

**BSc (Hons) Diagnostic Radiography**

**Degree Apprenticeship**

**Clinical Assessment Scheme**

**March 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 apprentice's choice to be agreed by WPM.

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# Section 1 : Overview

## 1.1 Degree Apprenticeship Academic Calendar (22/23)

|  |  |
| --- | --- |
|   | *Degree Apprenticeship BSc (Hons) Diagnostic Radiography* |
|  | **Year 1 (Level 4)** | **Year 2 (Level 5)** | **Year 3 (Level 6)** | **Assessment Notes** |
| **A Wk** | **W/C** | **Desc** | **W/C** | **Desc** | **W/C** | **Desc** |  |
| 31 | 27-Feb |   | 27-Feb | OTJ | 27-Feb | A |  |
| 32 | 06-Mar |   | 06-Mar | OTJ | 06-Mar | A |  |
| 33 | 13-Mar | A | 13-Mar | A | 13-Mar | OTJ |  |
| 34 | 20-Mar | A | 20-Mar | OTJ | 20-Mar | OTJ |  |
| 35 | 27-Mar | OTJ | 27-Mar | OTJ | 27-Mar | OTJ |  |
| 36 | 03-Apr | OTJ | 03-Apr | OTJ | 03-Apr | OTJ |  |
| 37 | 10-Apr | OTJ | 10-Apr | OTJ | 10-Apr | OTJ |  |
| 38 | 17-Apr | OTJ | 17-Apr | A | 17-Apr | A |  |
| 39 | 24-Apr | A | 24-Apr | A | 24-Apr | OTJ |  |
| 40 | 01-May | OTJ | 01-May | OTJ | 01-May | OTJ |  |
| 41 | 08-May | OTJ | 08-May | OTJ | 08-May | OTJ |  |
| 42 | 15-May | OTJ | 15-May | OTJ | 15-May | OTJ | L4: PPD Task 1 Hand In |
| 43 | 22-May | OTJ | 22-May | OTJ | 22-May | OTJ |  |
| 44 | 29-May | OTJ | 29-May | OTJ | 29-May | OTJ |  |
| 45 | 05-Jun | A | 05-Jun | A | 05-Jun | OTJ | L5: Task 2 Hand In |
| 46 | 12-Jun | OTJ | 12-Jun | OTJ | 12-Jun | A |  |
| 47 | 19-Jun | OTJ | 19-Jun | OTJ | 19-Jun | OTJ |  |
| 48 | 26-Jun | A (Exam) | 26-Jun | OTJ | 26-Jun | OTJ | L4: RP1 Task 001, 002 and 003 Hand In |
| 49 | 03-Jul | OTJ | 03-Jul | OTJ | 03-Jul | OTJ | L5: AAC Task 2 Hand In |
| 50 | 10-Jul | OTJ | 10-Jul | OTJ | 10-Jul | A |  |
| 51 | 17-Jul | OTJ | 17-Jul | A | 17-Jul | OTJ | L5: AIM Task 1 Hand In |
| 52 | 24-Jul | OTJ | 24-Jul | A | 24-Jul | OTJ |  |
| 1 | 31-Jul | A | 31-Jul | OTJ | 31-Jul | OTJ | L5: AIM Task 2 Hand In |
| 2 | 07-Aug | OTJ | 07-Aug | OTJ | 07-Aug | OTJ | L6: WWCiP Hand In |
| 3 | 14-Aug | OTJ | 14-Aug | OTJ | 14-Aug | OTJ | L4: CICW Task 001 Hand In / L6: TAP Hand In |
| 4 | 21-Aug | OTJ | 21-Aug | OTJ | 21-Aug | OTJ |  |
| 5 | 28-Aug | OTJ | 28-Aug | A (Revision) | 28-Aug | OTJ |  |
| 6 | 04-Sep | OTJ | 04-Sep | OTJ | 04-Sep | A |  |
| 7 | 11-Sep | OTJ | 11-Sep | OTJ | 11-Sep | OTJ |  |
| 8 | 18-Sep | OTJ | 18-Sep | OTJ | 18-Sep | OTJ |  |
| 9 | 25-Sep | OTJ | 25-Sep | OTJ | 25-Sep | OTJ |  |
| 10 | 02-Oct | OTJ | 02-Oct | OTJ | 02-Oct | OTJ |  |
| 11 | 09-Oct | OTJ | 09-Oct | OTJ | 09-Oct | OTJ |  |
| 12 | 16-Oct | OTJ | 16-Oct | OTJ | 16-Oct | A | L6: RP4 Task 1 Hand In |
| 13 | 23-Oct | OTJ | 23-Oct | A | 23-Oct | A (Exam) | L5: RP3 Task 1 Hand In |
| 14 | 30-Oct | OTJ | 30-Oct | OTJ | 30-Oct | OTJ |  |
| 15 | 06-Nov | A | 06-Nov | OTJ | 06-Nov | OTJ | L6: PL Hand In |
| 16 | 13-Nov | A (Exam) | 13-Nov | OTJ | 13-Nov | OTJ | L4: RP2 Task 1 & 2 Hand In |
| 17 | 20-Nov | OTJ | 20-Nov | OTJ | 20-Nov | OTJ |  |
| 18 | 27-Nov | OTJ | 27-Nov | OTJ | 27-Nov | OTJ | L5: EEP Task 1 Hand In |
| 19 | 04-Dec | OTJ | 04-Dec | OTJ | 04-Dec | OTJ |  |
| 20 | 11-Dec | OTJ | 11-Dec | OTJ | 11-Dec | OTJ | L6: CAS Hand In |
| 21 | 18-Dec | OTJ | 18-Dec | OTJ | 18-Dec | OTJ | L5: CAS Hand In |
| 22 | 25-Dec | OTJ | 25-Dec | OTJ | 25-Dec | OTJ |  |
| 23 | 01-Jan | OTJ | 01-Jan | OTJ | 01-Jan | OTJ |  |
| 24 | 08-Jan | OTJ | 08-Jan | A (Revision) | 08-Jan | A (Exam) | L4: CAS Hand In / L6: Castone Assessment Hand In |
| 25 | 15-Jan | A (Revision) | 15-Jan | OTJ | 15-Jan | OTJ |  |
| 26 | 22-Jan | OTJ | 22-Jan | OTJ | 22-Jan | OTJ |  |
| 27 | 29-Jan | OTJ | 29-Jan | OTJ | 29-Jan | OTJ |  |
| 28 | 05-Feb | OTJ | 05-Feb | OTJ | 05-Feb | OTJ |  |
| 29 | 12-Feb | OTJ | 12-Feb | OTJ | 12-Feb | OTJ |  |
| 30 | 19-Feb | OTJ | 19-Feb | OTJ | 19-Feb | OTJ |  |
| 31 | 26-Feb | OTJ | 26-Feb | OTJ | 26-Feb | OTJ |  |
| 32 | 04-Mar | OTJ | 04-Mar | OTJ | 04-Mar | OTJ |  |

## 1.2 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 WPM 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: 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 (apprentice):……………………………………………………….***

***Date: ……………………………………………***

# Section 3:Professionalism and Feedback

**3.1 Professional Suitability Assessment**

**3.2 Guidance on providing feedback to apprentices**

## 3.1 - 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 apprentice 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 The HCPC Standards of Conduct, Performance and Ethics for a Radiographer also apply to you if you are an apprentice on an HCPC approved programme. The HCPC have also included information and guidance on conduct and ethics whilst you are studying, which sets out what the standards mean for you as an apprentice. The addresses for both standards are below:

<http://www.hcpc-uk.org/publications/standards/index.asp?id=38>

[https://www.hcpc-uk.org/education/learners/while-i-am-studying/guidance-on-conduct-and-ethics/](http://www.hcpc-uk.org/registrants/standards/students/)

These can also be accessed through the SHU policies and procedures using the following address:

<https://www.shu.ac.uk/health-social-placements/profession-information/diagnostic-radiography>

**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

*(HCPC code of conduct and ethics 2.7: You must use all forms of communication appropriately and responsibly, including social media and networking web)*

**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. Apprentices who are falling short in either Professional Behaviour or Health & Safety areas will be informed by the WPM 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.**

## 3.2 - Feedback to the Apprentice

**Some Guidance on Feedback**

Providing feedback is vital if apprentices 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 apprentice
* 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 apprentice 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 apprentice’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 apprentice
* Think about what you are going to say
* Focus on priorities – don’t overload the apprentice with too much feedback at a time.

**When Giving Feedback**

* Be clear and specific and ensure that the apprentice 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 apprentice with choices
* Allow the apprentice to accept or reject the feedback

**After Giving Feedback**

* Things may not change – the decision to act is made by the apprentice
* 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.**

Apprentices gain most from specific feedback. Below are some examples. Please try to balance comments about what went well for the apprentice 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.*

# 4 - The Feedback Forms

**Your WPM/supervisors should discuss whether to use daily feedback OR weekly feedback.**

**YOU DO NOT NEED TO COMPLETE BOTH.**

**Guidance:**

* If an apprentice 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 apprentice 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 apprentice 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 WPM and/or WPM who will be able to advise you)

**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 apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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***

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

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| --- |
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| Please specify areas of practice where the apprentice demonstrates particular strengths |
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| ***How well do you think the apprentice 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:………………………**

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***Signature***

**Day 2:**

***Signature***

**Day 3:**

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**Weekly Comments from Supervisors**

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| 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:**

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**Day 4:**

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

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| Professional Behaviour |  |  |  |  |  |
| Health and Safety |  |  |  |  |  |

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**Daily Comments from Supervisors**

**Week Commencing:………………………**

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**Weekly Comments from Supervisors**

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| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
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| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
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| Health and Safety |  |  |  |  |  |

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| Knowledge of the imaging process |  |  |  |  |  |
| Patient care skills |  |  |  |  |  |
| Team work |  |  |  |  |  |
| Interaction with other professionals |  |  |  |  |  |
| Professional Behaviour |  |  |  |  |  |
| Health and Safety |  |  |  |  |  |

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| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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 apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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:**

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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 |  |  |  |  |  |

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**Daily Comments from Supervisors**

**Week Commencing:………………………**

**Day 1:**

***Signature***

**Day 2:**

***Signature***

**Day 3:**

***Signature***

**Day 4:**

***Signature***

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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:**

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**Day 3:**

***Signature***

**Day 4:**

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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 |  |  |  |  |  |

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**Daily Comments from Supervisors**

**Week Commencing:………………………**

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**Day 2:**

***Signature***

**Day 3:**

***Signature***

**Day 4:**

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

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| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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 |  |  |  |  |  |

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**Daily Comments from Supervisors**

**Week Commencing:………………………**

**Day 1:**

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**Day 2:**

***Signature***

**Day 3:**

***Signature***

**Day 4:**

***Signature***

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

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| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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:**

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**Day 2:**

***Signature***

**Day 3:**

***Signature***

**Day 4:**

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

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| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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***

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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 apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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***

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**Weekly Comments from Supervisors**

**Week Commencing: …………………………**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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

**Section 5.1 - 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 (apprentice's choice to be agreed by WPM).
* Additional Observation (apprentice's choice to be agreed by WPM).
* RESIT assessment forms (3 extra forms have been added in case you fail a clinical assessment)

**Section 5.2 -** **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 apprentices 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 apprentices 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 apprentice.**
* **It is to be expected that proficiency and terminology will develop over the course.**  **This should be reflected in expectations of the apprentice.**
* **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 apprentices 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 apprentice under supervision……” |
| Checked pregnancy status with patient as appropriate \* | According to department protocols |
| Demonstrated an understanding of departmental protocols  | Apprentice 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)

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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)

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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)

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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)

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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:

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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:

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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:

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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:

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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:

**Apprentices 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 apprentices 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 apprentice 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 apprentice is very strong

Please specify areas that would benefit from further development

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

**Apprentice signature: ………………………………………………**

**Apprentice Reflection on this examination area**

|  |
| --- |
| **APPRENTICE** |
| *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: ……………………………………………………………...**

**Apprentices 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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| Date | Examination | Relevant Examination History |
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**Feedback from Supervising Staff Members**

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| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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: ………………………….**

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

**Reflection on Experience**

|  |
| --- |
| **APPRENTICE** |
| *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: ……………………………………………………………...**

**Apprentices 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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| Date | Examination | Relevant Examination History |
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**Feedback from Supervising Staff Members**

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| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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: ………………………….**

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

**Reflection on Experience**

|  |
| --- |
| **APPRENTICE** |
| *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: ……………………………………………………………...**

**Apprentices 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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| Date | Examination | Relevant Examination History |
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**Feedback from Supervising Staff Members**

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| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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: ………………………….**

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

**Reflection on Experience**

|  |
| --- |
| **APPRENTICE** |
| *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: ……………………………………………………………...**

**Apprentices 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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| Date | Examination | Relevant Examination History |
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**Feedback from Supervising Staff Members**

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| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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: ………………………….**

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

**Reflection on Experience**

|  |
| --- |
| **APPRENTICE** |
| *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: ……………………………………………………………...**

**Apprentices 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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| Date | Examination | Relevant Examination History |
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**Feedback from Supervising Staff Members**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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: ………………………….**

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

**Reflection on Experience**

|  |
| --- |
| **APPRENTICE** |
| *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: ……………………………………………………………...**

**Apprentices 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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| Date | Examination | Relevant Examination History |
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**Feedback from Supervising Staff Members**

|  |
| --- |
| **Radiographer name: Date:** |
| Please specify areas of practice where the apprentice demonstrates particular strengths |
| Please specify areas that would benefit from further development |
| ***How well do you think the apprentice 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: ………………………….**

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

**Reflection on Experience**

|  |
| --- |
| **APPRENTICE** |
| *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
* 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**

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| **Questions asked by the Observer** |

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|  |
| ***How well do you think you the apprentice performed in the following areas?*** | **poor**  | **Ok** | **good** | **very good** | **Excellent** |
| *Did the apprentice communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the apprentice 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 apprentice performed in the following areas?*** | **poor**  | **Ok** | **good** | **very good** | **Excellent** |
| *Did the apprentice communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the apprentice 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 apprentice performed in the following areas?*** | **poor**  | **Ok** | **good** | **very good** | **Excellent** |
| *Did the apprentice communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the apprentice 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 apprentice performed in the following areas?*** | **poor**  | **Ok** | **good** | **very good** | **Excellent** |
| *Did the apprentice communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the apprentice 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**

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

|  |
| --- |
|  |
| ***How well do you think you the apprentice performed in the following areas?*** | **poor**  | **Ok** | **good** | **very good** | **Excellent** |
| *Did the apprentice communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
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| *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 apprentice performed in the following areas?*** | **poor**  | **Ok** | **good** | **very good** | **Excellent** |
| *Did the apprentice communicate adequately with you and gave clear instructions?* |  |  |  |  |  |
| *Did you feel the apprentice 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: Professional Suitability &

# Confirmation Of Progress 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.**

## 7.1 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 an apprentice 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 WPM 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/WPMs 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 apprentice 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. Apprentices should display a commitment to develop and learn |  |  | The apprentice 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 apprentice has demonstrated professional behaviour throughout this placement;Signed …………………………………………………………………..Work Place Mentor |
| This apprentice has NOT demonstrated professional behaviour during this placement for the following reasons;Signed …………………………………………………………………..Work Place Mentor |

|  |
| --- |
| **Health & Safety** |
| **CRITERIA** | **PASS** - The apprentice consistently; | **✓** |  | **REFER** - The apprentice 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/oruniversity procedures by not reporting or recording any incidents appropriately |  |
| This apprentice has complied with relevant Health & Safety requirements throughout this placementSigned …………………………………………………………………..Work Place Mentor |
| This apprentice has NOT complied with relevant Health & Safety requirements during this placement for the following reasonsSigned …………………………………………………………………..Work Place Mentor |



## 7.2 Confirmation of Progression

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

**WPM comments**

**Signatures : WPM: …..............................................................Date: …......................**