

- *Preparation for Practice*
- *Student and Clinical Supervisor Briefing*

- Overview of modules of study, prioritised areas of clinical experience
 - Year 1
 - Year 2
 - Year 3
- Clinical Supervisor role and responsibilities
- Outline Role of Clinical Liaison Officer
- Outline Role of Visiting lecturer support
- Helping with student learning
- Providing Feedback
- Dealing with student complaint
- Concerns about a student
- Course Team Contacts

- reception and patient booking in.
- department emergency procedures (including fire, COSHH, accident/incident, cardiac/resuscitation, local rules)
- basic patient care
- Image handling,
- image recording devices
- image processing

- X-ray examinations of the upper limb (***including elbow but not humerus***)
- X-ray examinations of the lower limb (***including knee but not femur***)
- X-ray examinations of the chest and thoracic contents

- image quality - contrast and density
 - affect of kVp and mAs on image quality
 - image unsharpness

- X-ray examinations of the shoulder and pelvic girdles
- X-ray examinations of the ribs and sternum
- X-ray examinations of the abdomen
- X-ray examinations of spine

- image unsharpness and optimisation of image quality (Including image density, contrast, resolution and detail)
- equipment types and specifications (general x-ray equipment and accessories)

- **If possible could all students have a reporting session with a radiographer or radiologist reporting axial A&E images please**

- Reinforcement and practice of all semester 1 & 2 topics.
- Involvement in barium sessions or alternate alimentary system examinations
- Involvement in IVU sessions or alternate urinary system examinations
- ***Further involvement in A&E reporting sessions please***

Priority areas for Semester 1

- Chest and Abdomen
- Axial and Appendicular
- Mobiles
- Theatre

Continuation from year 1 but should start to include complex cases and patients with difficulties requiring increasingly more complex modified techniques

- Alimentary system examination
- Urinary system examinations
- Reproductive system

Assessment scheme DOES NOT need to be focused on traditional examinations and can include any imaging modalities used in examining these body systems

- Fluoroscopic equipment
- mobile fluoroscopi equipment
- other image recording devices
- image processing
- image quality

Image manipulation
manipulation of exposure factors
subjectivity
use of cameras, laser imagers, DVD,
magnetic image recording

PRIORITY AREAS for Semester 2 (March – May)

- Computed Tomography



part of routine rota with assessment focus on all body areas NOT just head CT

- MRI
- Ultrasound
- Dental radiography



Equivalent of 1-2 weeks should be more than enough time in these areas

- RNI



Some limited time in this area would be very useful but no more than a few days

- Departmental I.T.
- Image Storage and Distribution



Some dedicated time would be useful looking at Image Storage and Distribution systems (PACS) the importance of DICOM

Extended Semester (May - September)

Reinforcement and practice of all semester 1& 2 topics.

Students should be involved in all examination areas but the assessment scheme should revolve around first post competencies.

- Patients with special needs
- Patients with severe trauma/acute pathology
- CT head
- Mobiles and Theatres
- Imaging modalities used in skeletal examinations
- Information technology in practice
- Multi-modality imaging
- Telemedicine
- PACS, networking, image transmission, archiving, data integrity and security
- Health care initiatives and impact on radiography
- Communication and teamwork
- Professional development
- Legal, social and ethical policies relevant to radiography

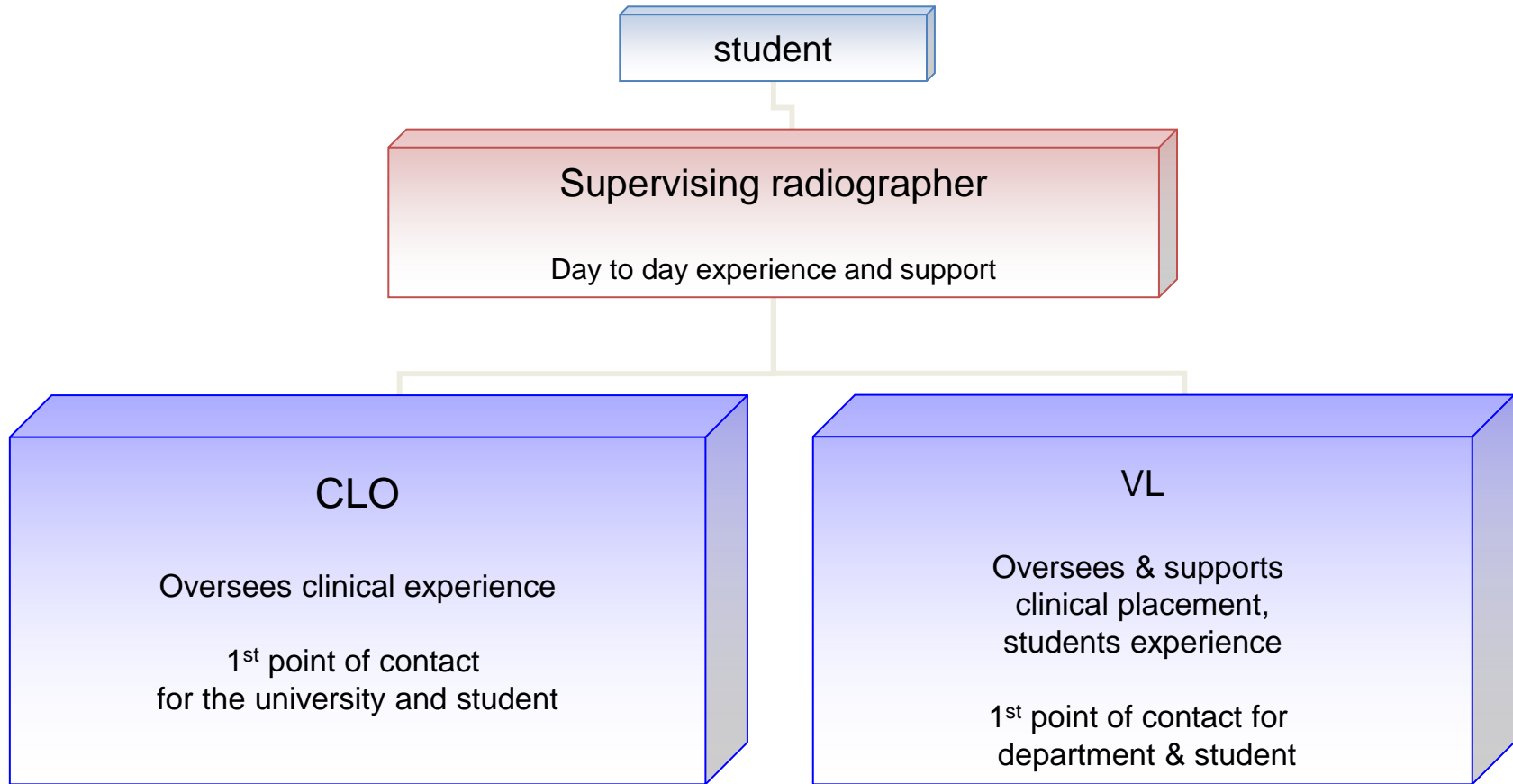
- Cardiovascular imaging, peripheral vascular imaging and Neuroangiography
- Angiographic equipment.
- Angiographic accessories, E.G. pressure injectors, catheters, guide wires, angioplasty catheters and stents.
- Angiographic nursing procedures, techniques and contrast agents.
- Ultrasound blood flow analysis
- The role of CT, MRI, Ultrasound, conventional fluoroscopy, digital fluoroscopy and RNI for imaging of the vascular system.
- Paediatrics

Extended Semester (For those who are referred)

- Reinforcement and practice of all semester 1& 2 topics.

- Supervising radiographer
- Clinical Liaison Officers (CLO)
- Visiting Lecturer (VL)
- Clinical Education co-ordinator
- Academic Advisors

Placement based support pathway



As a radiographer working with students on a regular basis, your role can be defined as that of a clinical supervisor:

- A qualified radiographer must supervise a student radiographer at all times.
- The student, the way that they practice and the work that they produce are your responsibility.
- Students can only examine patients with the prior permission of the patient and the radiographer responsible for the examination.

Will vary dependent on their stage of clinical education, familiarity with the technique being performed and their level of confidence:

- ❑ It is up to you to assess the student's level of competence and to use your own professional judgement to determine the level of supervision that will be required.

A student must never be coerced into performing an examination without a level of supervision that they feel comfortable with.

- Discuss what is required

- Where possible a practice (dummy) run should be attempted first on another student or radiographer.

The greatest level of direct supervision and support at the beginning of each semester's placement:

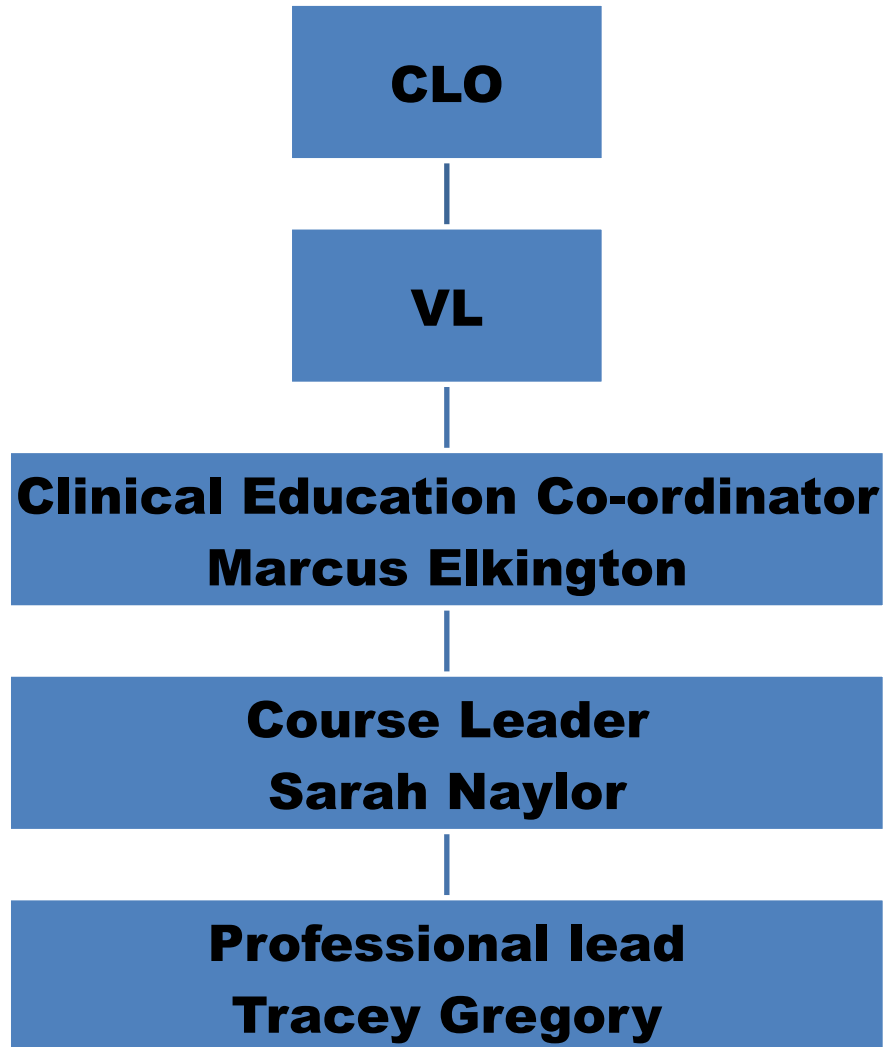
- Check student's prior experience and any comments from previous supervisors.

Remember that you are responsible for any examination which a student performs whether you are supervising them directly or indirectly

- if you expect to be commenting on the student's performance during the examination this should be explained to patient before student starts positioning.
- Decisions about when to intervene in a student's work should be made on the basis of your own professional judgement, **OR** if you are asked to do so by the student.
- Operational considerations may also mean it is desirable to take over in order to carry out examination more swiftly e.g. to free up room for emergency.

In the above situations it may be helpful to a student if a pre-arranged phrase(s) was used to indicate your need to take over – for whatever reason, e.g. “I will take over now” The student should then switch to helping the radiographer and expect a full explanation and discussion when time permits. The feedback is still timely and avoids causing alarm by discussion of your concerns in front of patient.

| Placement based support continued



- Student rotas
- Help with any hospital based issues
- Complete parts of the assessment scheme
- Overseeing clinical placement from all perspectives but not necessarily directly supervising students
- completion of placement audit
- completion of placement profiles
- monitoring aspects of student performance

- Overseeing all aspects of placement
 - 1st point of contact for all parties at that hospital site
 - Seek feedback from radiographers and/or CLO's
 - Seek feedback from students
 - Discuss student's development
 - Discuss action, progress & ePDP
 - Conduct VL reviews
 - Set objectives for next visit
 - See department managers at some point in the year
-
- 9 clinical visits to 1st years
 - 5 clinical visits to 2nd years
 - 4 clinical visits to 3rd years

- Oversee all placement sites, assessment scheme and placement of students
- Next point of contact for issues that can not be resolved locally

- Oversees all aspects of the course both academic and clinical issues.

- Oversee all aspects of the course including academic and clinical provision
- Allocation of academic staff
- Line manager for the Visiting Lecturers

Your role as supervisor:

- Although the major responsibility for learning lies with the student, as an important “resource” for the student, you will find there are many ways in which you are able to assist and guide their learning.

- This does not mean taking time out of clinical practice to ‘spoon feed’ with facts and information, or do their assignments for them.

- What you can do with the CLO’s in the clinical environment is to assist the student to optimise their time on placement and by acting as a facilitator to their learning, making the most of learning opportunities as they arise.

The students will require you to sign any examinations that you have supervised for their log book or the clinical assessment scheme.

The students may ask you to comment on their progress on the Clinical Assessment Scheme at regular intervals but comments are required on all aspects of practice, including **image evaluation**. Any aspect student needs help with can also be covered in separate tutorial. These can be done by any radiographer. It is good practice if you demonstrate an image evaluation with the student for every image that you check, or ask the student to comment as appropriate.

Clinical learning needs to be considered as a partnership between you and the student.

Although it is the responsibility of the students to ensure that all elements of the assessment are completed; by the due deadlines, you can assist by being aware of the requirements. If you are unsure then ask the student. It is important that you provide the students with the opportunity to discuss all aspects of professional practice in order to assist them in identifying key learning experiences

The student may also ask you to assess their clinical practice, complete their self-assessment / placement report. Although in some departments these are only completed by the CLO team.

Some examples of questions to promote discussion and reflection -

- *What did you already know?*
- *What have you learned from performing this examination?*
- *Has this examination enhanced your technical skills? And if so in what way?*
- *How do you think the patient felt during the examination? How did you feel about the patient? Did this influence patient care? Is this acceptable?*
- *How would you evaluate this examination?*
- *Was there anything about this examination that you should/ could have done differently?*
- *Has this examination highlighted any weak areas in your knowledge? And if so, what do you intend to do about this?*

Any other question you consider will help them reflect on their learning.

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

- ❑ 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 than none at all.

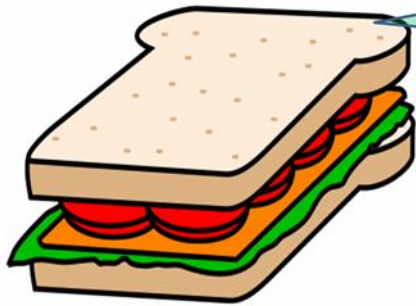
Before giving feedback

- 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.

- Be clear and specific and ensure that the student understands what you are saying
- Start with something positive – a negative comments which follows is most 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

- ***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!***

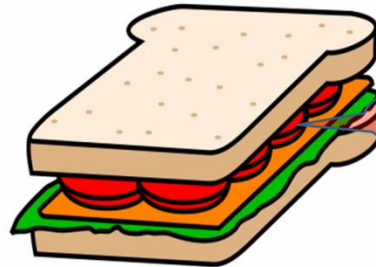
Supervising and assessing students



"You introduced yourself and explained the procedure clearly to the patient. Keep maintaining that good eye contact".

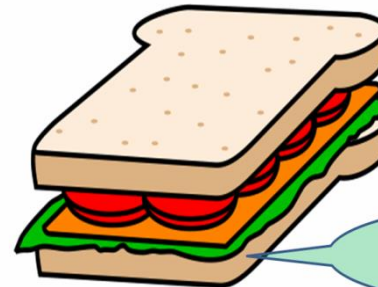
STEP 1 What Went Well

It is often difficult to know what to say when asked to comment on a student's clinical performance; traditionally known as giving feedback. The situation is exacerbated when students are not performing well, creating a stressful environment. This new style of student-mentor interaction, the 'feed-forward sandwich', as a more constructive approach to giving feedback, helping to focus on what could be done better next time rather than on what went wrong now.



"You appeared a bit unsure of the position and repositioned quite a lot. Try to be more confident and decisive next time".

STEP 2 What Did Not Go Well



"It is good that you know about half your anatomy. You need to focus on learning this a bit more thoroughly".

STEP 3 What Went Well

- 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 placement website contains detailed information to support this handbook including:

All relevant SHU policies, procedures and guidelines
(https://www3.shu.ac.uk/hwb/placements/shu_policies.html)

On the next few slides we wish to highlight two of the processes you are most likely to be involved with:

- Handling student complaints
- If you have a cause for concern about a student.

HWB Faculty process for student complaints and top tips for handling informal complaints

From time to time students will make complaints. It is the Faculty's view that whenever possible complaints should be dealt with informally to enable timely resolution.

- some tips to aid staff in this process
- agreed process map for the handling of complaints

Top Ten tips for handling Informal complaints

1. Keep the student informed during the process - as a minimum email acceptance of the concern raised and offer an timeframe for feedback
2. Remain objective - adopt a non bias approach being receptive to all parties involved
3. Ensure confidentiality is maintained - do not advise student of specific actions being taken with regard to staff, do not advise staff of the name of the student
4. Explore the concern raised from all perspectives
5. Meet with the parties separately
6. Ask for clarification of points raised
7. Ensure all lines of enquiry are completed - see as many people involved as necessary
8. If required enlist help from the Academic Delivery Manger for course related issues
9. If required enlist help from the Line manager for staff related issues
10. On completion make a note in the students file that an informal complaint was received and process duly followed note whether resolved or referred to formal process - do not give details.

If you feel the complaint can not be dealt with informally please contact your Visiting Lecturer and also refer to the SHU policies and procedures via the following link:

(https://www3.shu.ac.uk/hwb/placements/shu_policies.html)

| If you have concerns about a student

From time to time supervising staff may not feel student performance is as expected. In the first instance whenever possible these should be dealt with informally to enable timely resolution.

- Initial concerns should be raised with the CLO
- students should be informed of the concerns
- appropriate support and guidance should be provided to enable the student to meet any requirements
- The VL should be informed of any concerns
- Any concerns will then be known to all relevant parties.
- Any escalating or more serious concerns should be dealt with through the 'Cause for concern' Framework

What is a Cause for Concern?

There may be occasions in placement when the performance of a student is such that additional action is required beyond the normal systems of support and assessment. In such cases Visiting Lecturers, Clinical Liaison Officer (CLO's) and/or Supervising Radiographers (SR) are required to set in motion the Cause for Concern process.

A Cause for Concern form should be initiated in cases of:

Lack of progress

A student is considered to be failing, or is judged to be in danger of failing, to meet the required standards for the particular stage of the course. Such cases may be resolvable if action is taken early enough

Lack of professionalism

For example: punctuality, dress, lack of self-critical awareness, unable or unwilling to accept professional criticism, difficult relationships with staff, and so on

Professional misconduct

The student is considered to be behaving in a way which is professionally unacceptable

If you have concerns regarding a student that are unresolved or start to escalate.

The purpose of initiating a Cause for Concern Form is to make certain that the student is aware of the concerns at the earliest possible stage in order that an appropriate supportive action plan can be agreed in partnership with the student.

Radiographic skills have to be learnt and some students who make a slow start can become very effective radiographers given the time to develop their skills and confidence.

It is far better to report a cause for concern which then disappears than to wait for a week or so hoping for an improvement which does not materialise. In such cases it may be too late to make an effective intervention.

The kinds of actions which may be appropriate include:

- ❑ Ensuring the student receives consistent guidance about action to be taken.
- ❑ Ensuring the difficulty and type of examinations undertaken is appropriate for the current situation.
- ❑ Arranging for the student to work alongside a designated experienced mentor in a support role. For example leading specific examinations to allow them to work to their strengths and hence develop successful practice.
- ❑ Providing extra support in developing the students subject knowledge.
- ❑ Setting clear and unambiguous short-term achievable targets.

The Cause for Concern Process

- A. Following a period of time in which issues have been raised but not resolved by the student, the CLO, VL or SR decides to instigate the Cause for Concern process. The student is informed to ensure clear awareness of the concern.

Evidence from observations in clinical practice

Required

- B. Consultation phase of interested parties followed by completion of first section of form including nature of Concern & Evidence for Concern.

- C. VL, CLO, SR and student agree action, enter details on form and sign relevant sections

Action points identified with

reasonable time scale for resolving issues

- D. Instigator sends copy of form to clinical coordinator and student places copy in their file.
- F. At date set for completion of agreed action VL, CLO, SR review progress and complete form. Mentor ensures copies are sent to relevant person.
- E. CLO or designated SR supports student in meeting agreed action and notes progress made on form.

Review of agreed action points as central focus

for the weekly / daily progress meetings

- G. **Quality Assurance Check.** If a quality assurance issue arises from the above process VL, CLO, SR completes section G.

Your main contact for any help, support or advise is your **Visiting Lecturer** who will maintain regular contact with the department.

The Practice Placement Website is designed to provide most of the information you are likely to require, including:

- Student learning outcomes for practice placement
- Relevant policies documents
- Clinical documentation and assessment
- Calendars and rotas
- Professional conduct
- SHU faculty Policies and procedures
- Contacts and roles

(<https://www3.shu.ac.uk/hwb/placements/DiagnosticRadiography/index.html>)

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- **Pauline Reeves** Part Time Lecturer / Module Leader 0114 225 5447 P.Reeves@shu.ac.uk
- **Trudy Sevens** Professional Lead / Module Leader 0114 225 2493 t.j.sevens@shu.ac.uk
- **DRAD Placements** AHPDRADPlacements@shu.ac.uk
- **Absence Reporting** <https://docs.google.com/forms/d/e/1FAIpQLSdzs7Q-2VIm070GRz0akFpY-27U3Ok9kAkWqrWxi4SpdJ2XA/viewform>
- **Placement Travel Claim Forms** hwb-ahpplacementclaimforms-mb@exchange.shu.ac.uk
- **Placement time sheets** HWB-AHPTimesheets-mb@exchange.shu.ac.uk
- **Darren Hallam-Wall** Student Support Advisor 0114 225 5445 d.wall@shu.ac.uk
- **Hallam Help** 0114 225 2222 hallamhelp@shu.ac.uk