

SHU Placement Handbook Undergraduate Radiotherapy & Oncology

From 2026/27 onwards



Last updated August 2026 by Tejal Bradley-Patel

Purpose of this handbook

The purpose of this handbook is to provide a source of key information relating to placement roles, responsibilities and processes for Radiotherapy and Oncology at Sheffield Hallam University; it should be read in conjunction with the live information e.g. on the [Radiotherapy and Oncology practice placement website](#), and on Competence in Practice module blackboards.

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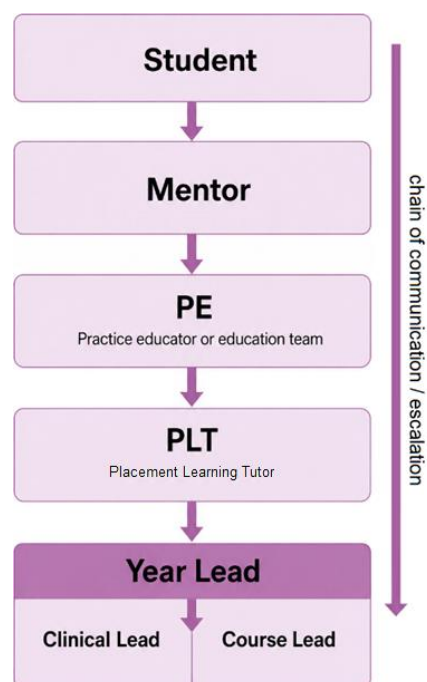
The mobile phone numbers and emails provided are work contacts and so will only be answered during working days/hours.

If you need to contact someone in the university team with regards to something placement related, the linked PLT would be the most appropriate first contact.

If you have been unable to receive a response, please follow up with an email.

If your PLT is unavailable / on leave and your query is urgent then you may consider contacting others / using the joint mailbox:

RadiotherapyPLTteam@shu.ac.uk



Other useful information / resources

Hallam Help: <https://www.shu.ac.uk/myhallam/help-and-support>

Submit enquiry	Live chat	0114 225 2222	hallamhelp@shu.ac.uk
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Emergency out of hours line

<https://www.shu.ac.uk/health-social-placements/placement-information/student-support/emergency-contact>

Student support triangle:

Students can view their named advisors on their blackboard homepage.

- Student Support Advisors (SSA):
 - <https://www.shu.ac.uk/myhallam/help-and-support/student-support-advisers>
- Employability advisors:
 - <https://www.shu.ac.uk/careers/see-an-adviser/meet-the-team>
- Academic advisors (AA):
 - Named member of the RONC team

Wellbeing services: <https://www.shu.ac.uk/wellbeing>

Students can self-refer for services but may want to speak with their PLT/AA/SSA for guidance.

Occupational health (OH):

- OH contact students prior to starting for clearance purposes. This service is supported via Sheffield Teaching Hospitals.
- New OH referrals after this can be sent via PLTs after a conversation with the student, STH recommendations will need to be shared with the relevant people on placement and may need to be discussed with local OH teams.

Learning support fund + claims:

<https://www.nhsbsa.nhs.uk/nhs-learning-support-fund-lsf>

Learning contracts

Some students have learning contracts in place via disabled student support who can recommend reasonable adjustments. They do not have to disclose this to their placement provider but doing so could be beneficial to provide staff with the information to provide appropriate support. Approachable practice educators can be a good starting point for facilitating these discussions if students wish to disclose these.

Mentorship resource ([annual training for clinical staff](#))

Mentors are required to complete mentor training annually. Initial Pebblepad access can be granted once this is complete (login set-up sent via email) – please email the PLT after completing this for the first time to ensure this is created.

The online resource can be referred back to at any time (e.g. for tips on giving feedback).

If a mentor has issues [logging into Pebblepad](#) later down the line – the “forgot password” function can be used to reset this.

BSc Programme structure

The below tables are intended as an easy guide, it is not a replacement for full module descriptors or assessment briefs which students should be accessing. It can guide expectations of what students have covered on the programme so far and where links could be made in practice.

Year 1 (Level 4) Modules:

Trimester 1	Collaboration for Individual & Community Wellbeing (CICW) 20c	
	- Factors impacting upon the health and wellbeing of diverse communities - Impact of national / global policies - Benefits and challenges of holistic care - Collaborative team working	Biopsychosocial, cognitive, political, economic, and medical influences · models of care / support · empowerment · social & cultural capital · humility · Social determinants of health · social accountability · safeguarding · building effective relationships · place-based care systems · Networking/boundary crossing · community profiles · person centred service · behaviour · microaggressions · Diversity & inclusion
Trimester 2	RONC Oncology, Radiotherapy, and Technology 1 (ORT1) 40c	
	- Interactions with matter, x-ray production and the linear accelerator - Toxicities associated with treatments - Management of side effects - Anatomy, radiation science & images - Characteristics of malignant disease	Intro to basic/key concepts in RT: Professional legislation + guidance · anatomy · diagnosis + staging · cancer management · treatment modalities · RT techniques · radiobiology · oncological emergencies · RT maths + physics · interactions · beam characteristics · radiation protection · x-ray production · linac · side effects and management · care planning · patient experience · inclusivity · communication
Trimester 3	RONC Oncology, Radiotherapy, and Technology 2 (ORT2) 40c	
	<i>For oncological sites studied in module</i> - Radiotherapy patient pathway - RT technique, technology, factors affecting management - Psychosocial impact of cancer on wellbeing - Anatomy, radiation science and images	Oncology sites: skin · breast · prostate Radiobiology · psychological impact of cancer · supporting wellbeing (patient and own) · personalised care · superficial treatments · radioactivity principles · intro to planning · dose calcs · QA and linac verification · image interpretation · decision making · unconscious bias · literature search
All	Personal and Professional Development (PPD) 20c	
	- Principles of professionalism in context - Reflection on own development (personal, professional, academic) - Communication & teamwork	Reflective practice · emotional intelligence · self-perception · self-management · giving / receiving feedback · qualities of leadership · ethics · communication methods · contemporary policy · professional boundaries · teamworking skills · self-assessment · personal behaviour · inclusive practice · professional responsibilities + values · regulatory requirements · holistic person-centred approaches · academic skill development · factors influencing individual development
All	RONC Competence in Practice 1 (CIP1) 1c	
	- Professional attitudes and behaviours (<i>appropriate to level of training</i>) - Practice competence and skills appropriate to level of training - Document own development	Communication with staff / service users / carers · application of theory to practice · surface and radiographic anatomy · varied experiences to aid skill development · recording of objectives · reflections · seeking and acting on feedback · working within department protocols & standards

Year 2 (Level 5) Modules:

Trimester 1	RONC Oncology, Radiotherapy, and Technology 3 (ORT3) ^{40c}	
	<i>For oncological sites studied in module</i> • Oncology pathway and person-centred approach to care • RT technique, technology and factors affecting management • Imaging technology in RT pathway • Reasoned judgements on technology	Oncology sites: Urological · Lung · Pancreas · Liver · lower digestive system Imaging modalities across the oncology pathway · radiotherapy technology · dose and fractionation · planning considerations · verification
Trimester 2	RONC Oncology, Radiotherapy, and Technology 4 (ORT4) ^{40c}	
	<i>For oncological sites studied in module</i> • Oncology pathway and person-centred approach to care • RT technique, technology and factors affecting management • Psychosexual impact of cancer and its management on wellbeing • Approaches to personalised care and shared decision making	Oncology sites: female reproductive · male reproductive · central nervous system · mid-digestive Brachytherapy · treatment planning · image interpretation · decision making · stereotactic radiosurgery · psychosexual impact · inclusive and personalised care · principles of dosimetric verification · legislation and best practice for informed consent and supported decision making · human factors
	Assessing and Addressing Complexity (AAC) ^{20c}	
	• How health and social factors combine to result in complex care needs • Compare professional knowledge skills and values, approach to decision making. • Development of integrated, person-centred approach • Assessment and care planning for complex needs • Evidence based coordinated interventions	Contextualisation of the drivers for integrated and person-centred care · inter-professional working across services · different perspectives and values · Shared ethical decision-making, collaboration and co-production · Solution focused approaches · assessment, treatment planning and evaluation · risk management and safeguarding · living with long term conditions and multi-morbidities · ethical and legal aspects · personal resilience · advanced communication skills, difficult conversations · inclusive language · cultural competence vs cultural humility · care navigation · technology enabled care and digitalisation within integrated care systems
Trimester 3	Evidence and Enquiry for Practice (EE4P) ^{20c}	
	• Appraise literature, explore selected topic, organise findings • Critical enquiry to contribute to practice • Professional, ethical, and practical factors relevant to chosen topic area	Introductory research module · research questions · design · co-production · inclusive perspectives · data collection methods · analysis · usefulness / impact / implications · ethics, appraisal tools · reviewing literature · accessing and critically appraising evidence
All	RONC Competence in Practice 2 (CIP2) ^{1c}	
	• Professional attitudes and behaviours (<i>appropriate to level of training</i>) • Practice competence and skills appropriate to level of training • Document own development	Communication with staff / service users / carers · application of theory to practice · surface and radiographic anatomy · varied experiences to aid skill development · recording of objectives · reflections · seeking and acting on feedback · working within department protocols & standards

Year 3 (Level 6) Modules:

Trimester 1	RONC Oncology, Radiotherapy, and Technology 5 (ORT5) 40c	
	<i>For oncological sites studied in module</i> • Oncology pathway and person-centred approach • Benefits and limitations of a range of contemporary RT technologies • Decision making and personalised care	Oncology sites: Upper digestive · upper respiratory · paediatric · bone · soft tissue · lymphatic · haematological · endocrine Treatment planning · image interpretation · decision making · human factors and incident reporting · adaptive RT · MR Linac · future directions of cancer care
Trimester 2	RONC Supportive Cancer Care (SCC) 20c	
	• Multi-factorial nature, impact and lifelong consequences of cancer and its treatments • Importance of personalised care • Efficacy of preparing patients for the impact of cancer and their role in self-management • Approaches in the assessment and management of late / long term effects	Principles of supportive cancer care · survivorship care and living well with and beyond cancer · quality of life · impact of cancer · patient assessment · prehabilitation · care during treatment · rehabilitation · symptom management · supported self-management · impact of physical activity · late effects and services · sign-posting skills · patient education and provision of healthy living information · efficacy of communication skills to support behavioural change
Trimester 2	Complexity & Leadership in Professional Practice (CLiPP) 20c	
	• Role of leadership • Approaches that solve team based / organisational / system-wide problems • Knowledge and skills needed to work innovatively, inclusively, and sustainably • Contemporary challenges • Reflection on self as developing leader in integrated care context	Leadership concepts, theories, models, styles · self-awareness and seeing ourselves as leaders · personal impact · role of rank, power and privilege · anti-racism · professional cultures and traditional hierarchies · leading psychologically safe and inclusive teams · becoming an agent of change · challenging status quo · raising concerns · resilience · wellbeing needs of workforce · sustainable quality improvement and practice · volatility, complexity, uncertainty and ambiguity · tackling inequalities, technology enabled care and digitalisation
Trimester 2	The Advancing Professional (TAP) 40c	
	• Identify topic of contemporary relevance to practice • Evaluate and justify its investigation • Appropriate study design, methods, ethics • Critical analysis and reasoned conclusions / recommendations • Communicate findings in suitable format for dissemination	Research / dissertation module · individual independent project / dissertation · creating and contributing to research and evaluation for practice · application of approaches to research · research methods · improvement and evaluation methodologies · addressing inclusivity in research process · dissemination of project outcomes · challenges in applying research outcomes to practice
All	RONC Competence in Practice 3 (CIP3) 1c	
	• Professional attitudes and behaviours (<i>appropriate to level of training</i>) • Demonstrate supervised clinical competence for all clinical skills • Document own development	Communication with staff / service users / carers · application of theory to practice · surface and radiographic anatomy · varied experiences to aid skill development · recording of objectives · reflections · seeking and acting on feedback · working within department protocols & standards

Preparation for placement

Year 1 (Level 4) simulated placement

The 2 weeks prior to Year 1 induction block is spent on simulated placement activities at the university. The intention is to prepare students and support the transition into clinical practice.

Clearance

This [process](#) usually starts prior to starting the course.

- **Occupational health** clearance including immunisations.
 - Some immunisations require a set course of appointments, so it is important students check emails regularly and attend any appointments given.
- **DBS**
 - This would usually cover the duration of the course but may need to be re-applied for e.g. if there is a significant break in study.
- **Mandatory training**
 - There are a number of practical and online mandatory training packages required to be completed annually.

Completion of the above is part of professional requirements, failure to do so will result in being unable to attend placement and a reflection of this in the professionalism tasks.

Mandatory training

Mandatory training requirements vary between years. Requirements will be communicated each year. Failure to complete mandatory training in the required timeframes will result in students not being clear for placement as above. If poor engagement with this results in missed placement time this will impact on professionalism scores for the missed week(s).

Personal Dosimetry

Personal radiation monitoring devices are issued to students at the university and radiation safety assessments are included as annual mandatory training.

Engagement with radiation protection is a part of the assessed professionalism component of placement. Students are required to collect, correctly use, and care for the device throughout placement for the duration of their course. This includes uploading data as required in line with training. The device remains University property; students must return the device to the university directly by the end of placement on the course (i.e. at the end of Y3 placement or sooner if withdrawing from the programme). Y3 Professionalism sign-off will not be awarded until the device is returned and any issues are resolved. Y1 and Y2 professionalism also requires continued engagement with the monitoring process.

Students are financially liable for replacement costs (£75) if the device is lost, damaged, or not returned. Students must not be allowed in controlled areas without a working device.

Clinical Attendance

Full (100%) attendance is expected during clinical placements. This is in line with expectations of the professional role and ensures students acquire adequate clinical time. Attendance forms part of the “professionalism” assessment task each year alongside report books. Students are responsible for recording attendance logs accurately and promptly in competency books.

Attendance that drops below an 80% threshold will result in a student referring the task, in this case they must attend the full refer block where the same expectations of attendance and engagement are to be followed.

Working hours

Students work 30 hours per week (not including lunch breaks) on placement weeks. Shift patterns are set by local departments based on their service provision. Students are allocated 1 day per week for study to allow them to keep on top of their studies and are not expected to attend placement on bank holidays or when the university is closed. [See: Key Dates](#). Students may request 1 additional day for religious celebrations if needed (e.g. Eid) – any requests must be clearly communicated.

Study days

Y1 = Wednesday

Y2 = Thursday

Y3 = Friday

If needed students may request to negotiate these days with the placement provider in advance, this will be subject to approval, considering what the placement team can accommodate.

Other commitments (e.g. appointments) should be arranged on study days to minimise disruption to placements. If this is not possible, students should request to swap their study day for that week. It is expected that any requests like this are made in advance (including requests to accommodate religious celebrations) to maintain appropriate professionalism.

Absences due to illness

Any absences need to be communicated appropriately, following placement and university processes. As a minimum this would mean reporting absences (or lateness) before the expected start time by:

1. Contacting the team they are expecting to be working with AND
2. Emailing their PLT and practice educator(s)

Students should aim to provide a timeframe when contacting or contact daily. Absences lasting more than 1 week* require a GP fit note. (*in a typical week this would be anything more than 4 placement days).

Students should follow the expected local processes for communication set out in their placement site, as well as log any absences via their attendance logs in their competency book.

Clinical Assessments summary

Year 1 CiP1	• Task 1 – Professionalism, average score of 3+
Year 2 CiP2	• Task 1 – Professionalism, average score of 3.5+ • Task 2 – Competency (option a OR b – see below) a) <u>3 x treatment</u> profiles up to and including “participation in IGRT” <i>AND Palliative treatment profile up to “active participation” if not already one of these 3</i> b) <u>2 x treatment</u> profiles up to and including “participation in IGRT” <i>AND Palliative treatment profile up to “active participation” if not already one of these 2</i> <i>AND 2 x pre-treatment profiles up to and including active participation</i>
Year 3 CiP3	• Task 1 – Professionalism, average score of 4+ and return of dosimeter • Task 2 – Competency (competency book completed in full)

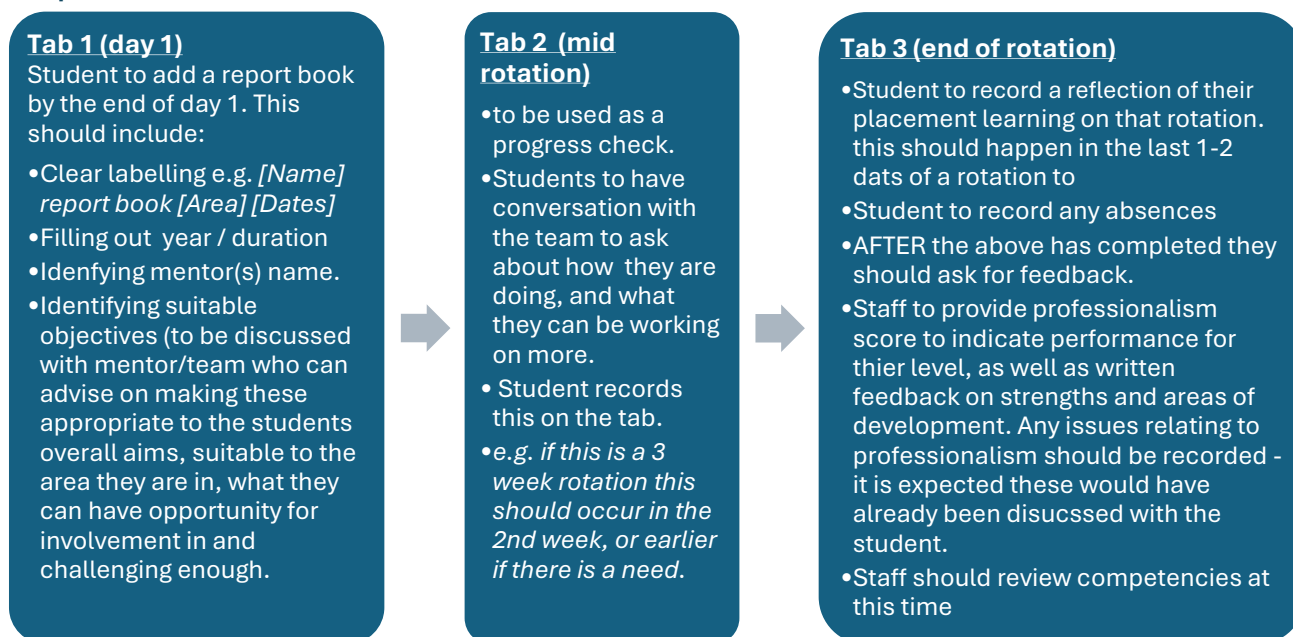
Records of placement performance

- Competency book (Pebblepad – *mandatory*)
- Report books (Pebblepad - *mandatory*)
- Workbooks (local department + via Pebblepad)

Competency book (1 per student for the duration of the course)

- Added at the start of Year 1 placement and completed over the duration of the course.
- **Students are expected to** have conversations with mentors around their aims which may relate to specific aspects they need to work on to demonstrate levels of competence. They are also responsible for logging their attendance records accurately.
- **Mentors are expected to** assess students' competence for these various levels, this should not just include undertaking tasks/skills, but also some questioning to check appropriate knowledge and understanding for that level of sign-off. These should be assessed at suitable time points (e.g. full supervised practice is not appropriate in Y1).
- The **“overall confirmation”** tab should be completed only by named individuals in the department (appropriate radiographers who have some oversight with student education, can verify that all sign-offs in that area have been completed and there aren't major concerns flagged with maintenance of competence at the end of Y3).

Report books (1 per rotation, multiple through each year)



The overall professionalism section score required for each report book provides clear evidence for the end of year professionalism competency, guided by teams working with the student throughout the year, and makes it clear for students how they are progressing.

This must only consider the rotation in question and not any previous placements.

Please consider the students level of study when assessing this.

Select one box:	Demonstrated Inadequate Professional Behaviour 1pts	Demonstrated Insufficient - below accepted level of professionalism 2pts	Demonstrated Professional Behaviour 3pts	Demonstrated Very Good Professional Behaviour 4pts	Demonstrated Outstanding Professional Behaviour 5pts
Professionalism					

Support resources / tools

The following **resources** are not a replacement for the formal annual mentor training requirements or Pebblepad records. They may be helpful quick resources for staff / students. Tools are for supportive use only, not a means of additional assessment – this still requires professional judgement of mentoring teams. These are intended to be examples, not an exhaustive list. Any problems or questions should firstly be raised to practice educators (PE's) or PLTs for support.

- Attendance FAQs
- Report book and professionalism FAQs
- Examples for objectives
- Examples for themes of questions (for students and staff)
- Competency level summary (from Pebblepad)
- Competency FAQ
- On-set progress tracker
- Example checklist (not an assessment but could be used as a tool to help guide expectations)
- Progress logs (not an assessment, but could be used as a tool to gather evidence if struggling)
- Cause for concern form

Attendance FAQs

Why is attendance being monitored?

Placement learning and experience is essential to succeeding and is an essential professional behaviour. Students log attendance in competency books. Attendance below the 80% threshold for whatever reason, will result in a refer of the professionalism task and therefore attendance for the full refer placement block, to negate loss of experience and allow students to get back on track.

This does not affect a student's ability to apply for Extenuating Circumstance (EC) support where needed.

Can students swap days or weeks if needed?

Students can request to swap their study day in advance (e.g. to accommodate appointments). In significant circumstances students may request to swap placement/holiday weeks (before their deadline only and must notify the university). Students can't request to make up time after an absence has occurred (except for the below scenario). Placements should make students aware of the appropriate timeframe and process to follow for such requests – all requests are subject to approval.

What if students are absent due to travel issues like icy/snow conditions?

Students should inform the team if it is unsafe for them to travel and there is no alternative, in this instance they would be expected to make the time up by requesting to work a future study day to reduce impact on their attendance record.

What if students are absent due to illness or bereavement?

Students should follow the full absence reporting process for all absences. They must provide a GP fit note for absences longer than a week / discuss compassionate leave with their PLT. Where these absences may have a significant impact on placement, consider if EC support would be appropriate.

What if students are absent for Eid?

Students are permitted to request 1 day to observe Eid, this would not be classed as an "absence" unless absent without notification / requested to take the day beforehand.

Report book / Professionalism FAQ:

Can I have some guidance on interpreting the scores?

Please remember that learners should be judged based on the expectations of someone at their level of study, not a qualified member of the team.

A score of 3 may be appropriate if professionalism was “okay”. i.e. there may have been some minor issues addressed during the rotation, but the student was able to take onboard feedback and demonstrated improvement. 4 (very good) indicates they have been meeting expectations with no issues, and 5 (outstanding) would recognise when students are above normal expectations for their level.

What is the purpose of feedback?

Feedback is intended to guide development. For all learners, as a minimum please highlight areas of strength and guide areas of development for future placements (as well as document if there were professionalism concerns addressed, particularly relevant when a score is below 4).

How does the professionalism score work?

An average of scores from all expected* report books for the year will be calculated at the deadline point. This ensures that the end assessment is based on evidence.

**e.g., if a student has had 10 rotations prior to their competency deadline, they will be expected to have 10 complete report books, the scores from all of these will be averaged.*

What if there isn't a report book for a rotation?

Where a student has not created/shared a report book in an appropriate time frame for a placement rotation this will be seen as not following processes and blocking recorded feedback. A score of 1 will be given for that book for the purposes of the yearly average, PLTs should be made aware to record this outcome along with any other comments if required.

What if the student is absent?

If a student is absent for the entirety of a rotation and has followed all correct reporting procedures (informing team, PE and PLT before start times), this is deemed an “authorised absence” there will be no expectation of a report book. Please note that if students are off sick for longer than 1 week, they will need to provide a GP sick/fit note to authorise the absence.

If a student is absent for the entirety of a rotation but the absence is not authorised (not reported appropriately), they will be demonstrating “inadequate professional behaviour” which should be noted as part of the professionalism score for that rotation.

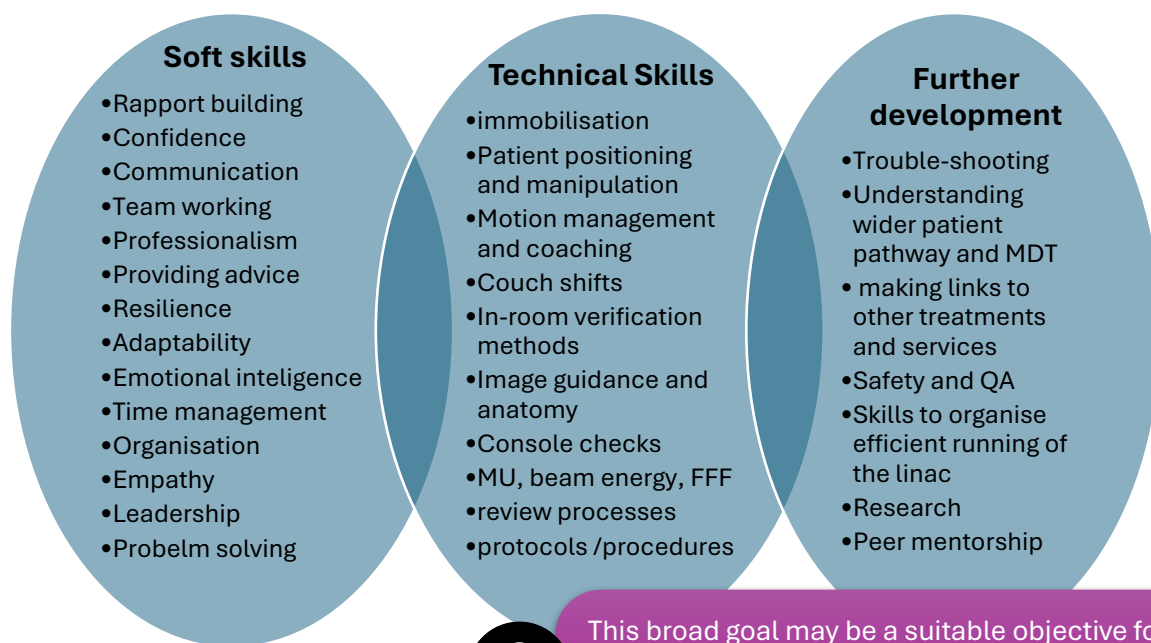
If a student is absent for a portion of a rotation, they should still complete their report book, mentors can comment on their performance for the day(s) they were in attendance, as well as consider their professionalism and communication around absence reporting when they were absent, further feedback may understandably be limited due to attendance.

Overall, there must be sufficient recorded evidence to be used for the final assessment, and attendance must meet the minimum threshold (pg.11)

What if a student is struggling to obtain written feedback?

Where a student has completed their aspects of a report book in an appropriate timeframe, but they are struggling to get feedback recorded, they are encouraged to follow up with their mentor/team again via email copying in the practice educator(s) and PLT for awareness. It is possible that the mentor/team may need further support. Where there is sufficient recorded evidence of the student upholding the process and seeking help, the student will not be penalised for that rotation.

Examples of themes for objectives (students & staff)



Example of a poor objective

- Get involved with set-ups.

Example of a better objective

- I feel confident with interpreting set-up information from my previous rotation, I now need to work on skills with manipulating patients to align tattoos, I will aim to do this aspect of set-up for [X] patients a day and ensure I ask for feedback and tips on improving my technique.

Example of a poor / generic objective

- Get signed off for prostate.

Example of a better objective

- Be involved in treating a range of pelvic treatments this week, by next week I aim to be taking more of a lead (minimal prompting, but asking for team input on more complex situations as required) ensuring I communicate with the patient in the room, and explain to staff my thought process during imaging and switch-on processes to demonstrate knowledge and understanding of why we do things.
- Engage in conversations with the team throughout the 2 weeks to assess my knowledge on the wider context of these pelvic treatments and patient treatment pathway.



This broad goal may be a suitable objective for a Y1 induction placement, beyond this, students tend to understand what a “set-up” entails and should have more specific aspects they intend to work on, whether that be communication with team/ patients, using bed controls, aligning tattoos etc.



Prostate alone isn’t a competency, but one area within “pelvis”. Students may want to focus on a specific aspect (like prostate) in a rotation, but it needs to be clear what aspects they are trying to work on – using previous feedback can help to understand this better.

Examples of themes for asking questions (students & staff)

Please note that this is not an exhaustive list. It is intended as some examples of things you can consider for developing student objectives and staff questioning relating to competence. Practice may differ between areas and departments so please adapt and add as appropriate.



Competency book summary:

This section is a summary pulled from Pebblepad but could be displayed on set for ease of access:

- **Acknowledgement of departmental mandatory reading** – to be signed by the student in induction (e.g. Local rules, Accident and Emergency procedures, uniform etc.)
- **Professionalism Y1/2/3** – signed by PLT's after completing a review of report books
- **Attendance Logs** - to be completed and kept up to date by students.
- **Treatment profiles** ①: Palliative, Chest, Pelvis, Breast, H&N
- **Pre-treatment profiles** ②: Palliative, Chest, Pelvis, Breast, H&N, Overall
- **Confirmation of overall competence:** Completed by named staff (e.g. PE) at the end of the final Year 3 placement block.

Directed Participation ①②

- Clinical staff should have fully explained the oncology, radiotherapy technique and patient management for a wide number of patients across this anatomical site.
- Through discussion and observation, the student should start to understand and apply the theory into practice and develop skills to deliver safe radiotherapy treatment.
- Student participation is facilitated by all of the team and will require explanations and prompts as appropriate.

Active Participation ①②

- The student is able to assist and participate as a member of the team but still requires some assistance from clinical staff.
- The student is building confidence by being supported by clinical staff resulting in reduced need for prompts throughout the patient pathway.
- To achieve this level, they will require opportunities to be involved in discussions of oncology, radiotherapy technique delivery and patient management with continued feedback to support knowledge and skill development.

Participation in IGRT: ①

- The student is actively involved in some form of IGRT / verification (online / offline) connected within this anatomical area.
- Clinical staff should discuss the complete process of image acquisition, analysis and basic problem solving.

Patient Information Supervised Practice Competence ①

- The student is actively involved in providing appropriate information within the patient pathway.
- They are able to apply their knowledge within oncology, radiotherapy technique and patient management.
- They should be able to apply their knowledge and skills to solve basic problems and identify when there are issues and seek support appropriately.
- Students should consistently demonstrate their capability and confidence within this anatomical site.

Supervised Practice Competence ①②

- The student demonstrates an appropriate level of autonomy within the patient treatment pathway.
- They are able to apply their knowledge within oncology, radiotherapy technique and patient management.
- They should be able to apply their knowledge and skills to solve basic problems and identify when there are issues and seek support appropriately.
- Students should consistently demonstrate their capability and confidence within this anatomical site.

Competency FAQs

What would the mentoring process look like when it comes to competencies?

Start: discussion between student and mentor/team about goals and opportunities.

During: staff allow/encourage participation and ask the student questions to gauge wider knowledge and understanding. Give informal feedback so they are aware of their progress.

End: Mentor (asks for team input) and reviews competency book - sign any appropriate areas. Give feedback to highlight strengths, and areas of development to guide future rotations. If not deemed to have progressed sufficiently in goal areas, please be honest about this and give some feedback to help them work towards it next time and comment on professionalism (particularly needed for scores 1-3).

I'm a mentor for someone but haven't worked with the student the whole time.

The aim is to try to gauge an overall view of the student's performance throughout the placement. Staff often won't be the only person to work with them, and understandably move around, so it is expected that all mentors talk to the other staff who have worked with the student to get team input. If not suitable to mentor someone, please agree a handover to someone who can.

Explain the competency levels in basic terms...

Directed – Lots of guidance needed but students get involved. They have been shown a variety of techniques/diagnosis for that site and having the processes/oncology/side effects explained to them

Active – More participation in the process but still requires some guidance. Shows a basic understanding of principles and management.

IGRT - Involved in some form of image matching – Shows understanding of what they are matching to and why, PTV and OAR's, can discuss some common issues we encounter with these sites (basic problem solving), imaging tolerances, etc. – they are participating but may not be independent. If matching online, they would still get team input/discussion as this is suitable in practice.

Patient information – Able to give patients appropriate information across the pathway (new patient chats, support during treatment, end of treatment etc.)

Supervised – Can work like a second person in the room with some consistency and across appropriate range of sites. Shows basic problem-solving skills where needed. Demonstrates wider understanding through questioning. Note: the student is expected to have the oncology, radiotherapy technique and patient management knowledge approaching the level of a band 5 radiographer. This goes beyond just being able to set up, image and treat.

A student has really impressed me, but they are only halfway through the course, should I sign their supervised competency?

For a student to be signed off at "supervised" competence level before their third year, they must be exceptional and consistent. If they really are at that level in second year, they should not be refused the competency, but it is more expected of third years / after they have had the underpinning theory taught. Note: A competency cannot be removed once signed but they students are expected to maintain / continue to demonstrate this competence – named staff will sign at the end of Y3 to confirm.

Why are the competencies broad, e.g. "pelvis"?

Much of the practical skills and anatomy knowledge overlaps, but please note that a range is expected to show sufficient skills and understanding. E.g. for pelvis this could include prostate, gynae, bladder, lower GI, +/- nodes etc. Mentors can ask them to discuss a range of cancers relevant to the anatomical area.

On-set progress tracker for mentors + student

Suggested template for tracking student progress particularly if staffing changes during rotation
– this could be laminated for use on set.

Student Name	Mentor(s)	Year
		Rotation length
Objectives	Progress	Attendance
Recorded on Pebblepad ☐	Recorded on Pebblepad ☐	Recorded on Pebblepad ☐
		Meetings
Other notes:		Mentor(s) to give professionalism score, written feedback, and review competencies at end of rotation
		Rotation End date:
		Completed on Pebblepad ☐

Ideas of tasks outside of the linac room

Students should maximise practical time where possible. There will be times a student can't be in the treatment room, they should still try and use this time productively to broaden their skills. If it means going off-set, they should still let their team know and check this is appropriate to do.

Examples:

Organisation + Team contributions

- Spending time on set 'organising' the queue and managing patients that may be waiting
- Check if there is a diary/jobs list and if there is any that you could do or help with
- Ask if other machines and ask if there are any jobs you can do
- See if any help is needed on reception or clinics or in patient support

Imaging

- Practice with offline images – see if a radiographer can show you how. If they can sit with you, talk them through what you are matching to and checking and get them to ask you questions.
- Review anatomy atlases of use e-contour to practice anatomy knowledge

Peer skill support

- If you are a third year student you could help other years with any areas they are struggling with
- Do mock first day chats with each other or ask a member of staff to be a "patient" to practice and get feedback.

Patient Pathway

- Follow a patient pathway: e.g. if the patient is seeing the dietician and/ or review that day ask if you can go with them (respect their privacy if they aren't comfortable with this)
- Check on patients who are waiting
- Get in touch with chemotherapy unit and ask if you can shadow the team
- Ask to shadow the dietician or speech and language team
- Go to spend some time with a review radiographer
- Ask to shadow one of the advanced practitioners
- Ask to spend some time in research
- Shadow one of the team outside the linac to see what checks and jobs are needed and why.

Example checklist + questions for supervised competence

Please note this is only intended as a tool for students to have an idea and staff needing extra guidance whilst they gain confidence.

Competencies signed on Pebblepad are the only valid evidence of assessment.

Task	✓	OR comment (support development)
3-point patient identification check performed at start		
Correctly sets equipment as per protocol, including immobilisation (as per instruction and considering accuracy and patient comfort)		
Communicates well with staff and patients (<i>including addressing any support or information needs if required</i>)		
Patient positioning as relevant to the task context. <i>e.g. anatomical alignment, utilising tattoo/ref positions or adding these appropriately if in CT, applying shifts, SGRT etc.)</i>		
Demonstrates use of controls in and out of room		
Ensures room is safe for radiation delivery		
Demonstrates use of appropriate checks (<i>e.g. in room checks and PAUSE + CHECK prior to exposure</i>)		
Imaging (<i>awareness and understanding of scan parameters, protocols, and rationale, performs suitable image acquisition and review with discussion with team as required</i>)		
Communicates with team to confirm appropriateness of proceeding		
Monitors patient throughout (<i>with communication as needed</i>)		
Demonstrates safe practice in completing the procedure, bringing patient off the bed and recording any required information		
Gives appropriate “next steps” information if required		
Correctly follows infection control procedures throughout.		
Aware of safety (e.g. interlocks, emergency stops, last-person out)		

Example knowledge check / questions	✓	OR comment (support development)
Can discuss appropriate treatment regime for this treatment site (dose/fractionation)		
Aware of any alternatives (e.g. Hypo#, SABR, +/- nodes etc.) and possible suitability/rationale		
Can discuss the treatment technique used (VMAT/RapidARC/IMRT/Conformal) and explain its rationale		
Can identify and discuss beam type / characteristics / modification		
Aware of the rationale (the ‘why’) for steps within the technique		
Can apply knowledge and skills to identify and discuss solutions to basic problems		
Can discuss any relevant preparation or motion management		
Can identify the imaging techniques used and the rationales for their use (kV/MV/CBCT)		
Awareness of OAR and impacts / possible side effects and management options		
If relevant, aware of any treatments that may be given concurrently (i.e. Chemotherapy / Hormones) for different sites		
Awareness of appropriate holistic support		

Evidence log (patient info)

For any patient info tasks you should firstly observe and gradually become more actively involved before leading (with supervision) – if you get to this point you should let staff know you are wanting to be assessed.

This table is only to be used as a short-term personal tool to gather evidence when different staff have supervised you demonstrate competence in different areas.

Staff should only sign and date if they would be happy for you to use this to demonstrate evidence of competence to your mentor(s) / PE.

If not deemed competent yet, staff shouldn't sign, but students should ask for feedback to guide development / improvements moving forwards, if not competent, mentors could comment on student progress in report books so future mentors can see engagement.

Competencies signed on Pebblepad are the only valid evidence of assessment.

Student Name: _____

	First day chat (Radiographer to sign / date if competency demonstrated)	On-treatment support (Radiographer to sign / date if competency demonstrated)	End of treatment (Radiographer to sign / date if competency demonstrated)	Recorded on Pebblepad
PALLIATIVE	Sign:	Sign:	Sign:	☐
	Date:	Date:	Date:	
HEAD & NECK	Sign:	Sign:	Sign:	☐
	Date:	Date:	Date:	
CHEST	Sign:	Sign:	Sign:	☐
	Date:	Date:	Date:	
BREAST	Sign:	Sign:	Sign:	☐
	Date:	Date:	Date:	
PELVIS	Sign:	Sign:	Sign:	☐
	Date:	Date:	Date:	
	Sign:	Sign:	Sign:	
	Date:	Date:	Date:	
	Sign:	Sign:	Sign:	
	Date:	Date:	Date:	

Cause for Concern Form

Sheffield Hallam University, Radiotherapy and Oncology

Name of Student	
Name of Placement Learning Tutor	
Name of Practice Educator	

Form initiated by:	Role:

Nature of Concern:
Evidence for concern:
Agreed action:

Signature of Placement Learning Tutor	Date
Signature of Practice Educator	Date
Signature of student	Date

Monitoring of progress on agreed action (Interim) Dates:	
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Conclusion of process

Quality Assurance Check	Yes	No
1. Are there any broader issues that affect quality assurance?		
2. Are there any issues related to safe practice		
3. Has the matter been referred to an appropriate Board/Committee?		