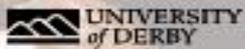




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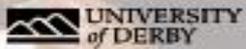


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## Introduction

Welcome to this operating handbook for the Clinical Practice Education module. It is within this module that clinical placement is 'housed', so this operating handbook has more information regarding the general features, expectations etc. of clinical placement.

All aspects of clinical placement have been developed with due consideration given to the following key documents:

- College of Radiographers (2012) Quality Standards for Practice Placements.
- College of Radiographers (2013) The Scope of Practice.

Those of you commencing the programme will be allocated to a clinical placement. We cannot guarantee a specific placement (as I am sure you will remember from the admissions information) but all of our placements offer you an excellent variety of clinical experience.

Please take time to read this operating handbook carefully - it should answer most of your questions! If it doesn't then please don't hesitate to ask the relevant module leader.

The module leader for Clinical Practice Education – Naomi Shiner.

### Important note

Year 1 students: Before you commence placement in January you will need to have:

- Attended all of the **mandatory training sessions**, as outlined in your mandatory training passport.
- Have received a **satisfactory DBS** certificate (applied for via the University of Derby) and you must have **shown the certificate** to the programme leader (or nominated tutor) so that the certificate number can be logged.
- Received **health clearance** ('fit for practice' assessment) by attending all the relevant health screening appointments.
- If one or more of these conditions has not been met then you must not attend placement until authorised to do so by the programme leader.

**Year 2 students:**

- You are required to complete an annual declaration with regard to health and CRB/DBS status – again, you must not attend placement until you have completed this declaration
- If there are any changes to your health or DBS/CRB status at any time in the year you must declare this as soon as practical

## Progression through the stages of clinical practice

Year 1 placements are your introduction to the clinical environment. A firm foundation is provided in the fundamentals of general radiographic techniques and assessment of image quality. You will be introduced to, and assist with, more complex examinations including those of the gastro-intestinal and renal tracts.

Communication and patient care skills are developed and you are encouraged to reflect upon aspects of your clinical and professional learning. You will also develop a basic understanding of departmental routines (including data handling, manipulation of equipment, health and safety in practice etc.). Over the summer of year 1, you will start to develop your skills further. You will begin to develop an understanding of the different techniques and approaches, how they impact on patient care and how different examinations can complement one another. You should also be developing the ability to critique your own practice and employ decision making skills in the technical and diagnostic assessment of your images. You are encouraged to reflect upon aspects of team working, as well as your own clinical and professional development.

Year 2 placements are organised to broaden your experience of adapted radiographic techniques, to increase your exposure to contrast agent techniques, and to introduce you to other imaging modalities (e.g. CT, ultrasound). You will gain experience caring for patients with more complex needs, and will be introduced to paediatric radiography. You will start to take increasing responsibility in the field of general radiography, and to widen your experience to include more challenging cases. You will gain a deeper understanding of specialised examinations and gain or develop experience in other imaging modalities. Experience is enhanced outside the imaging department, by increased exposure to wards and theatres, enabling you to appreciate how the imaging department interacts with others. You are encouraged to reflect upon departmental organisation, and continue to examine and develop your own clinical and professional development.

You **will not** finish the programme knowing everything you could ever wish to know - that is not realistic! There will be some aspects of practice where you have had little experience of as a student. Perhaps this is a skill which qualified members of staff usually do; either because time of is of the essence, for insurance liability reasons or just because these patients tend to be seen 'out of hours' or at weekends. Some examples include:

- Cannulation
- Major trauma cases
- Facial bones imaging requests

Some things come with experience. As a newly qualified graduate your employer would expect you to still have plenty of room for skills development - don't panic.

What we **will** do is to help equip you with the skills to be able to keep on learning throughout your professional career. We will introduce the theory related to these

aspects of practice and where possible include simulation to help you gain an understanding of these skills (practicing cannulation on 'dummy' arms for example).

## SECTION 1.

### 1.1 Approaches to Learning

A variety of approaches are used during clinical practice. Much of the learning is experiential – you will learn not only through performing the technical aspects of radiographic examinations, including data handling, but also through active engagement with patients, clinical staff and members of the public. This is augmented by utilisation of reflective approaches to learning, encouraging you to critically evaluate clinical and professional skills and responsibilities. This results in continuous development of a deeper understanding of the issues encountered in a clinical environment. Learning will also take place through direct instruction and explanation from clinical staff, and from departmental resources.

The research evidence would suggest the students who benefit most from learning in practice the best are those who take a self-directed approach to their own learning (Sharples and Moseley, 2010).

It is interesting to take a few minutes to consider how we learn new practical skills. It doesn't happen just by reading a book or watching a DVD - Learning a practical skill tends to occur via the following stages:

1. learning by watching a competent practitioner
2. learning by assisting a competent practitioner
3. learning by undertaking a procedure, under close supervision
4. learning by exposure to a variety of situations, under supervision
5. learning by disseminating your knowledge, explaining to others

Sharples K. and Moseley L. (2010) learning to learn in practice: An evaluation of a 35-day practice orientation programme. <b>Nurse Education in Practice</b> ; Vol 10, pp57–63
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As student, we would expect you to move through stages 1,2 and 3 in year 1, to start developing your expertise (stage 4) at the beginning of year 2 and to finally start to be able to explain to others (stage 5) towards the end of year 2. However, as you encounter new procedures or techniques you can move right back to stage 1 on this scale – at any point in your undergraduate career and beyond.

Your clinical experience will normally be carried out under the overall supervision of a clinical radiographer, although other members of staff on a professional register (e.g. radiologists, radiology nurses) may also carry out this role.

Primarily, clinical work will involve observing, assisting or undertaking radiographic examinations, procedures and other related imaging tasks. The level of involvement and proximity of supervision with any task will depend upon the phase of training, the competence of the student, and the nature of the task. You will also have tasks related to professional development to undertake in the clinical practice area.

Remember though, you are working in a clinical area, the requirements of the service and of the patients will always come first. There may be times when you need to work in a role 'assisting' rather than 'doing' to meet these demands.

You must always act on instruction that is given to you by a qualified member of staff, unless you feel that instruction may put you or others at risk, in which case you must seek clarification and/or refer to the departmental superintendent. Refusal to participate in radiographic examinations or in the day-to-day tasks required for the smooth running of an imaging department could be classed as a professional suitability issue.

Use of the Clinical Skills Suite during clinical placements also allows you to practice and develop your technical skills in a "safe" environment. If you feel you need tutorial support and some time in clinical skills then contact the developing professional practice module leader to arrange this.

## 1.2 Supervision when Working in Clinical Areas

You will receive formal teaching on both Health and Safety, and Radiation Safety during the programme. You should note that all sessions relating to Health and safety and radiation safety are mandatory and you will not be able to work in a clinical placement area until you have undertaken this training. However, rules and working practices vary between departments; copies of local rules guidelines etc. will be available in each department and you must acquaint yourselves with them.

Additionally you must familiarise yourselves with the emergency procedures in each department you work in.

Please note the guidance from the College of Radiographers (2009) regarding operator status, in that students are not entitled to operate as operators under IR(ME)R 2000 legislation. This means you **must never** undertake an examination without appropriate supervision. A radiographer may not always be in the room giving direct supervision, but they must always know what you are doing and have authorised that examination. They must be assured that you have sufficient experience and expertise to act under indirect supervision; this is unlikely to be the case in the early stages of your training programme.

Remember the stages of learning a skill– don't try to undertake an examination or task before you have had experience of watching and assisting first. Understanding the boundaries of your knowledge is very important, so the golden rule is **if you are ever unsure ASK**.

### 1.2.1 Radiographer's twitch

Drives students' nuts - but ask any student about to qualify if they will adjust positioning/equipment when they are supervising? The answer is yes. So why?

The radiographer supervising you is LEGALLY responsible for the images you produce. They have a professional responsibility to ensure image quality and patient care is to the highest standard. Radiography is a very 'hands on' skill and sometimes they will need to put their hands on the patient or adjust the equipment a minute amount - just to be sure.

### 1.3 Facing challenges and managing uncertainty

Only you can decide how much to put into this programme of study. An individual's strengths, weakness and how they deal with challenges can make a difference.

For example, how will you decide to deal with feedback and criticism? Will you dismiss it and remain closed to the possibility of improvement? Or will you see it as an opportunity for development?

**Scenario:** M is a first year student and he was surprised recently to be criticised for his chest x-ray technique. He had been practising in clinical skills, he'd read all the lecture notes really carefully and done at least 10 chest x-rays last week without bother. How dare the radiographer question how he was going about x-raying this patient!

**Question:** Why might the radiographer be commenting on his technique and suggesting another way might be better? Why is there more than one way to undertake many radiographic techniques? Does M actually have the skills yet to make these judgements? How would you react in this situation?

#### 1.3.1 Some things to think about

Expect not to be the centre of attention when the department is busy; the clinical service is the priority. Your assistance at these times will be very welcome but you may not have many opportunities to practice your own technique skills development.

You are starting out at the bottom of the diagnostic radiography career ladder, you will be told what to do and where to go. You will not always get things right and radiographers will correct you. We recommend you develop a degree of emotional resilience to being told what to do and to handling criticism.

Most placements commence at 8.30-8.45 am generally (but some placements start from 7am), so you must be aware of that when making travel arrangements. Parking at most hospital sites is very limited and expensive, so we do recommend using public transport wherever possible. It is not uncommon for some students to be out of the house (or halls) at 7am and not arrive back until after 6.30pm – especially with rush hour traffic or waiting for buses/trains.

Some students choose to live in accommodation nearer the hospital site (we can point you in the right direction in order to arrange this) and most students can claim this additional expense back but it will depend on their individual bursary entitlement. However, there is an up-front cost to be calculated into your cash flow.

Radiography is not a 9-5 job and to give the students an experience of 'out of hours' working you are expected to work some evenings, nights and weekend shifts. This is a mandatory part of the programme.

For some students seeing just how ill some patients are can be a shock. For example, I have heard students say they did not expect to be working with so many patients who have cancer or life threatening conditions. This is part of normal diagnostic radiographic practice. Again, developing a degree of emotional resilience is key.

Finally, Placement is very tiring and you will have to keep an on-going log of your clinical experience, so you will be doing some work in the evenings. You will find trying to fit in other part-time work as well will be challenging.

### 1.4 Your placement rota

Your placement rota will be issued (usually) at least 4 weeks before commencement of placement - although it is often sooner.

Rotas are carefully crafted and agreeing in close consultation with our clinical practice colleagues. Your rota should be seen as a 2 year process of experience.

**Scenario:** G has just finished his 1<sup>st</sup> 6 weeks of placement. He enjoyed it but doesn't see why his A+E placement couldn't be in the second block of placement; in fact it would be better if everyone's rota was like that surely? He hasn't even done the theory of barium enemas and yet he has had 1 week rota'd in that modality.

**Questions:** Why are rota's different for each student? Why can't all students on a placement be in A+E together? Does it matter if G has seen barium enemas before he has learnt the theory? What do you think? What do you think about this scenario in the context of a self-directed learner?

**Plan:** Rotas should be seen in the context of a 3 year programme. They are carefully planned and the clinical staff are fully consulted. It is not an easy task! It doesn't matter if you see the procedures first or learn the theory 1<sup>st</sup>; it is what you do to bring that knowledge and experience together that will matter.

#### 1.4.1 Changes to your rota

Because rotas are carefully planned you can only request to change your rota in exceptional circumstances; you must not change your rota without prior agreement with both the clinical department (clinical liaison) and the University (relevant module leader). For indemnity purposes we (the university) must be aware of any major changes **in advance** - this may include:

- change of hospital site,
- change of day (e.g. working a study day, this will only be authorised in exceptional circumstances)
- additional day (e.g. working a Saturday or Sunday -in year 3 only – that is not on the published rota)
- change of shift – e.g. working a 7-3 instead of a 3-11

Any changes such as this must be requested in advance (at least 1 working week would be reasonable) by using the placement swap form. Once agreed, these

amendments will be logged on your placement record (a computer database called Arc).

It is the **students responsibility** to notify the University of any amendments agreed at clinical practice level; not the clinical liaison radiographer's job. **Failure to do so, in advance, would be classed as a professional conduct issue and investigated in accordance with the PCPS policy. Any warnings will go on your file and will be reported on any future references. Additionally, any hours accrued this way will be voided from your placement attendance hours; you will have to do them again anyway.**

When you are attending University for academic study (academic study blocks) you **cannot** attend placement on your self-study days. You should be concentrating on your academic work and any forthcoming assessments. Additionally, there are usually other student cohorts on placement during these periods and your presence would overload the clinical departments and supervising staff, as well as disadvantaging the students who *should* be there. Any requests will be declined and any unauthorised attendance will be dealt with as outlined in the preceding paragraph.

**Why is this so important?** You are attending clinical placement as a student from the University of Derby; you do not have a contract with the trust directly. In the event of an incident – an accident, a radiation incident, your negligence etc – if we (University) had no knowledge that you were on placement then you would not be there (officially) as a student. You would be putting yourself, the staff and patients at considerable risk. Additionally, any attendance not agreed in advance (and logged on Arc) will not be counted towards your hour's requirement for the Clinical Practice Education module; if you have attended without prior authorisation then these hours will be voided from your clinical placement hour's record.

For similar reasons your request to **work a half-day study** is unlikely to be granted automatically; this is time set aside for you to catch up with your clinical paperwork and related assessments. If you wish to work a half-day study then contact the module leader with a clear rationale; if you are behind with your work, not engaging in formative assessment and/or there are any concerns relating to your paperwork, meeting deadlines etc then your request will be declined.

#### **1.4.2 Requesting a change of placement allocation**

Changes to placement rotation (i.e. changing to Derby rotation to Nottingham rotation) can only be agreed at the commencement of a new academic year. Placements cannot be changed mid-way through a yearly rota.

You can request a change of placement rotation immediately after the assessment board (July) by filling in the relevant form (this is available on the programme area of blackboard). You will be asked to provide a justification and you will also be asked to report your attendance and reflect on your punctuality (in placement and in academic practice). There are various reasons for this but this may be used when trying to decide which application to agree to (if there is more than one student applying to change). Changing placement is challenging; there will be new faces to get used to,

new protocols, new techniques, and new challenges in terms of getting to and from placement. We need to be assured that you will be able to face these challenges and your record of attendance and punctuality can give a hint as to your commitment to rise to challenges.

Changes cannot be guaranteed and each application will be judged on its own merits (not on first come/first served basis). Changes can only be made if there is space available and you must be likely to progress academically to the next year stage.

Agreed changes will be notified in Early September of each year.

## 2. Documentation

The documentation associated with your clinical placement should be looked after carefully as it is your record of practice evidence.

You are provided with:

- **Skills development record:** (this will form section 1 of your clinical portfolio)
- **A record of attendance** booklet (this will form section 2 of your clinical portfolio)
- **Preparedness for practice forms:** (this will form section 3 of your clinical portfolio) Clinical observation assessment form(s)

Your Professional Practice Portfolio will be issued to you towards the beginning of your studies before you go out on your first placement block. You are expected to keep this document for the duration of your studies.

You are expected to scan and upload completed competencies, assessments and action plans to your e-Professional Development Portfolio at regular intervals during your clinical placement time. These documents form a large part of the evidence that supports your professional development.

Recording placement activity electronically offers many advantages to you in that these records cannot be easily lost or damaged. They also offer advantages for us, as your placement activity can be regularly monitored and earlier interventions applied if required.

It is your responsibility to accurately complete and maintain these records and to complete the Clinical Practice Education clinical assessment scheme.

The module leader, personal tutor and clinical supervisors are available to advise you, although it remains your responsibility to inform an appropriate member of staff, if for any reason, difficulties are anticipated, or encountered.

All documentation must be made available to members of University staff on request.

The records and attendance record constitutes part of the coursework for the modules and as such are subject to University and programme regulations.

Hand in dates for documentation are given in the assessment schedule in the Programme handbook.

**Scenario:** Student V had decided to write down every examination they had seen or done in a little notebook. V had also decided to ask the radiographers to scribble a quick signature next to each entry. This is not part of the documentation requirements and radiographers then started to comment that there were fed up with being asked to sign the student's notebook.

**Plan:** We don't ask or need you to do this - so don't make extra work for yourself or the radiographers you are working with! By all means keep a notebook in which you reflect on what you have learnt that day - but no-one needs to sign this! Remember though - do not record any patient information in your own notes or official records for Uni assessment.

**Scenario:** T was confused about filling in her skills development record; is it enough to just get a radiographer to sign to say she had completed a task or not? There didn't seem any point doing much else.

**Questions:** What do you think the point of a portfolio is? A portfolio should be much more than a 'tick list' ; certainly when you qualify simply saying you had 'done' or 'achieved' certain things would not be enough for CPD purposes. So, for every entry in the skills development portfolio you should think about:

- a) what you have learnt
- b) what you still do not understand
- c) action plan to develop your understanding (especially of anything noted in point b)

**And** this will help you when it comes to preparing for your viva; your examiners will ask you about how you met certain skills targets/competencies, what you observed/learnt and about some of the related theory - so if you think about this as you go along then you will be well prepared for the questions.

## 2.1 Confidentially and patient data

You will receive training about confidentiality and about handling of patient data, but to remind you that you must abide by the rules of confidentiality. Failure to do so is a serious professional conduct issue and will be dealt with in line with the Professional conduct and Professional suitability policy.

You must **not** record patients' hospital numbers as part of your clinical record keeping.

### 3. Presenting a professional appearance

#### 3.1 Provision of Uniform

We will provide you with uniforms for your clinical placement – comprising 2 tunic tops and 1 pair of trousers. It is your responsibility to attend the uniform fitting session and to collect your uniform.

Laundry of uniforms is your responsibility and must be undertaken regularly. Good hygiene practices require that you may only wear your uniform outside the clinical areas when travelling to and from the placement and during these journeys the **uniform must be covered.**

You will be required to provide suitable footwear (see footwear advice below).

If your uniform becomes damaged and is unsuitable to use then please inform the module leader as soon as possible to arrange a replacement.

If your body size changes then you can order another uniform (the details will be in your initial uniform 'pack') but there will be a cost to you.

#### **Important note:**

If you do not have a suitable uniform to wear then you must not attend placement until the issue is resolved. It is not acceptable to work in a clinical area wearing a shirt/T-shirt of other such apparel.

#### 3.2 Code of Dress

This protocol has been drawn up in conjunction with clinical staff to standardise uniforms.

- You must have at least two uniforms which must be regularly laundered and ironed. Contact the Clinical Practice Education module leader if your uniform becomes damaged or unsuitable.
- Students wearing tunics must wear smart, trousers supplied by the uniform company or tailored navy blue or black trousers.
- Footwear must be smart, with heels of a sensible height. Toes and heels must be enclosed (i.e. no sandals or mules) – this is a health and safety requirement.
- Hair must be off the face; shoulder length and longer hair must be tied back.
- Name and security badges must be displayed at all times. Please be especially careful not to lose your ID badge as there are implications in respect of hospital security.
- Good personal hygiene is expected, fingernails must be kept short and clean (no nail extensions), mature facial hair only (no stubble).

- Navy or black cardigans only, these must be of a suitable size not too baggy. Infection control protocols require that Cardigans must not be worn in clinical areas.

Jewellery and make-up must be kept to a minimum. Earrings must be discrete, and must not be long or hooped. Nose studs, if worn, must be discrete; any other visible studs etc. (e.g. tongue, eyebrow) must be removed. Rings with stones must not be worn as they are likely to cause patient injury during manual handling. Necklaces, if worn, must be worn within uniforms. Any visible tattoos must be covered.

These rules are a minimum set of standards and may be supplemented by individual clinical departments or work areas. You are expected to familiarize yourself with the individual departmental requirements. Students whose appearance or behaviour is inappropriate may be refused access to the departments.

### **3.3 Provision of Accessories**

We will provide you with a name badge which is accepted in all the clinical centres as proof of ID. These must be worn at all times when in clinical areas. There will be a cost to replace these if lost.

Radiopaque 'right' and 'left' markers are provided. You will incur a charge if these are lost.

Radiation monitoring is arranged through Nottingham University Hospitals NHS Trust. You are responsible for the safe return of monitoring devices. Cases of loss will incur a charge.

### **3.4 Care of Valuables**

Unfortunately, hospitals are frequently a target for thieves. Total security cannot be guaranteed. Please keep the number of valuable items to an absolute minimum when on clinical placement, and always secure them in locked lockers

## **4. Discipline and Professional Suitability**

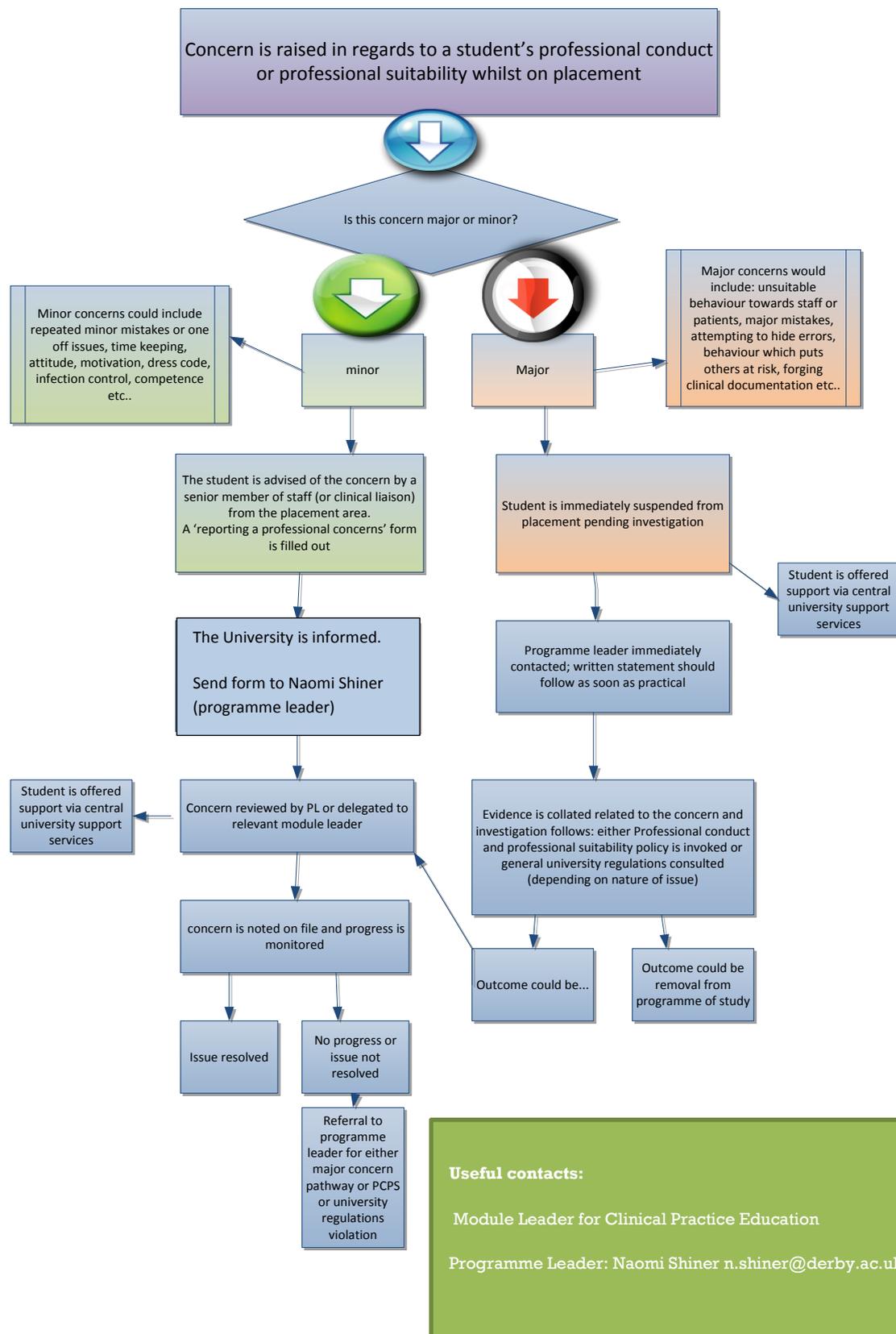
Valuable learning opportunities and experience will occur during your work with members of staff from clinical departments. You are expected to follow the guidance of qualified members of staff during your clinical placements and behave in a professional manner in clinical areas or other areas where you might come into contact with patients, their relatives or members of the general public. You are expected to familiarize yourself with and abide by relevant legislation, departmental guidelines and procedures.

Failure to do so may involve disciplinary action and/or exclusion from the clinical area and will be managed according to university regulations and procedures. If conduct or suitability (in clinical or in academic practice) falls below the high standards of behaviour expected of a healthcare professional then the University has the right to terminate the student's registration if the concerns are considered serious. Please familiarize yourself with the Professional conduct and Professional suitability policy. Students who have prolonged or recurrent difficulties will be counselled by the

programme leader and/or other academic staff in order that objectives can be negotiated and a review date agreed.

Situations where students wish to raise concerns will be processed in collaboration with clinical departments and utilise university procedures (as found in the 3 Rs documentation) and/or Trust procedures, as appropriate.

## 4.1 Concerns about suitability or professionalism



#### **4.1.1 Minor concerns:**

These will be regarding your progress generally, perhaps staff do not feel you are progressing as you should, or may be your time keeping or adherence to dress code is not what it should be. Whatever the concern at this level, you will usually be spoken to (in confidence) by a senior member of the clinical staff and the concern will be reported using the '**reporting a professional concerns**' form.

Remedial action will then be discussed by the University team with the clinical staff, in consultation with you as well. An action plan will be agreed with you and the clinical placement concerned. Action plans will vary depending on the issue or concern that has been raised, but it may take the form of tutorial support or time in the clinical skills suite. This will then be monitored and hopefully that issue will be resolved.

If remedial action does not address the issue or concern to the satisfaction of the clinical placement then you will be referred to the programme leader for further action to be agreed.

#### **4.1.2 Major concerns**

Serious or on-going concerns will be referred to the programme leader directly. Depending on the concern or issue you may be suspended from placement pending an investigation.

Concerns and evidence must be put in writing to the programme leader. An investigation in line with the faculty Professional Conduct and Professional Suitability Policy will then be instigated.

Whether the concern or issue is major or minor you will be offered support (via the student support services) and you may bring someone to any meetings that are arranged to act as your advocate.

The University has the right to terminate the student's registration if the concerns are considered serious.

## **4.2 Accidents and Incidents during Clinical Practice**

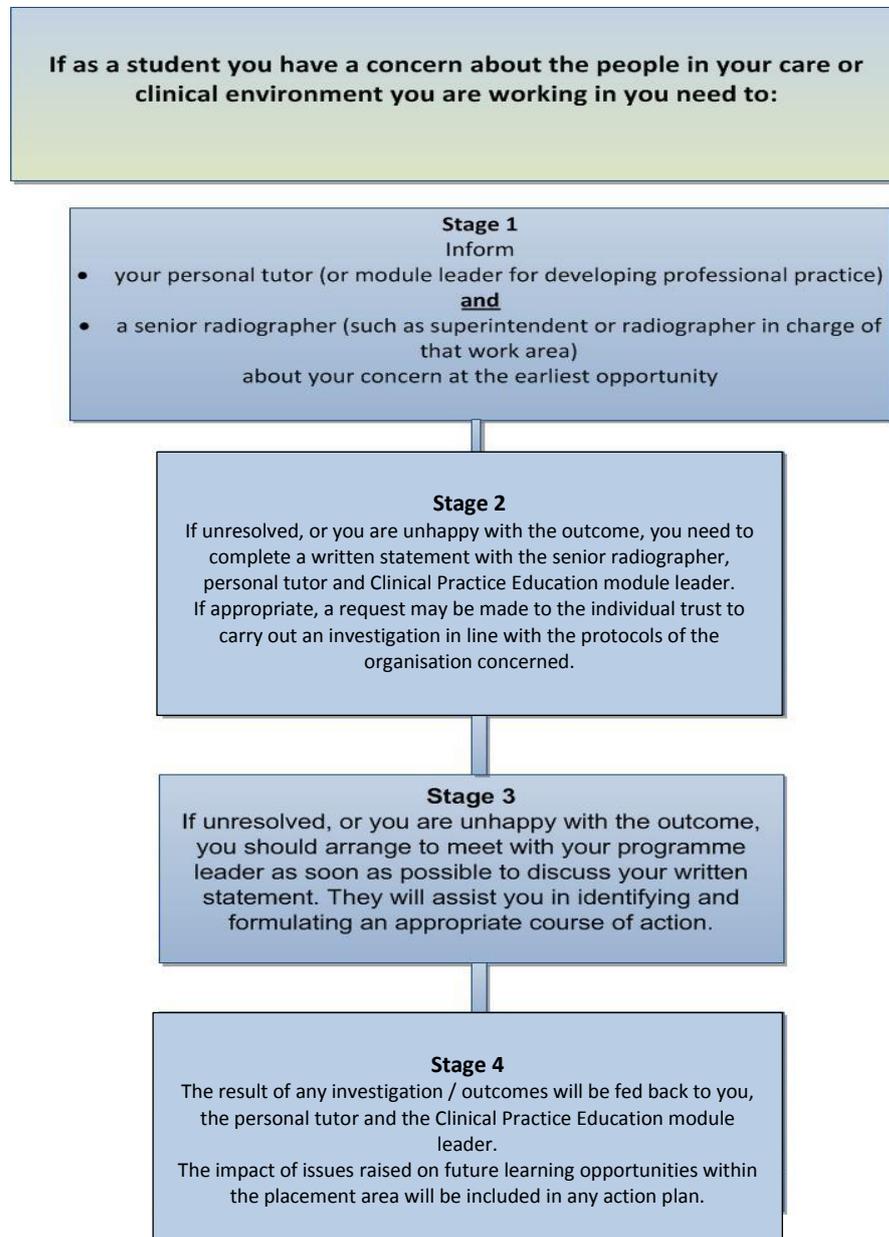
Any accident or incident arising during clinical practice will be dealt with according to the procedures of the individual imaging departments. You are advised to contact the relevant module leader (or, if not available, the programme leader) as soon as an accident/incident occurs, and you must also obtain copies of any documentation so that these may be placed in your personal file.

Diagnostic radiography students have a responsibility underpinned by the Guidance on professional conduct published by the HCPC. If you see anything that concerns you whilst on practice placement, you should:

- Inform your clinical liaison radiographer/ superintendent or lecturer immediately if you believe that you, a colleague or anyone else may be putting someone at risk of harm.
- Seek help immediately from an appropriately qualified professional if someone for whom you are providing care has suffered harm for any reason.

- Seek help from your clinical liaison radiographer/ superintendent or lecturer if people indicate that they are unhappy about their care or treatment.

If you have any concerns in practice follow the flowchart below:



## **5. Induction to placement**

Your initial induction to placement (year 1) will take place throughout the autumn term.

This will comprise of various mandatory preparation elements in order that you can work safely (your own safety and that of others) in the clinical practice environment. This will include learning about infection control measures, manual handling and radiation protection (amongst others!). You must attend all mandatory training sessions prior to commencement of clinical placement.

During the initial induction phase you will also start to think about the realities of clinical placement (so your expectations are realistic) and how to make the most of the learning opportunities on offer. This will take the form of discussion sessions and simulations of common scenarios (professional and practical).

In all cases (both years) the clinical placement assessment(s) will be explained to you during the relevant induction session (see your timetable for more information).

Uniform is issued prior to commence of placement (year 1) but it is important that you attend the uniform measuring session (as arranged on timetable) so that the order is made in a timely manner.

## **6. Attendance in Clinical Practice: Clinical practice hours for MSc in Diagnostic Radiography (pre-registration)**

### **6.1 Principles:**

In order to become a competent practitioner upon completion of the programme of study it is vital that you (the student) undertake time in a clinical practice. This will allow you to put the theory you have learnt at University into practice.

The clinical practice hours are embedded into the Clinical Practice Education module. It is important to note that the hours quoted below are minimum standards. You are expected to attend all rostered placement time, even when you reach a point of exceeding the minimum attendance required in the assessment criteria. Absence will be recorded, as this information is always requested by employers.

You are expected to demonstrate a responsible approach to your clinical placement. Rotas are formulated to ensure an appropriate depth and breadth of clinical experience, and this is easily disrupted by absence.

You will be issued with an attendance record, this must be signed by an appropriate member of staff. Study time should also be recorded. If you are attending university for a tutorial, the member of staff giving or organising it should be asked to sign in the relevant time period. It is your professional responsibility to keep these records up-to-date and accurate. If a record is suspected to be falsified (i.e. you have been notified of your non-attendance but the record is signed) then this will be treated very seriously and processed through the *Professional conduct and Professional*

*suitability process* or the academic offences procedures (depending on the nature of the issue).

**Gaps in the attendance record will be treated as absence.** Attendance is monitored in each clinical block and students who fall below the minimum requirements will be required to make up shortfalls in any experience during holiday periods. This must be negotiated (in advance) with the module leader.

The number of hours in practice varies from year to year, and the exact number of hours will be confirmed each year in the individual module handbooks. The ***broad principles*** are:

Clinical Practice Education Year 1		
Clinical practice hours:	Hours retrieval	Notes
<p>Usually 19 weeks in placement, typically requiring the student to register attendance of 570 hours minimum.</p> <p>This is based on a 33.5 hour week (half day of 4 hours).</p>	<p>Capacity is built into the rota so that you should exceed these minimum hours. Should you be required to make up clinical hours, students will be able to negotiate additional time in placement during academic holiday periods.</p>	<p>Half day study should be taken between 1-5pm on a pre-agreed day of the week.</p>

Clinical Practice Education Year 2		
Clinical practice hours:	Hours retrieval	Notes
<p>Usually 28 weeks in placement, typically requiring the student to register attendance of 830 hours minimum.</p> <p>This is based on a 33.5 hour week (half day of 4 hours) for the first and final placement block and a 30 hour week (full day study) in the second placement block.</p>	<p>Capacity is built into the rota so that you should exceed these minimum hours. Should you be required to make up clinical hours, students will be able to negotiate additional time in placement during academic holiday periods.</p>	<p>Half day study should be taken between 1-5pm on a pre-agreed day of the week.</p> <p>Full day study should be taken on a pre-agreed day of the week.</p>

You should note the following rules:

- In exceptional circumstances (and by prior arrangement – see earlier guidance) you can work **a maximum of 37.5 hours per week**. A week is classed as 7 consecutive days. Any hours over this will not be counted towards your attendance and you may not be insured (as a student) to be in that placement area.
- You will only be allowed to recoup time owing, using extended hours and/or working study days, **if your absences have been reported** following the notification procedure and (where required) supported by medical evidence. In all other circumstances, if you do not meet the hour's requirements/completed all competencies by the published hand-in date you will be referred in that element. If you have had unauthorised/ non-reported time off from placement then you should expect to be referred.

## 6.2 Medical and Dental Appointments

Time off is allowed for necessary visits to a doctor or dentist. You are advised to register with both a doctor and dentist locally. Time off for appointments in your home town will only be allowed in exceptional circumstances. Any medical appointments should be made at the beginning or end of the working day where possible. The relevant module leader and clinical staff should be informed.

## 6.3 Sickness/absence

If you are absent (for any reason) from the clinical department, **you are required** both to:

- Follow the University student sickness reporting procedure and
- To contact the University placement unit by 9.30am (latest) on the 1<sup>st</sup> day of absence and every 3<sup>rd</sup> day thereafter at a minimum (unless you provide evidence of a potentially long absence at the outset - talk to the programme leader in these circumstances)
- However, it is best practice (and often mandatory for clinical staff) to phone on each day of absence; unless this likely to last a week or more (See recommendations above in these circumstances).
- **You must tell us immediately** if you have any illness or condition which means you are not currently fit for practice. So, if a doctor tells you to stay off work (placement) and 'signs' you off then you must not attend placement. You can only start attending again when your 'sick note' expires. You should, in these circumstances, apply for an extension to your clinical placement rota (see above), thus (if upheld) avoiding a referral.
- In the event of serious or continuing illness or condition which means you are not currently fit for placement you will be referred to the University health screening service.

When should you take time off 'sick' and when should you return?

- It is your professional responsibility to be absent if your presence would put yourself or others in danger – for example diarrhoea and vomiting (D&V) bug could be potentially dangerous if transmitted to an ill patient.
- You should return when fit to do so and you are no longer a risk to yourself or others. If you have been ill with D&V then you should wait 48 hours after last symptoms before returning to placement. If in doubt seek advice.
- However, be wary about taking time off needlessly; your sickness/absence record is important and your future employer review it and decisions about whether to recruit you (not not) may be based upon it.

There is an increasing trend for NHS employers to have a very low tolerance threshold when it comes to employee absence. Some trusts have a zero absence requirement in first year of employment for example! Help demonstrate your commitment by having an excellent record attendance as a student (in practice and academic studies) – it matters.

If you are sick or absent for any reason then your clinical practice area will need to know. Reporting absence for any reason is a professional requirement and you must phone the University placement unit:

**01332 592099**

**You should call** before 9.30am on the first day of absence; and ideally before 9am (unless there are compelling reasons why you cannot; in which case phone as soon as possible)

**State** where you should be (your clinical placement allocation) and your likely return date. You must also fill out the on-line notification form as usual.

You must also fill in the **on-line sickness/absence notification form** (University form)

**The placement unit** will contact the placement provider for you; you do not need to phone or email any clinical person. The placement unit will also contact SSIS to inform them of your absence (so ensure you have completed the on-line notification form otherwise this will show up as an unauthorised absence.

**It is best practice** to phone each day of absence, unless you report this as 3 days or more at the outset. **You must** phone again on day 8 of any absence (and weekly thereafter) and supply medical (doctors) note.

You are expected to attend **your entire allocated placement**, even if that exceeds your minimum attendance hours (required for assessment). There is no provision for 'holiday' or annual leave within your placement rota. The only acceptable reasons for absence during placement rota are:

- **You are unwell and unfit to attend placement** – where you have followed the notification procedure and supplied medical evidence (if illness extends beyond 7 days).
- **Authorised absence** – notify programme leader for authorisation as soon as possible. Possible reasons for granting authorised absence are for childcare emergencies (up to 3 days per year), adverse weather conditions (e.g. snow) and sudden illness of partner or relative. You may be asked to provide evidence and you may be advised to apply for an EEC or take an authorised break in study if the absence/issue is likely to extend for a period of time.

Absence for any other reason is not acceptable under the terms of your bursary.

Reason for absence must be reported truthfully; to do otherwise would be an academic (possibly a professional conduct) offence.

#### **6.4 Failure to meet attendance requirements**

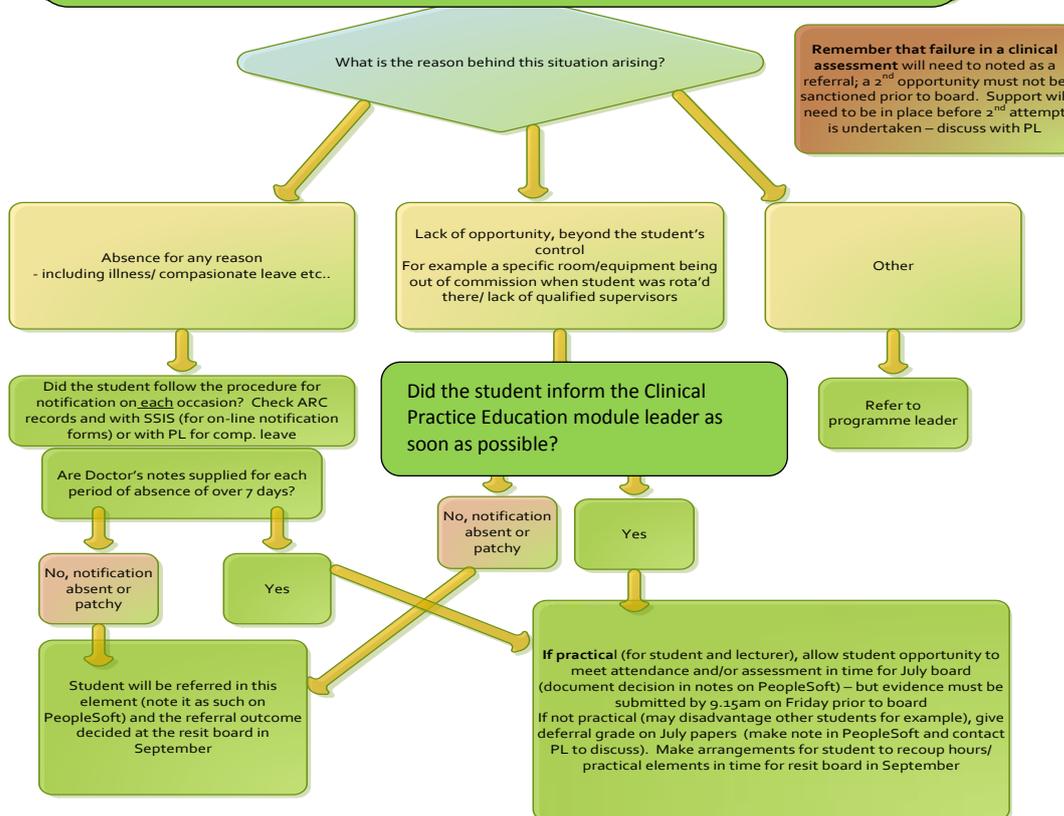
Failure to fulfil the attendance requirement or if evidence of engagement in practice is not evident by the end of each phase then this may result in you returning to clinical placement during holiday periods to enable sufficient examinations to be recorded and/or make time up. This will affect your overall module grade (unless an EEC is in place). This will be organised in negotiation with the relevant module leader.

#### **What happens if you cannot meet the attendance requirements by the final hand-in date?**

This depends and the granting of an extension is decided, by the relevant module leader, as follows (*please note this applies to clinical practice elements only, these fall outside the EEC procedure*):

**Requests for extension to clinical practice hours/ portfolio completion: a how to guide**

Student alerts you that they are not likely to meet either / all of the following by the deadline date in the Clinical Practice Education module handbook:  
 Hours requirement  
 Clinical competencies  
 Clinical assessments



## 7. Supporting your learning

### 7.1 Module leader

The module leader is a point of contact with the University whilst you are on placement and is available to help and advise you on all aspects of clinical education and liaise between the University, clinical departments and students. They also oversee the clinical assessment processes.

There is a module leader allocated to the Clinical Practice Education module and this information can be found in the module handbook.

## **7.2 Personal tutor**

Your personal tutor will help you to reflect on your experiences and help you develop actions plans for learning. It is envisaged that students will meet with their tutor at least once per term. Any urgent issues or queries about timetabling must still be directed to the relevant module leader.

## **7.3 Clinical Liaison Radiographers**

These are radiographers who have close links with the University and will help to support you whilst you are on placement. They are your first point of contact to assist with any issues that may arise on placement. An up to date list can be found in the module area of blackboard.

## **7.4 Clinical Supervisors**

These are radiographers who have received training in conducting clinical assessments. A list of the names of these staff is kept in each department and on Blackboard (under module information). **ONLY** trained clinical supervisors can 'sign off' observation of practice 1 day assessments (*Section 3: Preparedness for practice in your portfolio*).

Clinical supervisors will have undertaken our training programme. An up to date list of trained clinical supervisors is available in the Clinical Placement section of Blackboard.

## **7.5 Other Clinical Staff**

Clinical staff may be of any grade and will work on a day-to-day basis with students in imaging departments. These could include radiographers, radiologists, nursing staff, assistant practitioners, radiographic assistants and office staff. There may be occasions when staff from other departments undertakes supervisory and tutorial work.

Only staff who are on a professional register (e.g. HCPC/ NMC) and have been registered for a minimum of 18 months can sign competence indicators in your Skills development record; unless indicated otherwise on the target documentation (there are a few exceptions in the case of clerical experience for example).

## 8. Assessment

### 8.1 Clinical Practice Education module - Module Assessment Method

Component 1: Completion of a mandatory training passport evidencing completion of mandatory training sessions essential for safe clinical practice. This is marked as pass/fail.

Component 2: Completion of a professional practice portfolio, evidencing attendance at clinical placement, successful completion of a range of mandatory competency indicators and clinical assessments, and reflection and action planning to promote professional development. This is marked as pass/fail.

Further details are available in the module handbook.

### 8.2 Undertaking the Clinical observation Assessments

During the clinical observation assessment you may need to provide an explanation of some parts of the examinations (e.g. the rationale for immobilisation). This should be done at an appropriate time and in an appropriate manner; the patient's well-being is paramount at all times. You will also be assessed with regard to organisational skills, communication, patient care, health and safety, practical skills and (where relevant) image evaluation skills.

The nature of these assessments requires the supervising radiographer(s) to provide you with constructive feedback by completion of the appropriate assessment form. Some of the assessments you will undertake will be observations over a day of practice there may be more than one member of staff involved in observing you. There is no problem with this, but one member of staff must take responsibility for signing off the observation as competent or not. They will do this in consultation with the other members of staff involved. **However, do remember that ONLY trained clinical supervisors can 'sign off' observation of practice assessments)** Section 3: Preparedness for practice in your portfolio).

Should the supervising radiographer assess you as competent, in their professional opinion, you are required to respond by reflecting upon the assessment in the relevant section of the form, and relating this to your Personal Development Plan.

You are responsible for providing the appropriate documentation for the assessment, and for maintaining records of completed assessments. These will be reviewed at the end of the year, or at any other time requested by a member of staff.

Should the supervising radiographer assess the examination as not yet competent, in their professional opinion, you are required to respond by reflecting upon the assessment and producing an action plan to address the identified weaknesses. The response must be reflected in your Personal Development Plan. This must be done in consultation with your personal tutor, to facilitate the necessary support, before the assessment is repeated.

If the clinical observation assessment is repeated and still assessed as not yet competent, the programme leader must be informed. Your overall performance will then be reviewed, and all assessments may be used in counselling or as additional evidence at examination boards.

### 8.2.1 Terminating the clinical observation assessment

The supervisor may, in some circumstances, terminate the observation assessment if the student is endangering a patient. Termination of the observation assessment will happen if the student:

- Fails to identify a patient.
- Fails to recognise the possibility of pregnancy if relevant to the patient and to the examination.
- Attempts to use a technique that may aggravate a patient condition.
- Prepares to examine an incorrect region.
- Fails to adequately protect the patient or staff from radiation.
- Fails to follow health and safety procedures relating to infection control and/or manual handling.
- Commits a serious breach of professional ethics.
- Commits a serious breach of professional conduct.

In the event of such an occurrence the personal tutor or integrated practice co-ordinator should be informed.

### 8.2.1 Who can assess you?

In relation to the observation assessment, those qualified members of staff (usually with a minimum of 18 months' experience) **and** who have been trained in the clinical assessment scheme can assess you. A list of the staff that can undertake clinical assessments is available in each department and the clinical liaison radiographer will be able to guide you.

## 8.3 Assessment of competency in individual techniques and meeting other practice 'targets'

These differ from the observation assessments in that other clinical staff (professionally registered) can 'sign off' routine targets and competencies. **Only staff who are on a professional register (e.g. HCPC/ NMC) and have been registered for a minimum of 18 months can sign competence indicators in the Skills development record section of your portfolio-** unless indicated otherwise on the target documentation (there are a few exceptions in the case of clerical experience for example).

These targets and competencies are adjusted each year to ensure they continue to meet the needs of your professional development. They may, for example, be

techniques that come in and out of current practice. The targets can be adjusted accordingly and in negotiation with our clinical practice partners.

### **8.4 What are you aiming to achieve at each level?**

By the end of **Year 1** you should have achieved all the suggested competencies for Year 1 and targets and have reached the required attendance requirement. You will have experienced a broad introduction to the main areas of the imaging department(s), including some time in the admin office and shadowing the radiology department nurses. You will also have met the required standard for the prescribed observation assessments.

By the end of **Year 2** you must have achieved all the required competencies/targets for the programme and have reached the required attendance requirement. You will have experienced a wide variety of examinations and imaging techniques in each placement area (with a greater range of examinations to include more contrast agent and specialised examinations, and other imaging modalities). You will also have met the required standard for the prescribed observation assessments.

### **Student feedback**

You will be asked to fill in a placement evaluation questionnaire at the end of each placement period. These are very useful to the programme team and they are used to give feedback to the placement areas and to help inform our placement provision.

If you have any issues whilst on placement you wish to raise (good or bad!) then you can communicate this via your personal tutor or to the relevant module leader.

Feedback is also gathered at the staff-student meetings that proceed the programme committee meetings, so you can feedback to your student representative if you have any specific comments to make. This will then be taken to the programme committee meeting where representatives from clinical placement are present.

If you have serious concerns about an issue or practice then you can raise this through the University whistle blowing procedure.

### **What sort of things do students say about placement?**

Some previous 3<sup>rd</sup> year undergraduate students thought it was important for students to know:

- That everyone is willing to help as long as you ask.
- How to use the library e.g. finding journals
- When it's okay to say "I don't understand"
- To introduce yourself to radiographers.
- That sometimes you will feel like an outsider.
- That radiographers have bad days too
- You should ask if you need help and don't leave things until the last second.

They also thought:

***“That the staff were so friendly and helpful despite the changes going on around them”.***

***“The staff are always supportive and positive, I will miss them all”.***

***“Amazing staff always willing to give advice and tips”.***

***“They enjoyed how much I have learnt over the three years, putting theory into practice”.***

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