# SHU_MASTER_215_229_300dpi

# Faculty of Health & Wellbeing

**MSc Student Clinical Assessment Guidelines and Competency Profiles**

Version 1

[Valid From Jan 2018)

Name:

Clinical Site:

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Welcome

Within this handbook is the complete list of competencies you are expected to gain over the course.

You are also able to download an electronic version of this assessment handbook and other useful information from the SHU Radiotherapy Placement Website.

[**https://www3.shu.ac.uk/HWB/placements/RadiotherapyAndOncology/**](https://www3.shu.ac.uk/HWB/placements/RadiotherapyAndOncology/)

[**https://sites.google.com/view/radiotherapyshu/home**](https://sites.google.com/view/radiotherapyshu/home)



You should also revisit the Clinical BB site and ensure you are familiar with the assessment criteria for the entire Clinical module

**MSc Clinical Assessment Flowchart**

The clinical modules are assessed via the completion of a webfolio of evidence and clinical competency profiles, some of the profiles have a case discussion which is completed in your clinical department.

**Year 1**

|  |  |  |
| --- | --- | --- |
| 1. **Personal and Professional development 1**
 |  | An electronic portfolio of evidence submitted via PebblePAD/ 15 credits/ Assessed at Level 7 |
| 1. **Competency for Practice 1**
 |  | 1 Case Discussion/ 2 Competency Profiles/ No Academic Credit/ Assessed at Level 6 |

**Year 2**

|  |  |  |
| --- | --- | --- |
| 1. **Personal and Professional development 2**
 |  | An electronic portfolio of evidence submitted via PebblePAD/ 15 credits/ Assessed at Level 7 |
| 1. **Competency for Practice 2**
 |  | 6 Case Discussions/ All Competency Profiles/ No Academic Credit/ Assessed at Level 6 |

**You are able to complete the case discussions in any order however we recommend that you approach them in the order listed below with guidance from your PLT.**

|  |  |
| --- | --- |
| **Profiles without a case discussion:** | **Profiles with a case discussion:** |
| * Professionalism, Communication and Team Working: Year 1
* Professionalism, Communication and Team Working: Year 2
* Verification
 | * Palliative Techniques
* Radical Techniques : Chest
* Radical Techniques : Pelvis
* Radical Techniques: Breast
* Radical Techniques: Head & Neck
* Pre-treatment Techniques (Split into sites)
* Patient Information (Split into sites)
 |

**CLINICAL ASSESSMENT COMPETENCY PROFILES**

You can use the following check list to track your own progression through the various competency profiles.

**Summary of clinical assessments**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Assessment undertaken** | **Date** | **Attempt No.** | **Mark****%** | **Pass / refer / fail** | **Reason for referral/ fail**  | **Supervised Practice Competence signed?** |
| **Year 1** |  |  |  |  |  |  |
| Professionalism, Communication and Team Working: Year 1 |  |  |  |  |  |  |
| **Year 2** |  |  |  |  |  |  |
| Professionalism, Communication and Team Working: Year 2 |  |  |  |  |  |  |
| None Year Specific Competency Profiles  |  |  |  |  |  |  |
| Treatment Verification |  |  |  |  |  |  |
| Palliative Techniques  |  |  |  |  |  |  |
| Radical Techniques: Chest  |  |  |  |  |  |  |
| Radical Techniques: Pelvis |  |  |  |  |  |  |
| Radical Techniques: Breast |  |  |  |  |  |  |
| Radical Techniques: Head & Neck |  |  |  |  |  |  |
| **Pre-treatment techniques (Split into sites)** |
| Palliative |  |  |  |  |  |  |
| Radical: Head and Neck |  |
| Radical: Pelvis |  |
| Radical: Chest |  |
| Radical Breast |  |
| **Patient Information (Split into sites)** |
| Pelvis  |  |  |  |  |  |  |
| Chest |  |
| Breast |  |
| Head and neck |  |
| Palliative  |  |

**Profile 1: Palliative Techniques**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **Supervised Practice Competence** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| Mark |  |  |  |  |

**Directed Participation:** Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.

**Active Participation:** You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.

**Case Discussion:** You **MUST** have completed directed and active participation stages.

**Supervised Practice Competence:** You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

**Profile 2: Professionalism, Communication & Team Working: Year 1**

|  |  |
| --- | --- |
| Date |  |
| Assessor/ Mentor/ Supervisor Signature |  |

This profile will be signed by the PLT following a discussion with clinical staff at the end of the year. It will also take into account all the mentors comments within the Placement Report Book over the course of the year.

This profile takes into account the following activities:

Good time keeping and attendance Reliability & Responsibility

Appropriate attire Respect for patient & staff

Working effectively within the MDT Maintaining patient confidentiality

Use of professional language Acceptance of constructive criticism

Maintaining interpersonal boundaries

**Profile 3: Radical Techniques: Chest**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **Supervised Practice Competence** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| Mark |  |  |  |  |

\*Only to be completed following a team discussion

**Directed Participation:** Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.

**Active Participation:** You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.

**Case Discussion:** You **MUST** have completed directed and active participation stages.

**Supervised Practice Competence:** You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

**Profile 4: Radical Techniques: Breast**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **Supervised Practice Competence** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| Mark |  |  |  |  |

\*Only to be completed following a team discussion

**Directed Participation:** Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.

**Active Participation:** You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.

**Case Discussion:** You **MUST** have completed directed and active participation stages.

**Supervised Practice Competence:** You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

**Profile 5: Radical Techniques: Pelvis**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **Supervised Practice Competence** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| Mark |  |  |  |  |

\*Only to be completed following a team discussion

**Directed Participation:** Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.

**Active Participation:** You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.

**Case Discussion:** You **MUST** have completed directed and active participation stages.

**Supervised Practice Competence:** You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

Profile 6: **Radical Techniques: Head & Neck**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **Supervised Practice Competence** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| Mark |  |  |  |  |

\*Only to be completed following a team discussion

**Directed Participation: Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.**

**Active Participation: You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.**

**Case Discussion: You MUST have completed directed and active participation stages.**

**Supervised Practice Competence: You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.**

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

**Profile 7: Pre-treatment Techniques**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **\*Supervised Practice Competence** |
| **PALLIATIVE** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **RADICAL: Head and Neck** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **RADICAL: Chest** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **RADICAL: Pelvis** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **RADICAL: Breast** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **Mark** |  |  |  |  |

\*Only to be completed following a team discussion

**Directed Participation: Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.**

**Active Participation: You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.**

**Case Discussion: You MUST have completed directed and active participation stages.**

**Supervised Practice Competence: You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.**

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

**Profile 8: Patient Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Directed Participation** | **Active Participation** | **Case Discussion** | **\*Supervised Practice Competence** |
| **PELVIS** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **CHEST** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **BREAST** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **HEAD AND NECK** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| **PALLIATIVE** |
| Date |  |  |  |  |
| Assessor/ Mentor/ Supervisor Signature |  |  |  |  |
| Mark |  |  |  |  |

\*Only to be completed following a team discussion

**Directed Participation: Staff use a directive approach, imparting their knowledge and skills to you the student. Your participation is facilitated by staff and will require explanations and prompts as appropriate.**

**Active Participation: You are able to assist and participate as a member of the team but still require some assistance from staff. You are building your confidence by being supported by staff resulting in reduced need for prompts. To achieve this level you will require opportunities to be involved in technique delivery with continued feedback to support skills and confidence.**

**Case Discussion: You MUST have completed directed and active participation stages.**

**Supervised Practice Competence: You actively participate in the technique showing an appropriate level of clinical skills, prompting is minimal; you're able to recognise when there are possible issues and seek advice when appropriate. This section is completed based on team feedback as you'll be required to demonstrate accurate and consistent performance.**

**Once the profile is completed staff will ensure that you do not become complacent and ensure that you continue to develop your skills and knowledge.**

**Profile 9: Professionalism, Communication & Team Working: Year 2**

|  |  |
| --- | --- |
| Date |  |
| Assessor/ Mentor/ Supervisor Signature |  |

This profile will be signed by the PLT following a discussion with clinical staff at the end of the year. It will also take into account all the mentors comments within the Placement Report Book over the course of the year.

This profile takes into account the following activities:

Good time keeping and attendance Reliability & Responsibility

Appropriate attire Respect for patient & staff

Working effectively within the MDT Maintaining patient confidentiality

Use of professional language Acceptance of constructive criticism

Maintaining interpersonal boundaries

**Profile 10: Treatment Verification**

|  |  |
| --- | --- |
| Date |  |
| Assessor/ Mentor/ Supervisor Signature |  |

This profile will be signed following a team discussion (Clinical staff & PLT) at the end of the year. It will take into account all the mentors comments within the Placement Report Book over the course of the year.

This profile takes into account the following activities:

Patient Identification

Quality Assurance checks

Dose calculations/checking

Basic image verification

Treatment verification & switching on

**Referral**

If you fail your first attempt at a clinical case discussion you are allowed 2 more attempts. Although it is pass/fail you will be provided with a formative mark and feedback of your performance for guidance and further development. You should look to use the same assessor for your second (or third) attempt where ever possible. If you have any concerns you can also request the presence of your PLT.

You must also be aware that if you fail to complete all of your competency profiles for the year by the deadline, you will be referred. It is therefore imperative that you liaise with your Clinical Mentor, Assessor and PLT to manage your time effectively.

Please refer to your Clinical Module BB site if you require further clarification or contact the Module Leader.

**Enhancing the Quality of Your Case Discussions**

**Hints and Tips:**

* Use your case reports to facilitate discussion, especially if you are particularly nervous or struggling to articulate what you mean. Case discussions should not rely on you regurgitating information provided within case reports and you should refer to evidence based practice and clinical examples you’ve observed or researched.
* Take in appropriate props/images. Images may assist in demonstrating your knowledge and understanding.
* Consider using clinical examples to demonstrate your knowledge and understanding.
* Remember case discussions are not an oral exam but a discussion between you and the assessor. Feel free to ask them questions if you are confused about a particular aspect of clinical practice.
* If you struggle to answer a particular question, where appropriate, you may draw a diagram to assist in your explanation.
* We would not expect any of the case discussions to last beyond an hour and a half.
* You may prepare for your clinical case discussions using a variety of resources. When referring to specific details such as tolerance doses some degree of variance may be evident. If the assessor is any doubt about the information you have stated they may wish to see references.
* Be sure to refer to the assessment criteria when preparing and conducting the case discussion.
* Assessors are encouraged to provide you with clinical scenarios for you to problem solve, allowing you to achieve higher grades.

If you are taking anything additional into your case discussion then please ensure that you discuss this with your assessor at least two weeks prior to the discussion. You are not permitted to take in written notes.

**What's Expected from You Prior to a Case Discussion?**

You are advised to book your case discussion with an assessor at least two weeks in advance. It is your responsibility to complete the case discussions (and achieve autonomy) ahead of the deadline at the end of the year. Case discussions are to be undertaken in a timely manner and not left until the last few weeks before the deadline. If you do not complete any profile competencies by the deadline you will be referred in the module.

Although we advise you to provide your clinical assessor with your case reports **2 weeks** prior to the case discussion, each clinical site and each assessor may have slightly different expectations according to workload and experience. Therefore we advise you to speak to your assessor at the time of booking the assessment about how soon before a case discussion they would like to see the case reports and anything additional you wish to take in.

Assessors should receive in advance of a case discussion at least 3 signed case reports. The assessor should ensure these case reports are significant and sufficient for the case discussion.

Please be aware that the questions outlined within the case discussion forms are used as a guideline for the assessor only.

Under each theme they are able to ask **any type of question** to try to gauge your level of understanding.

The case discussions are designed to establish your level of clinical knowledge and not how well you can revise.

**Assessment Guidelines**

**Palliative Techniques**

**Patient Positioning and Treatment Site**

* What are the different patient positions that may be adopted?
* What is the rationale for appropriate positioning?
* What immobilisation devices and methods are used and why?
* How does the above impact on treatment accuracy and reproducibility?
* Do you know of any variations in practice?
* What are the anatomical references for each of the sites, including surface, gross and radiographic anatomy?
* What are the organs at risk and their associated tolerance doses?

**Method of Treatment Delivery (Technique)**

* What are the methods of treatment delivery?
* What verification methods are or could be used?
* What are the treatment contraindications/patient issues for these patients? And how would they be managed?

**Prescription**

* What are the recommended dose and fractionation regimes for a range of palliative sites?
* What is the rationale behind various regimes?
* How does radiobiology theory influence what regime is used?

**Patient Management and Holistic Care**

* What follow-up provisions does the department provide? And how can additional services contribute?
* What are the quality of life issues for these patients and how do we manage them?
* How can adjuvant treatments affect the patient or the treatment? What advice would you give?
* What complementary and alternative treatment modalities are available?

**Palliative Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Positioning & Treatment Site** | Cannot identify immobilisation devices commonly used. Cannot discuss the accuracy and reproducibility issues. Has very limited anatomical knowledge | Can identify the main immobilisation devices used in the department. Has a limited understanding of why immobilisation is required. Outlines descriptively some accuracy and reproducibility issues. Can identify some of the main structures, but cannot relate the anatomical site of the tumour to issues around set up and treatment. | Can identify a range of immobilisation devices for a range of patients. Has some understanding of why immobilisation is necessary, with few inaccuracies. Can discuss some of the accuracy and reproducibility issues. Can highlight some of the key anatomical structures and has some appreciation for the anatomical placement issues.  | Has an appreciation for a wide range of immobilisation devices for a range of patients. Has an understanding of why immobilisation is necessary, with some knowledge of how it can impact on treatment. Has a good awareness for accuracy and reproducibility issues. Has a good knowledge of anatomy and anatomical placement issues. Variances in practice discussed. | Excellent knowledge of a broad range of immobilisation devices for an extensive range of patients. An excellent appreciation of why immobilisation is necessary and the impact it has on treatment. Has an excellent awareness for accuracy and reproducibility issues. Has an excellent understanding of the anatomy and anatomical placement issues. Variances in practice discussed and can work through some problem solving issues. |  |
| **Method of Treatment Delivery** | Unable to discuss the treatment method used in the department. Cannot identify verification methods and few or inaccurate links to the theory. Cannot link any clinical examples. Few or inaccurate contraindications identified. | The most common treatment method used in the department is discussed. Can identify a single method of verification and the theoretical underpinning. Can use a few clinical examples to identify issues which may affect treatment delivery for this category of patients. A limited appreciation for the contraindications which may affect this category of patients.  | Common treatment methods discussed. Outlines the standard treatment verification methods used and the underpinning theory. How adaptations are made. Can outline some of the issues which may affect this category of patients, using limited clinical examples. Can outline some contraindications. | Discusses a range of treatment delivery methods. Can discuss treatment verification methods, the underlying theory and outline some of the common issues which may arise and common adjustments made. Can discuss some of the issues which may affect the treatment for this category of patients using a range of clinical examples. Can discuss a range of the contraindications for this category of patients.Variances in practice discussed.  | Discusses in detail a range of treatment delivery methods. Has an excellent appreciation for treatment verification methods, the underlying theory and associated issues that may arise, along with a broad range of adjustments which could be made at this stage. Has an excellent understanding of issues which may affect the treatment for this category of patients using a broad range of clinical examples. Able to talk through some common problems which arise and contraindications.Variances in practice discussed.  |  |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Prescription** | Inaccurately outlines the dose and fractionation regimes or very limited examples. Cannot link the theory to the clinical practice. Inaccurately/insufficiently outlines the main radiobiological principles and is unable to link to practice. Unable to recall departmental protocol. | Can identify the main dose and fractionation regimes used for select clinical examples. Can outline some links to the theory including some of the radiobiological principles. Focuses on a few departmental protocols. | Outlines the departmental dose and fractionation regimes, some clinical examples and some links to the theory. Can outline the main radiobiological principles and how this might affect dose and fractionation. Refers to some clinical examples, focusing on departmental protocols. | Can discuss a range of dose and fractionation regimes, with some justification using clinical examples and theoretical principles. Can outline the main radiobiological principles and how they may impact on this category of patients. Uses a range of clinical examples and discusses some variances in practice. | Can discuss a wide range of dose and fractionation regimes, providing clinical examples and theoretical justification for them. Can discuss in detail the radiobiological principles and how they specifically affect this category of patients and the impact it may have. Uses a broad range of clinical examples, a range of examples beyond departmental protocol, current research and national variances in practice throughout. |  |
| **Patient Management & Holistic Care** | Inaccurately or insufficiently identifies the departmental provisions available for this category of patients. Is unable to use clinical examples to discuss the theory behind supportive and palliative care. Quality of life is inaccurately/insufficiently discussed.  | Outlines briefly the main departmental provisions available for this category of patients. Discussion is around protocol and a limited number of clinical examples are used. A few adjuvant and complementary therapies are outlined. Quality of life is briefly mentioned and a few links to practice are made.  | Can identify the main departmental provisions available for this category of patients. Can provide some clinical examples. Can discuss some of the adjuvant and complementary therapies available. Quality of life issues are outlined and the main departmental referral systems outlined. Demonstrates some appreciation for the holistic care of the service user. | Has a good level of knowledge around what departmental provisions are available for this category of patients. Refers to some clinical examples. Has some knowledge of variances in practice. Can discuss a range of adjuvant and complementary treatment and the impact this may have on palliative patients. Quality of life issues are discussed with some links to theory. Some supportive and palliative care systems are identified. Demonstrates an appreciation for the holistic care of the service user.  | Is able to discuss in detail what provisions the department offers to provide holistic care for this category of patients. Is able to utilise a range of clinical examples and national variances in practice of how palliative patients may be supported during and post treatment. A broad range of adjuvant treatments and complementary treatments are discussed and links to theory made. Quality of life issues are discussed in detail and how this links to Radiotherapy specifically is explored. Supportive and palliative care systems are explored and discussed. Demonstrates an excellent appreciation for the holistic care of the service user and their family within their discussion. |  |
| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Assessment Guidelines**

**Radical Techniques: Chest**

**Patient Positioning and Treatment Site**

* What are the different patient positions that may be adopted?
* What is the rational for appropriate positioning?
* What immobilisation equipment or techniques could be used?
* What accuracy and reproducibility issues could there be?
* Do you know of any variations in practice?
* What are the anatomical references, including surface, gross and radiographic anatomy?
* What are the organs at risk and their associated tolerance doses?

**Method of Treatment Delivery (Technique)**

* What are the methods of treatment delivery?
* What verification methods are or could be used?
* What are the treatment contraindications for these patients? And how would they be managed?

**Prescription**

* What are the recommended dose and fractionation regimes for this category of patients?
* What is the rationale behind various regimes?
* How does radiobiology theory influence what regime is used?

**Patient Management and Holistic Care**

* What follow-up provisions does the department provide? And how can additional services contribute?
* What are the quality of life issues for these patients and how do we manage them?
* How can adjuvant treatments affect the patient or the treatment? What advice would you give?
* What complementary and alternative treatment modalities are available?

**Radical Techniques: Chest Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Positioning & Treatment Site** | Cannot identify immobilisation devices commonly used. Cannot discuss the accuracy and reproducibility issues. Has very limited anatomical knowledge | Can identify the main immobilisation devices used in the department. Has a limited understanding of why immobilisation is required. Outlines descriptively some accuracy and reproducibility issues. Can identify some of the main structures, but cannot relate the anatomical site of the tumour to issues around set up and treatment. | Can identify a range of immobilisation devices for a range of patients. Has some knowledge around immobilisation techniques. Has some understanding of why immobilisation is necessary, with few inaccuracies. Can discuss some of the accuracy and reproducibility issues. Can highlight some of the key anatomical structures and has some appreciation for the anatomical placement issues.  | Has an appreciation for a wide range of immobilisation devices for a range of patients. Has an understanding of why immobilisation is necessary, with some knowledge of how it can impact on treatment. Immobilisation techniques are discussed, with some clear links to theory. Has a good awareness for accuracy and reproducibility issues. Has a good knowledge of anatomy and anatomical placement issues. Variances in practice discussed. | Excellent knowledge of a broad range of immobilisation devices and techniques for an extensive range of patients. An excellent appreciation of why immobilisation is necessary and the impact it has on treatment. Has an excellent awareness for accuracy and reproducibility issues. Has an excellent understanding of the anatomy and anatomical placement issues. Variances in practice discussed and can work through some problem solving issues. |  |
| **Method of Treatment Delivery** | Unable to discuss the treatment method used in the department. Cannot identify verification methods and few or inaccurate links to the theory. Cannot link any clinical examples. Few or inaccurate contraindications identified. | The most common treatment method used in the department is discussed. Can identify a single method of verification and the theoretical underpinning. Can use a few clinical examples to identify issues which may affect treatment delivery for this site. A limited appreciation for the contraindications which may affect this category of patients.  | Common treatment methods discussed. Outlines the standard treatment verification methods used and the underpinning theory. How adaptations are made. Can outline some of the issues which may affect this site, using limited clinical examples. Can outline some contraindications. | Discusses a range of treatment delivery methods. Can discuss treatment verification methods, the underlying theory and outline some of the common issues which may arise and common adjustments made. Can discuss some of the issues which may affect the treatment for this site using a range of clinical examples. Can discuss a range of the contraindications for this category of patients.Variances in practice discussed.  | Discusses in detail a range of treatment delivery methods. Has an excellent appreciation for treatment verification methods, the underlying theory and associated issues that may arise, along with a broad range of adjustments which could be made at this stage. Has an excellent understanding of issues which may affect the treatment for this site using a broad range of clinical examples. Able to talk through some common problems which arise and contraindications.Variances in practice discussed.  |  |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Prescription** | Inaccurately outlines the dose and fractionation regimes or very limited examples. Cannot link the theory to the clinical practice. Inaccurately/insufficiently outlines the main radiobiological principles and is unable to link to practice. Unable to recall departmental protocol. | Can identify the main dose and fractionation regimes used for select clinical examples. Can outline some links to the theory including some of the radiobiological principles. Focuses on a few departmental protocols. | Outlines the departmental dose and fractionation regimes, some clinical examples and some links to the theory. Can outline the main radiobiological principles and how this might affect dose and fractionation. Refers to some clinical examples, focusing on departmental protocols. | Can discuss a range of dose and fractionation regimes, with some justification using clinical examples and theoretical principles. Can outline the main radiobiological principles and how they may impact on this category of patients. Uses a range of clinical examples and discusses some variances in practice. | Can discuss a wide range of dose and fractionation regimes, providing clinical examples and theoretical justification for them. Can discuss in detail the radiobiological principles and how they specifically affect this category of patients and the impact it may have. Uses a broad range of clinical examples, a range of examples beyond departmental protocol, current research and national variances in practice throughout. |  |
| **Patient Management & Holistic Care** | Inaccurately or insufficiently identifies the departmental provisions available for this category of patients. Is unable to use clinical examples to discuss quality of life. Inaccurately or insufficiently identifies adjuvant treatments patients may be accessing and how this may impact on treatment and the advice you may give. No knowledge of holistic support mechanisms and referral systems.  | Outlines briefly the main departmental provisions available for this category of patients. Discussion is around protocol and a limited number of clinical examples are used. Limited knowledge of the adjuvant treatments patients may be having.A few adjuvant and complementary therapies are outlined. Quality of life issues are briefly mentioned and a few links to practice are made. Limited knowledge of holistic support mechanisms and referral systems. | Can identify the main departmental provisions available for this category of patients. Can provide some clinical examples. Can discuss some of the adjuvant and complementary therapies available, providing some clinical examples of how this may impact on the patient and the advice given. Quality of life issues are outlined and the main departmental referral systems outlined. Demonstrates some appreciation for the holistic care of the patient. | Has a good level of knowledge around what departmental provisions are available for this category of patients. Refers to some clinical examples. Has some knowledge of variances in practice. Can discuss a range of adjuvant and complementary treatment and the impact this may have on patients and the advice given. Quality of life issues are discussed with some links to theory. Some holistic support mechanisms are identified. Demonstrates an appreciation for the holistic care of the patient and referral systems. | Is able to discuss in detail what provisions the department offers to provide holistic care for this category of patients. Is able to utilise a range of clinical examples and national variances in practice of how patients may be supported during and post treatment. A broad range of adjuvant treatments and complementary treatments are discussed and links to theory made. Quality of life issues are discussed in detail and how this links to Radiotherapy specifically is explored. Supportive mechanisms are explored and discussed. Demonstrates an excellent appreciation for the holistic care of the patient and their family within their discussion. |  |
| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Assessment Guidelines**

**Radical Techniques: Pelvis**

**Patient Positioning and Treatment Site**

* What are the different patient positions that may be adopted?
* What is the rational for appropriate positioning?
* What immobilisation equipment or techniques could be used?
* What accuracy and reproducibility issues could there be?
* Do you know of any variations in practice?
* What are the anatomical references, including surface, gross and radiographic anatomy?
* What are the organs at risk and their associated tolerance doses?

**Method of Treatment Delivery (Technique)**

* What are the methods of treatment delivery?
* What verification methods are or could be used?
* What are the treatment contraindications for these patients? And how would they be managed?

**Prescription**

* What are the recommended dose and fractionation regimes for this category of patients?
* What is the rationale behind various regimes?
* How does radiobiology theory influence what regime is used?

**Patient Management and Holistic Care**

* What follow-up provisions does the department provide? And how can additional services contribute?
* What are the quality of life issues for these patients and how do we manage them?
* How can adjuvant treatments affect the patient or the treatment? What advice would you give?
* What complementary and alternative treatment modalities are available?

**Radical Techniques: Pelvis Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

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|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Positioning & Treatment Site** | Cannot identify immobilisation devices commonly used. Cannot discuss the accuracy and reproducibility issues. Has very limited anatomical knowledge. | Can identify the main immobilisation devices used in the department. Has a limited understanding of why immobilisation is required. Doesn’t appreciate what other types of immobilisation devices/techniques may be used. Outlines descriptively some accuracy and reproducibility issues. Can identify some of the main structures, but cannot relate the anatomical site of the tumour to issues around set up and treatment. | Can identify a range of immobilisation devices/techniques for a range of patients. Has some knowledge around immobilisation techniques. Has some understanding of why immobilisation is necessary, with few inaccuracies. Has some theoretical underpinning around immobilising internal structures and the impact on treatment. Can discuss some of the accuracy and reproducibility issues. Can highlight some of the key anatomical structures and has some appreciation for the anatomical placement issues.  | Has an appreciation for a wide range of immobilisation devices/techniques for a range of patients. Has an understanding of why immobilisation is necessary, with some knowledge of how it can impact on treatment. Immobilisation techniques/procedures are discussed, with some good links to theory. Has a good awareness for accuracy and reproducibility issues. Has a good knowledge of anatomy and anatomical placement issues. Variances in practice discussed. | Excellent knowledge of a broad range of immobilisation devices and techniques for an extensive range of patients. An excellent appreciation of why immobilisation is necessary and the impact it has on treatment. Has an excellent awareness for accuracy and reproducibility issues. Has excellent theoretical underpinning around immobilising internal structures and impact on treatment. Has an excellent understanding of the anatomy and anatomical placement issues. Variances in practice discussed and can work through some problem solving issues. |  |
| **Method of Treatment Delivery** | Unable to discuss the treatment method used in the department. Cannot identify verification methods and few or inaccurate links to the theory. Cannot link any clinical examples. Few or inaccurate contraindications identified. | The most common treatment method used in the department is discussed. Can identify a single method of verification and the theoretical underpinning. Can use a few clinical examples to identify issues which may affect treatment delivery for this site. A limited appreciation for the contraindications which may affect this category of patients.  | Common treatment methods discussed. Outlines the standard treatment verification methods used and the underpinning theory. How adaptations are made. Can outline some of the issues which may affect this site, using limited clinical examples. Can outline some contraindications. | Discusses a range of treatment delivery methods. Can discuss treatment verification methods, the underlying theory and outline some of the common issues which may arise and common adjustments made. Can discuss some of the issues which may affect the treatment for this site using a range of clinical examples. Can discuss a range of the contraindications for this category of patients.Variances in practice discussed.  | Discusses in detail a range of treatment delivery methods. Has an excellent appreciation for treatment verification methods, the underlying theory and associated issues that may arise, along with a broad range of adjustments which could be made at this stage. Has an excellent understanding of issues which may affect the treatment for this site using a broad range of clinical examples. Able to talk through some common problems which arise and contraindications.Variances in practice discussed.  |  |
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| **Patient Management & Holistic Care** | Inaccurately or insufficiently identifies the departmental provisions available for this category of patients. Is unable to use clinical examples to discuss quality of life. Inaccurately or insufficiently identifies adjuvant treatments patients may be accessing and how this may impact on treatment and the advice you may give. No knowledge of holistic support mechanisms and referral systems.  | Outlines briefly the main departmental provisions available for this category of patients. Discussion is around protocol and a limited number of clinical examples are used. Limited knowledge of the adjuvant treatments patients may be having and the impact that may have on treatment.A few adjuvant and complementary therapies are outlined. Quality of life issues are briefly mentioned and a few links to practice are made. Limited knowledge of holistic support mechanisms and referral systems. | Can identify the main departmental provisions available for this category of patients. Can provide some clinical examples. Can discuss some of the adjuvant and complementary therapies available, providing some clinical examples of how this may impact on the treatment, the patient and the advice given. Quality of life issues are outlined and the main departmental referral systems outlined. Demonstrates some appreciation for the holistic care of the patient. | Has a good level of knowledge around what departmental provisions are available for this category of patients. Refers to some clinical examples. Has some knowledge of variances in practice. Can discuss a range of adjuvant and complementary treatment and the impact this may have on patients and the advice given. Quality of life issues are discussed with some links to theory. Holistic support mechanisms are identified. Demonstrates an appreciation for the holistic care of the patient and referral systems. | Is able to discuss in detail what provisions the department offers to provide holistic care for this category of patients. Is able to utilise a range of clinical examples and national variances in practice of how patients may be supported during and post treatment. A broad range of adjuvant treatments and complementary treatments are discussed and links to theory made. Quality of life issues are discussed in detail and how this links to Radiotherapy specifically. Supportive mechanisms are explored and discussed. Demonstrates an excellent appreciation for the holistic care of the patient and their family within their discussion. |  |
| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Assessment Guidelines**

**Radical Techniques: Breast**

**Patient Positioning and Treatment Site**

* What are the different patient positions that may be adopted?
* What is the rational for appropriate positioning?
* What immobilisation equipment or techniques could be used?
* What accuracy and reproducibility issues could there be?
* Do you know of any variations in practice?
* What are the anatomical references, including surface, gross and radiographic anatomy?
* What are the organs at risk and their associated tolerance doses?

**Method of Treatment Delivery (Technique)**

* What are the methods of treatment delivery?
* What verification methods are or could be used?
* What are the treatment contraindications for these patients? And how would they be managed?

**Prescription**

* What are the recommended dose and fractionation regimes for this category of patients?
* What is the rationale behind various regimes?
* How does radiobiology theory influence what regime is used?

**Patient Management and Holistic Care**

* What follow-up provisions does the department provide? And how can additional services contribute?
* What are the quality of life issues for these patients and how do we manage them?
* How can adjuvant treatments affect the patient or the treatment? What advice would you give?
* What complementary and alternative treatment modalities are available?

**Radical Techniques: Breast Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

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|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Positioning & Treatment Site** | Cannot identify immobilisation devices commonly used. Cannot discuss the accuracy and reproducibility issues. Has very limited anatomical knowledge. | Can identify the main immobilisation devices used in the department. Has a limited understanding of why immobilisation is required. Doesn’t appreciate what other types of immobilisation devices/techniques may be used. Outlines descriptively some accuracy and reproducibility issues. Can identify some of the main structures, but cannot relate the anatomical site of the tumour to issues around set up and treatment. | Can identify a range of immobilisation devices/techniques for a range of patients. Has some knowledge around immobilisation techniques. Has some understanding of why immobilisation is necessary, with few inaccuracies. Can discuss some of the accuracy and reproducibility issues. Can highlight some of the key anatomical structures and lymphatic drainage and has some appreciation of the anatomical placement issues.  | Has an appreciation for a wide range of immobilisation devices/techniques for a range of patients. Has an understanding of why immobilisation is necessary, with some knowledge of how it can impact on treatment. Immobilisation techniques/procedures are discussed, with some good links to theory. Has a good awareness for accuracy and reproducibility issues. Has a good knowledge of anatomy, lymphatic drainage and anatomical placement issues. Variances in practice discussed. | Excellent knowledge of a broad range of immobilisation devices and techniques for an extensive range of patients. An excellent appreciation of why immobilisation is necessary and the impact it has on treatment. Has an excellent awareness for accuracy and reproducibility issues. Has an excellent understanding of the anatomy, lymphatic drainage and anatomical placement issues. Variances in practice discussed and can work through some problem solving issues. |  |
| **Method of Treatment Delivery** | Unable to discuss the treatment method used in the department. Cannot identify verification methods and few or inaccurate links to the theory. Cannot link any clinical examples. Few or inaccurate contraindications identified. | The most common treatment method used in the department is discussed. Can identify a single method of verification and the theoretical underpinning. Can use a few clinical examples to identify issues which may affect treatment delivery for this site. A limited appreciation for the contraindications which may affect this category of patients.  | Common treatment methods discussed. Outlines the standard treatment verification methods used and the underpinning theory. How adaptations are made. Can outline some of the issues which may affect this site, using limited clinical examples. Can outline some contraindications. | Discusses a range of treatment delivery methods. Can discuss treatment verification methods, the underlying theory and outline some of the common issues which may arise and common adjustments made. Can discuss some of the issues which may affect the treatment for this site using a range of clinical examples. Can discuss a range of the contraindications for this category of patients.Variances in practice discussed.  | Discusses in detail a range of treatment delivery methods. Has an excellent appreciation for treatment verification methods, the underlying theory and associated issues that may arise, along with a broad range of adjustments which could be made at this stage. Has an excellent understanding of issues which may affect the treatment for this site using a broad range of clinical examples. Able to talk through some common problems which arise and contraindications.Variances in practice discussed.  |  |
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| **Patient Management & Holistic Care** | Inaccurately or insufficiently identifies the departmental provisions available for this category of patients. Is unable to use clinical examples to discuss quality of life. Inaccurately or insufficiently identifies adjuvant treatments patients may be accessing and how this may impact on treatment and the advice you may give. No knowledge of holistic support mechanisms and referral systems.  | Outlines briefly the main departmental provisions available for this category of patients. Discussion is around protocol and a limited number of clinical examples are used. Limited knowledge of the adjuvant treatments patients may be having and the impact that may have on treatment.A few adjuvant and complementary therapies are outlined. Quality of life issues are briefly mentioned and a few links to practice are made. Limited knowledge of holistic support mechanisms and referral systems. | Can identify the main departmental provisions available for this category of patients. Can provide some clinical examples. Can discuss some of the adjuvant and complementary therapies available, providing some clinical examples of how this may impact on the treatment, the patient and the advice given. Quality of life issues are outlined and the main departmental referral systems outlined. Demonstrates some appreciation for the holistic care of the patient. | Has a good level of knowledge around what departmental provisions are available for this category of patients. Refers to some clinical examples. Has some knowledge of variances in practice. Can discuss a range of adjuvant and complementary treatment and the impact this may have on patients and the advice given. Quality of life issues are discussed with some links to theory. Holistic support mechanisms are identified. Demonstrates an appreciation for the holistic care of the patient and referral systems. | Is able to discuss in detail what provisions the department offers to provide holistic care for this category of patients. Is able to utilise a range of clinical examples and national variances in practice of how patients may be supported during and post treatment. A broad range of adjuvant treatments and complementary treatments are discussed and links to theory made. Quality of life issues are discussed in detail and how this links to Radiotherapy specifically. Supportive mechanisms are explored and discussed. Demonstrates an excellent appreciation for the holistic care of the patient and their family within their discussion. |  |
| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Assessment Guidelines**

**Radical Techniques: Head & Neck**

**Patient Positioning and Treatment Site**

* What are the different patient positions that may be adopted?
* What is the rational for appropriate positioning?
* What immobilisation equipment or techniques could be used?
* What accuracy and reproducibility issues could there be?
* Do you know of any variations in practice?
* What are the anatomical references, including surface, gross and radiographic anatomy?
* What are the organs at risk and their associated tolerance doses?

**Method of Treatment Delivery (Technique)**

* What are the methods of treatment delivery?
* What verification methods are or could be used?
* What are the treatment contraindications for these patients? And how would they be managed?

**Prescription**

* What are the recommended dose and fractionation regimes for this category of patients?
* What is the rationale behind various regimes?
* How does radiobiology theory influence what regime is used?

**Patient Management and Holistic Care**

* What follow-up provisions does the department provide? And how can additional services contribute?
* What are the quality of life issues for these patients and how do we manage them?
* How can adjuvant treatments affect the patient or the treatment? What advice would you give?
* What complementary and alternative treatment modalities are available?

**Radical Techniques: Head & Neck Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

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|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Positioning & Treatment Site** | Cannot identify immobilisation devices commonly used. Cannot discuss the accuracy and reproducibility issues. Has very limited anatomical knowledge. | Can identify the main immobilisation devices used in the department. Has a limited understanding of why immobilisation is required. Doesn’t appreciate what other types of immobilisation devices/techniques may be used. Outlines descriptively some accuracy and reproducibility issues. Can identify some of the main structures, but cannot relate the anatomical site of the tumour to issues around set up and treatment. | Can identify a range of immobilisation devices/techniques for a range of patients. Has some knowledge around immobilisation techniques. Has some understanding of why immobilisation is necessary, with few inaccuracies. Can discuss some of the accuracy and reproducibility issues. Can highlight some of the key anatomical structures and lymphatic drainage and has some appreciation of the anatomical placement issues.  | Has an appreciation for a wide range of immobilisation devices/techniques for a range of patients. Has an understanding of why immobilisation is necessary, with some knowledge of how it can impact on treatment. Immobilisation techniques/procedures are discussed, with some good links to theory. Has a good awareness for accuracy and reproducibility issues. Has a good knowledge of anatomy, lymphatic drainage and anatomical placement issues. Variances in practice discussed. | Excellent knowledge of a broad range of immobilisation devices and techniques for an extensive range of patients. An excellent appreciation of why immobilisation is necessary and the impact it has on treatment. Has an excellent awareness for accuracy and reproducibility issues. Has an excellent understanding of the anatomy, lymphatic drainage and anatomical placement issues. Variances in practice discussed and can work through some problem solving issues. |  |
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| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Assessment Guidelines**

**Pre-treatment Techniques**

**Patient Preparation**

* How is a patient prepared for pre-treatment?
* What information and resources may be requested prior to pre-treatment?
* What diagnostic information may be utilised for pre-treatment?
* Is contrast used? How and why? Contraindications?

**Pre-treatment Procedure**

* What is the pre-treatment procedure?
* How does the pre-treatment procedure differ between sites?
* What is the role of 4D and when is it used?
* What image quality issues may you encounter?
* What considerations would you make prior to tattooing?
* What impact does dose have on pre-treatment?
* How does pre-treatment influence the planning process?

**Localisation and Verification**

* Discuss and evaluate the surface anatomy and axial anatomy related to a variety of clinical examples.
* How and when are pre-treatment procedures verified?
* What issues can transpire which may mean that the patient needs to be re scanned? How are these problems overcome?
* What alternative pre-treatment techniques can be adopted to improve image quality/information obtained?
* What accuracy and reproducibility issues may you observe during pre-treatment?

**Patient Management and Holistic care**

* What support or referral services may be offered to patients at pre-treatment?
* What patient pathway issues may you encounter at pre-treatment?
* What impact could adjuvant treatments have on pre-treatment?

**Pre-Treatment Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Preparation** | Insufficient / inaccurate information provided around the patient preparation for pre-treatment. Few or inaccurate examples provided around the use of diagnostic imaging and the use of contrast within pre-treatment.  | Can articulately discuss the main pre-treatment patient preparation processes, focusing on the tasks radiographers do and relying on departmental protocol or case reports specifically. Appreciates with few inaccuracies the role diagnostic imaging may have within the pre-treatment process for a select number of patients. Can discuss the use of contrast, linking it to departmental protocol.  | Is able to discuss some of the components which make up the entire patient preparation within the pre-treatment process for a range of clinical examples, from referral through to the first day of radiotherapy treatment. Uses a clinical example to illustrate how diagnostic imaging may be used within the pre-treatment process. Acknowledges the use of contrast and the contraindications to its use. Is able to refer to departmental protocol and evaluate accordingly.  | Has a good appreciation for the patient preparation within the pre-treatment process for a wide range of patients, from referral through to the patient attending their first Radiotherapy treatment appointment. Uses a large range of clinical examples to discuss and evaluate the role of diagnostic imaging and how it is used and the impact it may have. Has a good understanding of the use of contrast and is able to list some contraindications to its use. Uses other national practice to evaluate the departmental pre-treatment process.  | Excellent appreciation for the patient preparation within the pre-treatment process for an extensive range of patients, from patient preparation from referral through to the patient attending their first Radiotherapy treatment appointment. Is able to critically appraise using an extensive range of clinical examples how diagnostic imaging may be used and the impact it may have. Excellent understanding around the use of contrast and the contraindications which exist and how they may be dealt with. Is aware of a range of clinical variances in practice and utilises national practices to appraise and evaluate the departmental protocol and the pre-treatment process.  |  |
| **Pre-Treatment Procedure** | Insufficient / inaccurate information provided around the pre-treatment procedure. Inconsistent level of knowledge displayed for a range of clinical examples. Unable to discuss the role of 4D within pre-treatment procedure. Inaccurate / insufficient comparisons in practice provided. Extremely limited use of clinical examples to support discussion. Limited knowledge around the image quality and issues that may arise and the implementation of strategies to adapt accordingly. Insufficient or inaccurate information around the tattooing procedure and issues that influence positioning. No comparisons of practice made. Little or no reference to the issues surrounding dose limiting practice and the adjustments that are made. Insufficient or inaccurate links made between the pre-treatment localisation processes and planning. No appreciation for the pre-treatment pathway and the underlying theoretical principles are not discussed.  | Can articulately discuss some of the main pre-treatment procedure, using limited clinical examples. Has some basic knowledge around the use of 4D and can link some theory to practice on why and when it may be used. Some knowledge around how the quality of imaging may be affected and corrected for using a limited number of clinical examples. Can discuss the procedure protocol and can link the theory to how and when tattooing should be undertaken, alongside positioning. Refers predominantly to departmental protocol with a few limited examples. Is able to discuss the pre-treatment pathway from localisation through to planning with clear links to the underlying theory.  | Is able to discuss the components that makeup the pre-treatment processes. Is able to discuss departmental procedures and some variances in practice. Can competently discuss the use of 4D and when and how it might be used, using a variety of clinical examples. Can discuss and evaluate image quality using a variety of clinical examples. Can discuss and evaluate patient positioning and tattooing, providing a range of clinical examples and linking the theoretical principles to clinical practice. Can discuss and evaluate the pre-treatment pathway from localisation to planning, using a range of clinical examples and links to theory.  | A good understanding of the pre-treatment procedures and processes. Is able to discuss a wide range of clinical examples. Uses a few examples to evaluate and appraise the procedures undertaken within the department and nationally. Can evaluate the use of 4D with a range of clinical examples and discuss issues which may arise. Can critically appraise the positioning and tattooing procedures for a wide variety of clinical examples, whilst also linking to evidence based practice nationally. Can discuss and critically appraise the pre-treatment pathways and specifically the role of planning within pre-treatment. Evaluates a treatment plan and links to the pre-treatment processes.  | Excellent appreciation and understanding for the pre-treatment procedures, using a broad range of clinical examples and case studies. Is able to critically appraise the processes and stimulate discussion around changes to practice based on evidence based research? Has excellent knowledge of national variances in practice and can relate evidence based practice to the departmental protocols. Is able to competently link the theoretical principles of 4D and utilising a broad range of clinical examples to illustrate depth of knowledge. Is able to critically appraise issues that may occur during pre-treatment and suing a broad range of clinical examples to demonstrate problem solving skills. Displays excellent knowledge around positioning, immobilisation and tattooing, using theoretical knowledge to support protocol. Is able to discuss and evaluate the planning process, using clinical examples to evaluate the patient pathways within pre-treatment. Critical appraisal of a range of treatment plans. |  |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Localisation & Verification** | Insufficient or inaccurate labelling/discussion around the anatomical structures visualised during the pre-treatment process. No links identified between the surface and axial anatomy. Limited knowledge around the role and process involved in verification. Extremely limited use of clinical examples within the discussion. Has a limited appreciation of the issues that may occur during pre-treatment verification and why rescanning may be required. Unable to offer solutions to simple issues which may arise during the pre-treatment localisation and verification. Insufficient/inaccurate knowledge around how image quality can be improved. Insufficient/inaccurate discussion around the accuracy and reproducibility issues which arise during the pre-treatment process.  | Can label and discuss the main anatomical structures for a range of clinical examples. Is able to identify some surface anatomy and link it to the internal structures. Is able to discuss the verification methods used for a range of clinical examples. Reference to departmental protocols forms the basis of much of the discussion. Relies on a few clinical examples to support discussion. Is able to discuss some of the verification methods adopted within the department and identify some of the issues that may commonly occur. Uses a small number of clinical examples to illustrate when rescanning may be required. Is able to discuss common issues which typically arise during the pre-treatment localisation and verification process. Can discuss common image quality issues and offer some solutions. Is able to discuss some accuracy and reproducibility issues which may occur during the pre-treatment process. | Is able to identify a broad range of anatomical structures and is able to link surface and internal anatomy well. Theoretical underpinnings for positioning and immobilisation are linked to the anatomy. Uses a range of clinical examples to evaluate the verification methods used, issues that commonly occur and some knowledge of national variances in practice. Is able to evaluate the protocol for rescanning using a range of clinical examples. Is able to identify common issues that occur during the pre-treatment localisation and verification processes and offer solutions. Can evaluate a range of scans and discuss quality issues, providing ways in which they may be improved. Uses a range of clinical examples to evaluate accuracy and reproducibility issues which may occur during the pre-treatment process.  | Has a really good knowledge of anatomy and is able to utilise a wide range of clinical examples to demonstrate knowledge of surface and axial anatomy. Theoretical underpinnings for positioning and immobilisation are linked to the anatomy. Evaluates the verification methods used, by referring to a wide range of clinical examples. Is able to evaluate departmental and national variances in practice. has an excellent appreciation for common issues that occur and is able to provide some solutions using a range of clinical examples. | Utilises a broad range of clinical examples to illustrate excellent anatomical knowledge. Is able to link the surface and axial anatomical structures. Link to the theory underlying immobilisation and positioning. Is able to critically appraise the verification methods used for a broad variety of clinical examples, using evidence based practice and national variances to enhance discussion. Has an excellent appreciation for issues which may occur during the pre-treatment process which may lead to rescanning. Is able to problem solve typical issues which commonly arise, using theoretical underpinning. Competently evaluates the departmental protocols. Is able to discuss image quality issues and what factors may affect quality and how these may be addressed. Using a broad range of clinical examples is able to competently discuss a broad range of accuracy and reproducibility issues which may arise and how they are managed.  |  |
|  | **Fail: 0-5** | **6-10** | **11-15** | **16-20** | **21-25** | **Grade & Comments** |
| **Patient Management & Holistic Care** | Insufficient/inaccurate knowledge around what support services may be available to patients during the pre-treatment process. Is unaware of referral processes and the role additional services may have on the holistic care of the patient and their families. Has a very limited appreciation for the patient pathway from diagnosis through to treatment. Inaccurate/insufficient knowledge around issues which may impact on the patient pathway. Inaccurate/insufficient discussion around the impact adjuvant treatments may have on the patient pathway and pre-treatment.  | Can discuss some of the support services available to patients during the pre-treatment process. Using clinical examples is able to discuss the role of additional support services and the referral process involved. Is able to discuss the patient pathway from diagnosis through to treatment. Can identify a few issues which may arise during the patient pathway. Is able to discuss the impact adjuvant treatments may have on the patient pathway and pre-treatment.  | Can discuss a broad range of support services available to patients and their families during the pre-treatment process. Using a wide range of clinical examples is able to discuss the role of additional support services and the referral process involved. Is able to evaluate the patient pathway from diagnosis through to treatment. Can identify a wide range of issues which may arise during the patient pathway. Is able to discuss the impact adjuvant treatments may have on the patient pathway and pre-treatment process and provide solutions where deemed appropriate.  | Can discuss a broad range of support services available to patients and their families during the pre-treatment process, including those nationally available. Using a broad range of clinical examples is able to evaluate the role of additional support services and the referral process involved. Is able to evaluate the patient pathway from diagnosis through to treatment. Can identify a broad range of issues which may arise during the patient pathway. Is able to discuss the impact adjuvant treatments may have on the patient pathway and pre-treatment process and provide solutions where deemed appropriate. Has an excellent appreciation for the variances between radical and palliative pathways.  | Excellent knowledge of support services available to patients both departmentally and nationally, during the pre-treatment process. Utilises a broad range of clinical examples to illustrate effective referral processes. Is able to discuss national variances in the holistic care of patients. Has an excellent level of knowledge around the patient pathway and what issues may arise impacting on the pathway. Is able to offer solutions to common issues which may arise for patients during the pre-treatment stage. Critical appraisal of the impact adjuvant treatments may have on the patient pathway and pre-treatment. Is able to discuss the differences between radical and palliative and when treatment may be cancelled or Radiotherapy deemed inappropriate during the pre-treatment appointments.  |  |

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| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Assessment Guidelines**

**Patient Information**

**Side effects**

         What information would you discuss with the patient on their first day of treatment?

         Consider the site specific side effects. What is the radiobiological basis for these side effects? Quote tolerance doses where necessary.

         What additional information would you discuss with the patient on their last day of treatment?

         What impact may adjuvant treatments have on a patient during treatment?

**Symptom management**

         What advice would you give to the patient in order to reduce/limit the severity of their physical side effects?

         Consider the effect of medical/topical preparations used to counteract radiotherapy side effects.

         Consider the psychological side effects and the appropriate management.

**Holistic Care**

         What role do you play within the multidisciplinary team at your clinical site?

         How does your practice contribute to the holistic care of patients?

         What referral processes are currently set up and how may these be developed in the future?

         What support networks are available to patients and their carers?

         What public health advice would you offer a patient during their treatment?

**Patient Information Case Discussion**

Please circle the appropriate statement and place the score awarded in the end column. There is space for additional feedback and comments at the end.

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|  | **Fail: 0-6** | **7-12** | **13-18** | **19-24** | **25-33** | **Grade & Comments** |
| **Side Effects** | Insufficient / inaccurate information provided around what information patients would receive on their first day of treatment. Insufficiently/inaccurately identifies site specific side effects and the radiobiological principles responsible. Insufficient / inaccurate information provided around what information patients would receive on the last day of treatment. Insufficient / inaccurate knowledge of common adjuvant treatments for a range of clinical examples and the impact this may have on the patient and radiotherapy advice/support provided.  | Some examples provided around what information patients would receive on their first day of treatment using a range of clinical examples. Discusses site specific side effects and the radiobiological principles responsible and the correct tolerance doses where applicable. Clinical examples of what information patients would receive on the last day of treatment. Knowledge of common adjuvant treatments for a range of clinical examples and the impact this may have on the patient and radiotherapy advice/support provided.  | Comprehensive examples provided around what information patients would receive on their first day of treatment using a range of clinical examples and evidence based practice. Discusses a broad range of site specific side effects and the radiobiological principles responsible and the correct tolerance doses where applicable. A broad range of clinical examples of what information patients would receive on the last day of treatment with links to underlying theory. Knowledge of a wide range of adjuvant treatments for a wide range of clinical examples and the impact this may have on the patient and radiotherapy advice/support provided. | Critical appraisal of the information patients would receive on their first day of treatment using a wide range of clinical examples and evidence based practice. Discusses a broad range of site specific side effects and the radiobiological principles responsible and the correct tolerance doses where applicable. Critical appraisal of what information patients would receive on the last day of treatment with links to underlying theory and clinical examples. Knowledge of a wide range of adjuvant treatments for a wide range of clinical examples and the impact this may have on the patient and radiotherapy advice/support provided. An appreciation of departmental research trials and audits around patient information and managing patient side effects. | Critical appraisal of the information patients would receive on their first day of treatment using a wide range of clinical examples and evidence based practice. Some national variances in practice discussed. Is able to discuss some service improvement ideas around patient information and patient review. Discusses a broad range of site specific side effects and the radiobiological principles responsible and the correct tolerance doses where applicable. Critical appraisal of what information patients would receive on the last day of treatment with links to underlying theory and clinical examples. Is able to problem solve some clinical scenarios around typically asked questions from patients. Knowledge of a wide range of adjuvant treatments for a wide range of clinical examples and the impact this may have on the patient and radiotherapy advice/support provided. Is able to recognise signs and symptoms which may arise during treatment as a result of adjuvant treatments and provide information around what action would be necessary. An appreciation of departmental research trials and audits around patient information and managing patient side effects. |  |
|  | **Fail: 0-6** | **7-12** | **13-18** | **19-24** | **25-33** | **Grade & Comments** |
| **Symptom Management** | Insufficient / inaccurate information provided around side effects for a limited number of clinical examples. Has inaccurate/insufficient knowledge of medical or topical preparations which may be prescribed to patients during radiotherapy. Has inaccurate or insufficient knowledge of what psychological issues patients may experience within the cancer pathway.  | Uses some clinical examples of what advice patients would be given to limit/reduce radiotherapy side effects. Relies heavily on protocol and information leaflets during discussion. Has an appreciation for what effect medical/topical preparations may be used to counteract radiotherapy side effects. Can provide some examples of common psychological issues patients may experience during the course of their treatment.  | Uses a wide range of clinical examples of what advice patients would be given to limit/reduce radiotherapy side effects. Provides theoretical underpinning to the advice given, whilst referring to departmental protocol and information leaflets. Has a good appreciation for what effect medical/topical preparations may be used to counteract radiotherapy side effects. Is able to provide clinical examples around patient assessment and tailored advice for specific clinical cases. Can provide a wide range of examples of common psychological issues patients may experience during the course of their treatment and the management options available to them.  | Uses a broad range of clinical examples of what advice patients would be given to limit/reduce radiotherapy side effects. Provides detailed theoretical underpinning to the advice given, whilst referring to departmental protocol and information leaflets. Critically appraises the advice given, providing clinical examples and links to evidence based practice. Has an excellent appreciation for what effect medical/topical preparations may be used to counteract radiotherapy side effects and contraindications of their use. Is able to provide a broad range of clinical examples around patient assessment and tailored advice for specific clinical cases. Provides a broad range of examples of common psychological issues patients may experience during the course of their treatment and the management options available to them and how this would be addressed during their Radiotherapy treatment.  | Uses a broad range of clinical examples of what advice patients would be given to limit/reduce radiotherapy side effects. Provides detailed theoretical underpinning to the advice given, whilst referring to departmental protocol, information leaflets and national/international variances in practice. Critically appraises the advice given, providing clinical examples and links to evidence based practice and how service improvement could be developed. Has an excellent appreciation for what effect medical/topical preparations may be used to counteract radiotherapy side effects, with some theoretical underpinning. Knowledge of a range of contraindications of their use. Is able to provide a broad range of clinical examples around patient assessment and tailored advice for specific clinical cases, based on evidence based practice. Extensive knowledge of the psychological issues patients may experience during the course of their treatment and the management options available to them and how this would be addressed during their Radiotherapy treatment. Is able to competently problem solve a range of clinical scenarios around symptom management.  |  |
|  | **Fail: 0-6** | **7-12** | **13-18** | **19-24** | **25-33** | **Grade & Comments** |
| **Holistic Care** | Insufficient/inaccurate knowledge of the MDT and the role Radiographers play. Insufficient/inaccurate knowledge around what support services may be available to patients during the cancer pathway. Is unaware of referral processes and the role additional services may have on the holistic care of the patient and their families. Has a very limited appreciation for the patient pathway from diagnosis through to treatment. Inaccurate/insufficient knowledge around issues which may impact on the patient pathway. Inaccurate/insufficient discussion around what public health advice could be offered. | Displays some limited knowledge of the MDT and the role Radiographers play. Has some knowledge around what support services may be available to patients during the cancer pathway. Is aware of some referral processes and the role additional services may have on the holistic care of the patient and their families. Has an appreciation for the patient pathway and some limited knowledge around issues which may impact on the patient pathway. Has an appreciation for how some public health issues could be addressed within Radiotherapy.  | Knowledge of key members of the Radiotherapy MDT. Can discuss a broad range of support services and referral mechanisms available to patients and their families during the Radiotherapy process. Using a wide range of clinical examples is able to discuss the role of additional support services and the referral process involved. Is able to evaluate the patient pathway. Can identify a wide range of issues which may arise during the patient pathway. A good understanding of public health issues and what advice may be offered in specific clinical examples. | A thorough understanding of the MDT and how they are integrated into the department. Can discuss a broad range of support services and referral mechanisms available to patients and their families during the radiotherapy process, including those nationally available. Using a broad range of clinical examples is able to evaluate the role of additional support services and the referral process involved. Is able to evaluate the patient pathway. Has an excellent appreciation for the variances between radical and palliative information and advice. Has an excellent understanding of public health issues and how they affect specific patients. Advice that may be given to the patient about public health issues and how this is tailored for specific categories of patients.  | Utilising a broad range of examples is able to discuss the MDT and how they integrate within the MDT. Excellent knowledge of support services available to patients both departmentally and nationally, during the radiotherapy pathway. Utilises a broad range of clinical examples to illustrate effective referral processes. Is able to discuss national variances in the holistic care of patients. Has an excellent level of knowledge around the patient pathway and what issues may arise impacting on the pathway. Is able to offer solutions to common issues which may arise for patient's receiving radiotherapy. Is able to discuss the differences between radical and palliative holistic care. Has excellent knowledge supported by the use of a broad range of clinical examples whereby public health issues could/have been addressed with patients. Aware of the public health agendas and evaluating the Radiotherapy contribution.  |  |

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| Overall Comments and Action Planning |
| Assessor signature:Date: | Final grade awarded |  |

**Feedback**

As part of the assessment process you will be given verbal and written feedback on your performance. This feedback should be made available to you within 2 days of completing the case discussion.

This feedback should allow you to see where marks have been allocated using the assessment grid and how you could have improved. Feel free to ask for clarification, if the feedback is not explicit enough. You should also look to use the feedback to help inform you of areas requiring development to focus on when you are working clinically.

Remember to utilise your PLT and their experience prior to sitting another attempt.

**Moderation and Cross Moderation**

Moderation is conducted periodically by your PLT and the assessment team undertaking peer review. This is to ensure consistency between assessors within the department. At times you may be observed during your case discussion and whilst receiving feedback by your PLT. In addition to this, cross moderation also occurs between other departments to ensure the same consistency throughout the whole clinical programme.

**Don't compare yourself to other students and other departments. Unless you are present in someone else's case discussion you aren't able to draw conclusions or comparisons about the equity of a case discussion.**

**Assessor Updates**

Every year assessors engage with assessor training to ensure their consistency. Every two years they must reapply for the assessment role to ensure they have engaged with the training and peer review. This will ensure a consistent and equitable approach to your assessment.