staff, patients and self
* Reports and records health & safety incidents appropriately

You will be assessed on a regular basis through your weekly reviews. Students who are falling short in either Professional Behaviour or Health & Safety areas will be informed by the CLOs and VLs as part your placement review meetings. An action plan to retrieve the situation will be put in place.

**If on review there is no change in your performance then a fail grade will be awarded.**

**Feedback to the Student**

**Some Guidance on Feedback**

Providing feedback is vital if students are to gain an accurate impression of their performance, in order to assess and measure their progress against their own learning objectives.

**Objectives of giving feedback**

* Feedback must be given with the intention of helping the student
* Providing feedback and disciplining are not the same thing
* Feedback is most effective if given immediately or soon after the event
* It should be a 2 way process between you and the student otherwise it runs the risk of being negative and judgmental
* Feedback should be offered in private or in such a way as to maintain the student’s integrity
* Feedback should focus on a behaviour that can be changed
* Giving constructive feedback requires honesty
* Negative feedback can also be constructive
* Poor feedback is worse that none at all.

**Before Giving Feedback**

* Consider its value to the student
* Think about what you are going to say
* Focus on priorities – don’t overload the student with too much feedback at a time.

**When Giving Feedback**

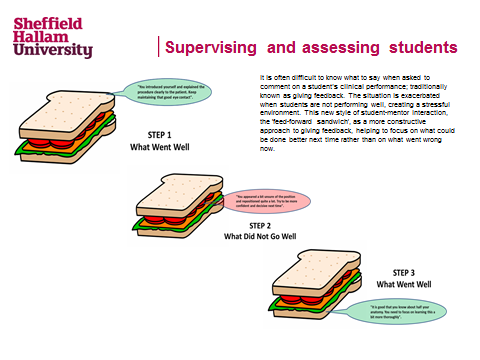
* Be clear and specific and ensure that the student understands what you are saying
* Start with something positive – any negative comment which follows is more likely to be received well
* Offer feedback only on behaviour that has been observed
* Offer a description of what you saw rather than passing a judgement.
* Ask questions rather than making statements i.e. how else could you have handled that situation?
* Look for alternatives and leave the student with choices
* Allow the student to accept or reject the feedback

**After Giving Feedback**

* Things may not change – the decision to act is made by the student
* There is always a chance that negative feedback will offend. However, it may stop inappropriate behaviour and avoid future confrontation.

**The Feedback Sandwich – A useful technique that should help you provide effective feedback**

* *START POSITIVE*
* *BE SPECIFIC*
* *REFER TO BEHAVIOUR THAT CAN BE CHANGED*
* *DRAW OUT OR OFFER ALTERNATIVES*
* *OWN THE FEEDBACK*
* *LEAVE CHOICES TO ENABLE LEARNING AND GROWTH!*



**Some Examples of Comments from Supervisors Guidance.**

Students gain most from specific feedback. Below are some examples. Please try to balance comments about what went well for the student today and areas that require further development.

*I saw X perform several examinations of the X, she/he is very competent at these.*

*X appears to be lacking in confidence when performing X. He/She positioned the patient several times before obtaining the correct projection.*

*X demonstrated excellent communication skills with the patient by speaking clearly/having good eye contact.*

*X needs to try to speak up a bit; the patients appear to have difficulty understanding what is required of them.*

*I went through some images of X today and was impressed by Xs knowledge of anatomy/pathology in this area.*

*I went through some images of X today and X did not appear to know the anatomy of this area.*

*X has worked well as a team member today by helping out when required e.g. by passing cassettes/getting the patients changed.*

*X needs to try and be a bit more proactive and anticipating what needs doing/ asking if they can help rather than waiting to be asked.*

*X has excellent time management and works quickly and efficiently.*

*I noticed that X did not arrive in the department on time and was late back from breaks.*

**The Feedback Forms**

**Guidance:**

* If a student is placed in a department or work area with the same supervisor for the majority of a particular week, then it makes sense to provide feedback at the end of that week.
* If the student is being supervised by a variety of staff during a particular week, then it might be more useful to provide brief feedback on a daily basis.
* A student does not need to complete a weekly/daily feedback sheet for weeks when they are placed in one of the Alternate Modalities (in Section 5b), as there is a feedback section on the Alternate Modalities paperwork
* You only need to complete these forms until your hand-in date

**YOU ONLY NEED TO COMPLETE ONE OF THE FORMS EITHER: DAILY, WEEKLY OR THE ONE INCLUDED ON THE ALTERNATE MODALITIES** (If you are unsure then please discuss with your VL and/or CLO who will be able to advise you)

 **Initial comments from your CLO for the first**

**3 week block, which includes your induction**

**From 9th to 27th September 2019**

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |
| Professional Behaviour |  |  |  |  |  |
| Health and Safety |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Daily Comments from Supervisors**

**Week Commencing:………………………**

**Day 1:**

***Signature***

**Day 2:**

***Signature***

**Day 3:**

***Signature***

**Day 4:**

***Signature***

This form must be completed with a comment and signed by a qualified member of staff that you have worked with each day. If there is no feedback you cannot complete your Clinical Assessment Scheme. If any days are incomplete please note the reason why e.g. off sick.

**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |
| Professional Behaviour |  |  |  |  |  |
| Health and Safety |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Section 5**

**Structured Observations - Year 2**

**Section 5a** - **Structured Observations**

* **Guidance Notes**
* MSK 1 (radiography using adapted technique)
* MSK 2 (radiography using adapted technique)
* Abdomen (patient from a trolley or bed)
* Mobile 1
* Mobile 2 (different ward/environment)
* Theatre 1
* Theatre 2 (different procedure)
* Facial Bones/ OPT
* Computed Tomography
* Paediatric examination (student's choice to be agreed by CLO/VL).
* Additional Observation (student's choice to be agreed by CLO/VL).
* RESIT assessment forms (3 extra forms have been added in case you fail a clinical assessment)

**Section 5b -** **Alternate Modalities**



**The Northern Counties Diagnostic Radiography Assessment Group BSc(Hons) Diagnostic Radiography   CLINICAL ASSESSMENT OF PRACTICE - Guidance notes**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures.**

**Supervisor’s comments:**

**Clear explanation of above expected level and unsatisfactory practice should be given here.**

**Advice should be given on how students can improve practice.**

**These guidelines are applied using the radiographer’s professional judgement on what is safe and proficient practice.**

* **This judgement should take account of the stage of training of the student.**
* **It is to be expected that proficiency and terminology will develop over the course.**  **This should be reflected in expectations of the student.**
* **For the purpose of this form it is assumed that department protocols can be mapped to current legislation and professional guidance.**
* **These notes are for guidance only and any concerns should be clearly documented in the comments section if any section is marked as unsatisfactory.**
* **For a summative assessment, any unsatisfactory outcomes will result in a further formal review of the students overall clinical performance.The outcome of this review may result in failure of the clinical assessment.**

|  |  |
| --- | --- |
| **PREPARATION** | **Guidance** |
| Correctly evaluated and interpreted the clinical information on imaging requests |  |
| Demonstrated an understanding of the process for justification |  |
| Proficiently and safely prepared the equipment and self | This includes room, equipment, exposure factors, accessories, image receptor |
| Correctly checked patient identification \* | According to department protocols |
| Introduced self and explained procedure and appropriately prepared the patient | Including declaration that  “I am a student under supervision……” |
| Checked pregnancy status with patient as appropriate \* | According to department protocols |
| Demonstrated an understanding of departmental protocols | Student is able to defend rationale if questioned. |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. | This could include ANY potential hazards; COSHH; RIDDOR; conflict management; incident and accident reporting; Health and Safety at work act; etc. where applicable |

|  |  |
| --- | --- |
| **RADIOGRAPHIC PROCEDURES** | **Guidance** |
| Applied departmental radiographic examination protocols |  |
| Effectively communicated with the patient and addressed their physical and emotional needs |  |
| Correctly positioned the patient and equipment  for radiographic examinations |  |
| Correctly selected exposure factors and recorded doses |  |
| Applied radiation protection measures for each examination | According to department protocols |
| Used equipment and accessories safely and proficiently |  |
| Considered the safety of patients and colleagues |  |
| Correctly applied identification to and processed the image |  |

|  |  |
| --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Guidance** |
| Technically evaluated the images according to set criteria | 12 point checklist |
| Correctly identified radiographic anatomy |  |
| Effectively managed the patients images /data/records |  |
| Effectively managed the patient post examination | Patient is referred with correct instructions, eg transport arranged |
| Effectively managed the equipment post examination |  |

|  |  |
| --- | --- |
| **PROFESSIONALISM** | **Guidance** |
| Consistently acted in a professional manner in accordance with ethical, professional codes of conduct & legislation | This includes appearance, timekeeping and attitude |
| Effectively interacted with radiographic & health care colleagues |  |
| Recognised their own limitations, sought & acted upon advice when necessary | This starts at the request card and demonstration of understanding of basic terminology. |
| Demonstrated initiative in supporting the radiographer |  |



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area:** MSK 1 (using adapted technique)

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |

|  |  |  |
| --- | --- | --- |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area:** MSK 2 (using adapted technique)

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |

|  |  |  |
| --- | --- | --- |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Abdomen**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |

|  |  |  |
| --- | --- | --- |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Mobile 1**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |

|  |  |  |
| --- | --- | --- |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Mobile 2 (different ward/environment)**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Facial Bones / OPG / Lateral Ceph**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Theatre 1**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Theatre 2 (different procedure)**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: Computed Tomography**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Additional Examination - paediatric patient: ……………………………**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

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| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Additional Examination Area: …………………………………..**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**RESIT - Examination Area: ……………………………..**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**RESIT - Examination Area: ……………………………..**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

|  |
| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**The Northern Counties Diagnostic Radiography Assessment Group**

**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**RESIT - Examination Area: ……………………………..**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**This assessment should be completed by the supervising radiographer(s) in order to evaluate the safe and proficient practice of students whilst undertaking a range of radiographic procedures (see guidance notes).**

**Range of examination assessed: Non ambulant/paediatric/elderly & infirm/individual needs/extra-departmental**

**Supervisor’s comments:**

**1st attempt / 2nd attempt   Pass / fail**

**If an objective is not measurable please mark as N/A**

**The student has:**

|  |  |  |
| --- | --- | --- |
| **PREPARATION** | Yes | No |
| Correctly evaluated and interpreted the clinical information on imaging requests & applied the process for justification |  |  |
| Proficiently and safely prepared the equipment and self |  |  |
| Correctly checked patient identification \* |  |  |
| Introduced self and explained the procedure and appropriately prepared the patient & carer |  |  |
| Checked pregnancy status with patient as appropriate and applied rule \* |  |  |
| Applied departmental & hospital protocols |  |  |
| Recognised potential hazards and taken appropriate action e.g. manual handling, infection control. |  |  |
| **RADIOGRAPHIC PROCEDURES** | **Yes** | **No** |
| Applied departmental radiographic examination protocols |  |  |
| Effectively communicated with the patient and carer and addressed their physical and emotional needs |  |  |
| Effectively communicated with the health care team |  |  |
| Correctly positioned the patient and equipment for radiographic examinations and adapted technique when necessary |  |  |
| Correctly selected exposure factors and recorded doses (patient & carer) |  |  |
| Applied radiation protection measures for each examination |  |  |
| Used equipment and accessories safely & effectively \* |  | **\*** |
| Considered the safety of patients, carers and colleagues |  |  |
| Correctly applied identification to and processed the image\* |  | **\*** |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT POST EXAMINATION** | **Yes** | **No** |
| Critically evaluated radiographs according to set criteria & take appropriate action |  |  |
| Correctly identified radiographic anatomy & abnormalities |  |  |
| Effectively managed the patients images /data/records |  |  |
| Effectively managed the patient post examination |  |  |
| Effectively managed the equipment and accessories post examination |  |  |

|  |  |  |
| --- | --- | --- |
| **PROFESSIONALISM** | **Yes** | **No** |
| Acted in a professional manner in accordance with ethical, professional codes of conduct & legislation |  |  |
| Effectively interacted with radiographic & health care colleagues |  |  |
| Recognised their own limitations, sought & acted upon advice when necessary |  |  |
| Demonstrated initiative during examinations and in supporting the radiographer |  |  |
| Demonstrated the ability to plan and organise the examination |  |  |

\*Automatic fail

**Additional feedback**

Please specify areas where the student is very strong

Please specify areas that would benefit from further development

**Supervisors signature: ……………………………………………….**

**Student signature: ………………………………………………**

**Student Reflection on this examination area**

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| --- |
| **STUDENT** |
| *What have I learnt?* |
| *What do I need to do to improve?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: …………………………………**



**Section 5b**

**Alternative Imaging Modalities**

**Clinical Experience**

During the course of your second year you will be required to experience alternative imaging modalities, these include; **Fluoroscopy, Magnetic Resonance Imaging (MRI), Computed Tomography (CT) and Ultrasound**….the list is not exclusive and you may get the opportunity to see other areas of practice.

**There are four sections for documenting this experience:**

* **Preparation**
* **Log of Examinations observed**
* **Feedback from supervising staff members**
* **Reflection on the experience**

**You will need documented evidence of your experience in order to pass the Clinical Practice module.**

**A minimum of 4 areas need to be documented**



**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: ……………………………………………………………...**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**Preparation: Self Assessment**

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| **Tick the appropriate column:**  ***If there are any ticks in the No column please undertake some background reading in preparation for your experience*** | **Yes** | **No** |
| I have knowledge of how the images are produced |  |  |
| I am aware of any special safety precautions for the modality |  |  |
| I am aware of the role of contrast media used to enhance the images |  |  |
| I have basic knowledge of how to interpret the images |  |  |

**Log of Examinations Observed**

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**Feedback from Supervising Staff Members**

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| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Date: ………………………….**

**Student Signature: …………………………………………………………**

**Reflection on Experience**

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| --- |
| **STUDENT** |
| *What is my aim (what do I need to/want to learn)?* |
| *What did I learn?* |
| *What would I like to target for further development?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: ……………………………………**



**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: ……………………………………………………………...**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**Preparation: Self Assessment**

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| **Tick the appropriate column:**  ***If there are any ticks in the No column please undertake some background reading in preparation for your experience*** | **Yes** | **No** |
| I have knowledge of how the images are produced |  |  |
| I am aware of any special safety precautions for the modality |  |  |
| I am aware of the role of contrast media used to enhance the images |  |  |
| I have basic knowledge of how to interpret the images |  |  |

**Log of Examinations Observed**

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**Feedback from Supervising Staff Members**

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| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Date: ………………………….**

**Student Signature: …………………………………………………………**

**Reflection on Experience**

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| --- |
| **STUDENT** |
| *What is my aim (what do I need to/want to learn)?* |
| *What did I learn?* |
| *What would I like to target for further development?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: ……………………………………**



**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: ……………………………………………………………...**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**Preparation: Self Assessment**

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| **Tick the appropriate column:**  ***If there are any ticks in the No column please undertake some background reading in preparation for your experience*** | **Yes** | **No** |
| I have knowledge of how the images are produced |  |  |
| I am aware of any special safety precautions for the modality |  |  |
| I am aware of the role of contrast media used to enhance the images |  |  |
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**Log of Examinations Observed**

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**Feedback from Supervising Staff Members**

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| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Date: ………………………….**

**Student Signature: …………………………………………………………**

**Reflection on Experience**

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| --- |
| **STUDENT** |
| *What is my aim (what do I need to/want to learn)?* |
| *What did I learn?* |
| *What would I like to target for further development?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: ……………………………………**



**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: ……………………………………………………………...**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**Preparation: Self Assessment**

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| **Tick the appropriate column:**  ***If there are any ticks in the No column please undertake some background reading in preparation for your experience*** | **Yes** | **No** |
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| I am aware of any special safety precautions for the modality |  |  |
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**Log of Examinations Observed**

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**Feedback from Supervising Staff Members**

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| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Date: ………………………….**

**Student Signature: …………………………………………………………**

**Reflection on Experience**

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| --- |
| **STUDENT** |
| *What is my aim (what do I need to/want to learn)?* |
| *What did I learn?* |
| *What would I like to target for further development?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: ……………………………………**



**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: ……………………………………………………………...**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**Preparation: Self Assessment**

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| **Tick the appropriate column:**  ***If there are any ticks in the No column please undertake some background reading in preparation for your experience*** | **Yes** | **No** |
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| I am aware of any special safety precautions for the modality |  |  |
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**Log of Examinations Observed**

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**Feedback from Supervising Staff Members**

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| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Date: ………………………….**

**Student Signature: …………………………………………………………**

**Reflection on Experience**

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| --- |
| **STUDENT** |
| *What is my aim (what do I need to/want to learn)?* |
| *What did I learn?* |
| *What would I like to target for further development?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: ……………………………………**



**BSc(Hons) Diagnostic Radiography**

**SECOND  YEAR  CLINICAL ASSESSMENT OF PRACTICE**

**Examination Area: ……………………………………………………………...**

**Students name: …………………………………………….……………………**

**Supervisors name: …………………………………….…………………….….**

**Date(s) of assessment: …………………………………….………………..…**

**Preparation: Self Assessment**

|  |  |  |
| --- | --- | --- |
| **Tick the appropriate column:**  ***If there are any ticks in the No column please undertake some background reading in preparation for your experience*** | **Yes** | **No** |
| I have knowledge of how the images are produced |  |  |
| I am aware of any special safety precautions for the modality |  |  |
| I am aware of the role of contrast media used to enhance the images |  |  |
| I have basic knowledge of how to interpret the images |  |  |

**Log of Examinations Observed**

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**Feedback from Supervising Staff Members**

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| --- | --- | --- | --- | --- | --- |
| **Radiographer name: Date:** | | | | | |
| Please specify areas of practice where the student demonstrates particular strengths | | | | | |
| Please specify areas that would benefit from further development | | | | | |
| ***How well do you think the student performs in the following areas?*** | **poor** | **ok** | **good** | **very good** | **Excellent** |
| Knowledge of image interpretation |  |  |  |  |  |
| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |

**Signature: ………………………………………………………………………**

**Date: ………………………….**

**Student Signature: …………………………………………………………**

**Reflection on Experience**

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| --- |
| **STUDENT** |
| *What is my aim (what do I need to/want to learn)?* |
| *What did I learn?* |
| *What would I like to target for further development?* |
| *Who or what do I need to help me?* |
| *What intermediate steps or targets do I need to set?* |

**Date: ……………………………………**

**Section 6**

**Service User Feedback**

**Instructions:**

* You should aim to complete a total of **6 service user feedback forms** over this year
* We suggest 2 in each clinical block
* The service user feedback does not necessarily have to be part of a Structured Observation but it can be if this is relevant
* Ideally 1 of the 6 Service User Evaluations should be based on your care of an unconscious patient and should ideally be filled in by a nurse who is assisting in the examination (ICU is probably the most suitable area for this to take place and can easily be linked to your acute mobile Structured Observation patient)
* Your feedback form has to be signed by either the service user their carer or by your supervising radiographer



**Service User Experience and Feedback**

|  |
| --- |
| **Questions asked by the Observer** |

|  |  |  |  |  |  |
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|  | | | | | |
| ***How well do you think you the student performed in the following areas?*** | **poor** | **Ok** | **good** | **very good** | **Excellent** |
| *Did the student communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the student took care of your personal needs whilst undertaking the examination?* |  |  |  |  |  |
| *Do you feel you were treated with respect during your examination?* |  |  |  |  |  |
| *Do you feel your privacy and dignity was maintained?* |  |  |  |  |  |

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| --- |
| *Do you have any additional comments you wish to make regarding this examination?* |
| Signed:  *This form needs to be signed either by the Service User, Carer or Supervising Radiographer* |



**Service User Experience and Feedback**

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| **Questions asked by the Observer** |

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| ***How well do you think you the student performed in the following areas?*** | **poor** | **Ok** | **good** | **very good** | **Excellent** |
| *Did the student communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the student took care of your personal needs whilst undertaking the examination?* |  |  |  |  |  |
| *Do you feel you were treated with respect during your examination?* |  |  |  |  |  |
| *Do you feel your privacy and dignity was maintained?* |  |  |  |  |  |

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| --- |
| *Do you have any additional comments you wish to make regarding this examination?* |
| Signed:  *This form needs to be signed either by the Service User, Carer or Supervising Radiographer* |



**Service User Experience and Feedback**

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| --- |
| **Questions asked by the Observer** |

|  |  |  |  |  |  |
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|  | | | | | |
| ***How well do you think you the student performed in the following areas?*** | **poor** | **Ok** | **good** | **very good** | **Excellent** |
| *Did the student communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the student took care of your personal needs whilst undertaking the examination?* |  |  |  |  |  |
| *Do you feel you were treated with respect during your examination?* |  |  |  |  |  |
| *Do you feel your privacy and dignity was maintained?* |  |  |  |  |  |

|  |
| --- |
| *Do you have any additional comments you wish to make regarding this examination?* |
| Signed:  *This form needs to be signed either by the Service User, Carer or Supervising Radiographer* |



**Service User Experience and Feedback**

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| --- |
| **Questions asked by the Observer** |

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| ***How well do you think you the student performed in the following areas?*** | **poor** | **Ok** | **good** | **very good** | **Excellent** |
| *Did the student communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the student took care of your personal needs whilst undertaking the examination?* |  |  |  |  |  |
| *Do you feel you were treated with respect during your examination?* |  |  |  |  |  |
| *Do you feel your privacy and dignity was maintained?* |  |  |  |  |  |

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| --- |
| *Do you have any additional comments you wish to make regarding this examination?* |
| Signed:  *This form needs to be signed either by the Service User, Carer or Supervising Radiographer* |



**Service User Experience and Feedback**

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| --- |
| **Questions asked by the Observer** |

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|  | | | | | |
| ***How well do you think you the student performed in the following areas?*** | **poor** | **Ok** | **good** | **very good** | **Excellent** |
| *Did the student communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the student took care of your personal needs whilst undertaking the examination?* |  |  |  |  |  |
| *Do you feel you were treated with respect during your examination?* |  |  |  |  |  |
| *Do you feel your privacy and dignity was maintained?* |  |  |  |  |  |

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| --- |
| *Do you have any additional comments you wish to make regarding this examination?* |
| Signed:  *This form needs to be signed either by the Service User, Carer or Supervising Radiographer* |



**Service User Experience and Feedback**

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| --- |
| **Questions asked by the Observer** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| ***How well do you think you the student performed in the following areas?*** | **poor** | **Ok** | **good** | **very good** | **Excellent** |
| *Did the student communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the student took care of your personal needs whilst undertaking the examination?* |  |  |  |  |  |
| *Do you feel you were treated with respect during your examination?* |  |  |  |  |  |
| *Do you feel your privacy and dignity was maintained?* |  |  |  |  |  |

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| --- |
| *Do you have any additional comments you wish to make regarding this examination?* |
| Signed:  *This form needs to be signed either by the Service User, Carer or Supervising Radiographer* |

**Section 7**

**Visiting Lecturer Semester Review**

**Process:**

**Guidance for this section:**

* At the end of each semester your visiting lecturer will review your progress.
* This may form part of a virtual clinical visit or may take place as a separate on-line meeting that follows your clinical block.



**Semester 1 (January/February)**

**Interim Visiting Lecturer Review**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **completed by student prior to visit** | | | | | | | | | | | |
| CAS category | MSK 1 | Theatre 1 | Mobile 1 | Abdo-men | MSK 2 | Theatre 2 | Mobile 2 | Facial Bones | CT | Paed-iatric | Add-itional area |
| Please tick when completed |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | |  | |  | |  |  |
| **Structured Observations**  **Completed by Visiting Lecturer** | | | | | | **You may need some help in this area** | | **In line with expectations** | | **An area you are comfortable with** | |
| Progress through the Structured Observations | | | | | |  | |  | |  | |
| Patient care skills | | | | | |  | |  | |  | |
| Knowledge of the imaging process | | | | | |  | |  | |  | |
| Knowledge of image interpretation | | | | | |  | |  | |  | |
| Team work / Interaction with other professionals | | | | | |  | |  | |  | |

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| **Professional Behaviour**  **Completed by Visiting Lecturer** | **An area you need to address** | **In line with expectations** |
| Attendance |  |  |
| Appearance |  |  |
| Time keeping |  |  |
| Absence reporting |  |  |
| Maintaining confidentiality |  |  |
| Honesty & integrity |  |  |
| Respects the views of individuals, adhering to equality and diversity procedures |  |  |
| Refraining from using social media unless authorised by relevant placement personnel |  |  |
| Responding to feedback in a constructive manner |  |  |

|  |  |  |
| --- | --- | --- |
| **Health & Safety**  **Completed by Visiting Lecturer** | **An area you need to address** | **In line with expectations** |
| adhered to local organisational policies |  |  |
| Safe use of equipment |  |  |
| Compliance with Radiation Monitoring Processes and Radiation Protection Procedures. |  |  |
| Practices within scope of professional practice, with awareness of own limitations, seeking assistance in an appropriate manner |  |  |
| Takes necessary measures to ensure the health & safety of staff, patients and self |  |  |
| Reports and records health & safety incidents appropriately |  |  |

**Comments:**

|  |  |  |
| --- | --- | --- |
| Student | Visiting Lecturer | Date |
|  |  |  |

**If there are any areas that need addressing within either the Professional Behaviour and/or Health and Safety, then a formal Cause for Concern and action plan need to be completed.**

**Semester 2 (June)**

**Visiting Lecturer Review**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **completed by student prior to visit** | | | | | | | | | | | |
| CAS category | MSK 1 | Theatre 1 | Mobile 1 | Abdo-men | MSK 2 | Theatre 2 | Mobile 2 | Facial Bones | CT | Paed-iatric | Add-itional area |
| Please tick when completed |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | |  | |  | |  |  |
| **Structured Observations**  **Completed by Visiting Lecturer** | | | | | | **You may need some help in this area** | | **In line with expectations** | | **An area you are comfortable with** | |
| Progress through the Structured Observations | | | | | |  | |  | |  | |
| Patient care skills | | | | | |  | |  | |  | |
| Knowledge of the imaging process | | | | | |  | |  | |  | |
| Knowledge of image interpretation | | | | | |  | |  | |  | |
| Team work / Interaction with other professionals | | | | | |  | |  | |  | |

|  |  |  |
| --- | --- | --- |
| **Professional Behaviour**  **Completed by Visiting Lecturer** | **An area you need to address** | **In line with expectations** |
| Attendance |  |  |
| Appearance |  |  |
| Time keeping |  |  |
| Absence reporting |  |  |
| Maintaining confidentiality |  |  |
| Honesty & integrity |  |  |
| Respects the views of individuals, adhering to equality and diversity procedures |  |  |
| Refraining from using social media unless authorised by relevant placement personnel |  |  |
| Responding to feedback in a constructive manner |  |  |

|  |  |  |
| --- | --- | --- |
| **Health & Safety**  **Completed by Visiting Lecturer** | **An area you need to address** | **In line with expectations** |
| adhered to local organisational policies |  |  |
| Safe use of equipment |  |  |
| Compliance with Radiation Monitoring Processes and Radiation Protection Procedures. |  |  |
| Practices within scope of professional practice, with awareness of own limitations, seeking assistance in an appropriate manner |  |  |
| Takes necessary measures to ensure the health & safety of staff, patients and self |  |  |
| Reports and records health & safety incidents appropriately |  |  |

**Comments:**

|  |  |  |
| --- | --- | --- |
| Student | Visiting Lecturer | Date |
|  |  |  |

**If there are any areas that need addressing within either the Professional Behaviour and/or Health and Safety, then a formal Cause for Concern and action plan need to be completed.**

**Section 8**

**PROFESSIONAL SUITABILITY &**

**CONFIRMATION OF PROGESS TO YEAR 3**

**INSTRUCTIONS:**

**You should use a device (e.g. camera/phone/photocopier) to create attachable files that can be uploaded to the submission links on the Radiographic Practice 3 Blackboard site.**

**Professional Suitability**

In order for you to become a future health care professional it is important you conduct yourself in an appropriate manner. As such the two areas outlined below will form key elements of the assessment of your clinical practice.

Both your **Professional Behaviour** and **Health &** **Safety** will be assessed as part of your clinical practice and form an integral part of this Clinical Assessment Workbook.

* **Both these areas are** **graded as PASS OR FAIL** at the end of year assessment
* They are weighted so that **a fail in either area will result in a failure of the placement** as a whole.
* Where a student does not meet the required standard in these areas then this is an academic fail of the placement in the first instance.
* If your behaviour is sufficiently serious we can refer you to the professional issues team.

**Professional Behaviour will include (but not restricted to) the following elements:**

* Attendance
* Appearance
* Time keeping & punctuality
* Absence reporting
* Maintaining confidentiality
* Responding to feedback in a constructive manner
* Honesty & integrity
* Respects the views of individuals, adhering to equality and diversity procedures
* Refraining from using social media unless authorised by relevant placement personnel

**Health & Safety will include (but not restricted to) the following elements:**

* Ability to adhere to local organisational policies
* Safe use of equipment
* Compliance with Radiation Monitoring Processes and Radiation Protection Procedures.
* Practices within scope of professional practice, with awareness of own limitations, seeking assistance in an appropriate manner
* Takes necessary measures to ensure the health & safety of staff, patients and self
* Reports and records health & safety incidents appropriately

You have been assessed on a regular basis through your Clinical Assessments Workbook. If you fell short in either Professional Behaviour or Health & Safety areas you will have been informed by the CLOs and VLs as part your placement review meetings. **If by the time of this end of year review there has been no change in your performance, then a fail grade will be awarded on the following assessment tables.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Professional Behaviour** | | | | | |
| **CRITERIA** | **PASS**; | **✓** |  | **REFER** | **X** |
| **Appearance** | Professional appearance at all times adhered to uniform policies of both University and trust. |  |  | Professional appearance has not adhered to uniform policy of the University or trust and not met expectations on several occasions |  |
| **Time keeping and punctuality** | Understands the importance of being on time and adhering to their work schedule |  |  | Is frequently late for shifts, has extended coffee or dinner breaks and does not use effective communications to keep the supervisor/CLOs informed as to where they are |  |
| **Absence reporting** | If absent uses the appropriate lines of communication to ensure appropriate kept up to date as to what is happening. |  |  | Has been absent on more than one occasions where they have failed to follow absence reporting procedures using appropriate lines of communication |  |
| **Maintaining confidentiality** | Maintained confidentiality throughout this placement |  |  | Failed to maintain confidentiality during this placement |  |
| **Constructive response to feedback** | Responded to feedback in an appropriate manner |  |  | Consistently failed to respond to feedback appropriately on more than one occasion |  |
| **Honesty & integrity** | No evidence of dishonesty and has acted with integrity throughout this placement. Responded to any incidents with due candour. |  |  | Evidence of dishonesty and not acted with integrity. Not used due candour in reporting an incident. |  |
| **Respects the views of individuals, adhering to equality and diversity procedures** | Respects the views of individuals and has adhered to equality and diversity procedures and expectations |  |  | Has not respected the views of individuals or has not adhered to equality and diversity procedures or expectations |  |
| **Refraining from using social media unless authorised by relevant placement personnel** | Has not breached trust or University policies surrounding social media use and policies. |  |  | There has been a breach of trust or University policies surrounding the use social media. |  |
| **Communication** | Consistently uses appropriate language and communication skills as required for their developmental level on the programme. Works effectively within professional boundaries |  |  | Consistently unable to communicate with staff to effectively work as part of the team. Uses inappropriate language and displays a disregard for professional boundaries. Shows that they are unable to communicate with patients. |  |
| **Team working** | Understands the roles within the clinical environment and embraces a team ethic towards patient care. |  |  | The student does not understand the various roles within the clinical environment and shows no concept of what it is to be a professional within the MDT team |  |
| **Commitment & Motivation** | Motivated towards learning and working within the various roles within the clinical environment. Not just the roles they prefer, but all aspects of clinical practice. Students should display a commitment to develop and learn |  |  | The student has not studied materials to support learning or tried to develop skills to achieve a pass. They refuse to do roles within their scope of practice due to personal preference. There is no commitment to learning being displayed. |  |
| **Application of theory to practice** | Has an understanding of their actions and is able to discuss their activities within the clinical environment in relation to their clinical competence and theoretical concepts. |  |  | Cannot articulate reasoning for actions, nor discuss why actions occur at a particular time in relation to the working environment. |  |
| **Care & Compassion** | Is aware of patient care pathways and is able to contribute where possible towards the continuity of care within a department to ensure patient, personal and staff safety using compassion where appropriate. |  |  | Does not consistently display compassion where appropriate for patient care. |  |
| This student has demonstrated professional behaviour throughout this placement;  Signed …………………………………………………………………..  Clinical Liaison Officer | | | | | |
| This student has NOT demonstrated professional behaviour during this placement for the following reasons;  Signed …………………………………………………………………..  Clinical Liaison Officer | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health & Safety** | | | | | |
| **CRITERIA** | **PASS** - The student consistently; | **✓** |  | **REFER** - The student consistently; | **X** |
| **local organisational policies** | Adhered to local organisational policies |  |  | Not adhered to local organisational policies |  |
| **Equipment** | Safe use of equipment |  |  | Unsafe use of equipment |  |
| **Radiation Monitoring Processes** | Complied with Radiation Monitoring Processes and Radiation Protection Procedures. |  |  | Not complied with Radiation Monitoring Processes and Radiation Protection Procedures. |  |
| **scope of professional practice** | Practices within scope of professional practice , with awareness of own limitations, seeking assistance in an appropriate manner |  |  | Has not practiced within scope of professional practice, showed no awareness of own limitations, did not seek assistance in an appropriate manner |  |
| **Health & Safety of staff, patients and self** | Takes necessary measures to ensure the health & safety of staff, patients and self |  |  | Does not take necessary measures to ensure the health & safety of staff, patients and self |  |
| **Health & Safety reporting and recording of incidents of any nature** | Has followed appropriate trust and university procedures by reporting and recording any incidents appropriately |  |  | Has failed to follow appropriate trust and/or  university procedures by not reporting or recording any incidents appropriately |  |
| This student has complied with relevant Health & Safety requirements throughout this placement  Signed …………………………………………………………………..  Clinical Liaison Officer | | | | | |
| This student has NOT complied with relevant Health & Safety requirements during this placement for the following reasons  Signed …………………………………………………………………..  Clinical Liaison Officer | | | | | |



**Confirmation of Progression**

|  |  |  |
| --- | --- | --- |
|  | **Pass** | **Fail** |
| **Professional Behaviour** |  |  |
| **Health and Safety** |  |  |
| **Completion of Structured Observations** |  |  |
| **Evidence of Service User Feedback** |  |  |
| **Completion of Record of Examinations** |  |  |

**CLO comments**

**Signatures : CLO: …..............................................................Date: ……......................**