



**CITY UNIVERSITY
LONDON**

Department of Radiography

BSc (Hons) Radiography Diagnostic Imaging

CLINICAL PORTFOLIO

STUDENT NAME:	
STUDENT CANDIDATE NUMBER:	

Personal Details

A copy of this is to be given to your link lecturer on completion

STUDENT NAME	
CANDIDATE NUMBER	
PERSONAL TUTOR	
LINK LECTURER	
TERM TIME ADDRESS	
MOBILE NUMBER	
E-MAIL ADDRESS	

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Portfolio Guidelines

Content

Guidelines for completion of the clinical portfolio
General aims for clinical education
Role of the Link Lecturer



Guidelines for completion of the Clinical Portfolio

This portfolio is a record of the student's clinical competence and must be completed and signed in accordance with the directions.

This portfolio must be available for clinical staff and link lecturers to view.

The student must achieve all required assessments on a modular basis.

This portfolio will be reviewed each term by the link lecturer. Feedback on progress and future targets will be discussed with the student and documented. Cause for concern forms will be completed if required.

Failure to complete the portfolio requirements for any module will result in the student referring the module.

Please note that all evidence of clinical competence is to be placed in the portfolio. This will be a combination of pass/fail coursework and summative assessments.

General aims for clinical education

To provide the student with appropriate learning opportunities, supervision and tuition, allowing each student to attain the required competencies in the following areas;

- technical, patient care, interpersonal and transferable skills.
- critical and analytical skills.
- professional attitudes and values.

With completion of this portfolio the student will be eligible to apply for HPC registration and equipped to work efficiently, competently and pro-actively within the rapidly changing clinical environment.



Role of the Link Lecturer

The link lecturer will provide pastoral care and an additional point of contact for students during their clinical placements. They will visit the clinical site a minimum of once per fortnight although this will vary depending on student numbers and organisational needs.

The link lecturer should monitor that students maintain an acceptable standard of attendance, punctuality, appearance and general professionalism via liaison with clinical staff.

Other responsibilities may include:

- liaise with clinical staff in any matters arising and take appropriate action where necessary
- notify clinical staff of relevant minor amendments to the undergraduate programme
- monitor student assessment/evaluation processes and feedback to relevant module leaders and clinical co-ordinator
- monitor Clinical Portfolio - Summary of Competence
- facilitate student timetabling – these should include appropriate assessment scheduling and notification of deadlines
- forward issues to clinical staff meetings and attend where possible
- monitor students' aims and learning outcomes for each clinical module placement
- ensure students' attendance records are up to date on a termly basis
- complete 'Link Lecturer's' form



General Aims and Learning Outcomes

The following general aims and learning outcomes are applicable to all diagnostic clinical modules; specific aims and outcomes are identified separately for each module.

Aims

The aims of the clinical programme are:

1. To educate students in the skills and practices of radiography in a safe and competent manner, by applying theory to practice
2. To encourage students to foster effective methods of communication within the clinical setting
3. To observe health and safety procedures within the Radiology Department and the hospital
4. To familiarise the student with administrative procedures.

Learning Outcomes

On completion of their clinical training, the student should be able to:

1. Demonstrate an understanding of local policies and procedures regarding:
 - Fire
 - Sharps disposal and infection control
 - Control of substances hazardous to health
 - Cardio-pulmonary resuscitation
 - Patient or staff accidents
 - Ionising Radiation Regulations 1999/IR(ME)R2000
 - Manual handling regulations
2. Demonstrate an understanding of the administrative system in their recurrent clinical placement site.

N.B. Each student must attend practical training on health and safety regulations, cardio-pulmonary resuscitation, manual handling, and evacuation techniques in accordance with local and/or national regulations.



Clinical Assessment marking criteria

Content

Clinical Evidence Log – Procedures Without Assistance

Continuous Evaluation

Section C

Assessment Criteria – Clinical Evidence Log – Procedures Without Assistance

Mark	Patient Care	Communication	Patient Positioning	Image Critique	Health and Safety
4	The student consistently demonstrated initiative in anticipation of the patient's needs. No omissions in attention to detail. All aspects considered.	The student demonstrated excellent communication towards the patient and staff; account was taken of the patient's sensitivity and condition. Instructions clear, appropriate and confident. Established a professional rapport.	Accurate positioning and correct orientation of anatomy; accurate centring and angulation of the beam; the patient's ability and condition were taken into account.	Good contrast, density and sharpness. Close collimation. Anatomical marker fully in primary beam. Full and legible patient ID.	All aspects of health and safety for the patient, staff, self and visitors were anticipated and adhered to e.g. manual handling, radiation safety
3	The student made an effort to anticipate the patient's needs. Minimal omissions in general care of the patient.	Good communication towards the patient and other staff. Instructions were clear and relevant. Some effort to establish a rapport.	Accurate positioning and orientation; centred to include region of interest; appropriate angulation of the beam	Minimal errors e.g. collimation a little wide, majority of anatomical in primary beam. Full and legible patient ID.	Student showed awareness of health and safety issues for the patient, staff, self and visitors as they arose
2	Some patient care was omitted, e.g. the student allowed patient to leave without opening door for them. Patient had to ask for help.	The student communicated with the patient and relevant staff; some lack of clarity, confidence or precision. Limited rapport.	No repeat required, reasonable positioning but adjustment would have improved the image	Acceptable for diagnosis, no repeat required, reasonable contrast, density and sharpness but correction would improve the image. Anatomical marker on periphery of primary beam. Full and legible patient ID.	The safety of the patient was assured but the student lacked confidence in their application
1	Potential risk to patient. Patient's request for aid was ignored or the student needed reminding by patient.	Minimal communication of poor clarity to the patient or staff. The patient's understanding of instructions was not checked. Inappropriate or no rapport	Poorly positioned, requiring image to be repeated.	Image/s will require repeating. Anatomical marker not in primary beam/omitted. ID incomplete or illegible.	The safety of the patient was ensured but the student lacked confidence and a systematic approach to application

Assessment Criteria – Continuous Evaluation

Level	Knowledge	Technical Skill	Dependence	Communication / Patients	Communication / Staff	Team Skills
A	Consistently demonstrates and applies theoretical and background knowledge expected at this stage of clinical training.	Consistently demonstrates technical proficiency with regard to efficient and accurate work expected for this stage of training. Can problem-solve.	Consistently demonstrates a professional and dependable approach at the required level expected for this stage of training.	Consistently demonstrates excellent communication skills with patients at the required level expected at this stage of training.	Consistently demonstrates excellent communication skills with all staff levels. Exhibits good listening skills and written communication expected at this stage of training.	Consistently demonstrates professionalism and integration with staff. Participates effectively in all areas of the daily routine as expected at this stage of training.
B	Frequently demonstrates evidence of theoretical knowledge and applies to practice at the expected level for this stage of clinical training.	Frequently demonstrates confidence, efficiency and co-ordination at the expected level for this stage of clinical training.	Frequently demonstrates initiative and a sense of responsibility at the expected level for this stage of clinical training.	Frequently communicates with most patients using appropriate verbal and non-verbal communication expected at this stage of training.	Frequently demonstrates effective communication skills with most staff levels. Demonstrates good listening ability expected at this stage of training.	Frequently demonstrates professionalism in relations with staff and participates in most aspects of the daily routine expected at this stage of training.
C	Occasionally demonstrates evidence of basic theoretical knowledge. Some application of theory to practice expected for this stage of clinical training.	Occasionally skilful in some areas, accurate although lacks confidence. Can be inefficient and requires prompting.	Occasionally requires verbal cues but demonstrates some initiative. Often needs support.	Occasionally communicates with some patients using appropriate verbal and non-verbal communication expected at this stage of training.	Occasionally communicates effectively to some staff levels and has average listening ability expected at this stage of training.	Occasionally demonstrates professionalism in relations with staff and demonstrates some progress for this stage in training.
D	Seldom demonstrates evidence of basic knowledge and understanding expected at this stage of clinical training.	Technically safe with constant supervision although inefficient and un-coordinated. Occasionally displays professionalism.	Displays some evidence of a willingness to learn although does retreat from responsibility. Asks relevant questions on occasions.	Seldom communicates with patients using either verbal or non-verbal communication. Demonstrates some listening skills.	Seldom communicates effectively with staff although does demonstrate some listening skills. Written communication is adequate.	Participates well in some areas of the daily routine. Works reasonably effectively with certain members of the team.
E	Displays no evidence of any theoretical knowledge and is unable to relate any theory to practice.	Inaccurate, inefficient and unsafe. Consistently demonstrates a lack of professionalism and fails to recognise own limitations.	Requires repeated instruction in routine procedures and shows no initiative. Extremely inconsistent	Poor communicator in general, demonstrates poor listening skills and is insensitive to patient needs. Over-familiar manner towards patients.	Poor communicator to all levels of staff, has poor listening and written communication skills. Over-familiar manner towards staff.	Does not integrate into the working team and is unprofessional in relations with staff. Demonstrates a lack of participation and progress throughout placement.

Summary of Placement Based Assessments: Year 1

<u>Module</u>	<u>Assessment</u>	<u>Date completed</u>
RD1004	Clinical Evidence Log	
RD1004	Continuous Evaluation	
RD1005	Clinical Evidence Log	
RD1005	Continuous Evaluation	
RD1006	Continuous Evaluation	

Signature of student _____ **Date** _____

Signature of link lecturer _____ **Date** _____

Signature of clinical co-ordinator _____ **Date** _____

Summary of Placement Based Assessments: Year 2

<u>Module</u>	<u>Assessment</u>	<u>Date completed</u>
RD2003	Clinical Evidence Log	
RD2003	Continuous Evaluation	
RD2004	Clinical Evidence Log- PWA's	
RD2004	Case Study	
RD2004	Continuous Evaluation	
RD2007	Clinical Evidence Log and Evaluation	

Signature of student _____

Date _____

Signature of link lecturer _____

Date _____

Signature of clinical co-ordinator _____

Date _____

Summary of Placement Based Assessments: Year 3

<u>Module</u>	<u>Assessment</u>	<u>Date completed</u>
RD3003	Interprofessional role conflict diary	
RD3005	Equipment Evaluation	
RD3005	Clinical evidence log	
RD3006	Clinical Evidence Log Part 1: i. Clinical assessments x 2 ii. Patchwork text iii. Attendance Clinical Evidence Log Part 2: Essay	
RD3010	Clinical Assessment	
RD3010	Clinical evidence log – PWA's	
RD3010	Continuous evaluation	

Signature of student _____ **Date** _____

Signature of link lecturer _____ **Date** _____

Signature of clinical co-ordinator _____ **Date** _____



Individual Work Based Module Assessments – Year 1
Content
RD1004
RD1005
RD1006



RD1004

Chest, Abdomen and Pelvis Radiography

Module Leader: Jaggy Brah

Content	Weighting
Exam	45%
Exam	35%
Clinical evidence log	20%
Continuous evaluation	Pass/Fail

**STUDENT
CANDIDATE
NUMBER:**



Year	Module Code	Chest, Abdomen and Pelvis Radiography
1	RD1004	

Aims and Objectives – RD1004

Module RD1004 runs through Year 1, Terms 2 and 3, over part of a 16-week period of clinical practice.

Aim:

This clinical module aims to:

- Enable students to gain knowledge and understanding of the anatomy (including common pathologies and abnormalities), together with developing and applying the skills needed for the imaging of the chest, abdomen and pelvis.

Learning outcomes:

On completion of this module, the student should be able to:

1. Recognise normal radiographic anatomy and common variants of the chest, abdomen and pelvis
2. Describe physiology and pathophysiology of organs within the chest, abdomen and pelvis
3. Select appropriate imaging equipment and parameters
4. Show respect and tolerance for clients and clinical colleagues in the healthcare setting
5. Behave in a manner conducive to the Code of Professional Conduct (College of Radiographers)
6. Be able to demonstrate adaptation of radiographic technique when required
7. Identify the need for repeat or supplementary imaging to improve image quality
8. Undertake routine projections of the chest, abdomen and pelvis
9. Demonstrate the practical aspects of ALARP

Note:

Students must work under the supervision of a qualified radiographer at all times.

Year	Module Code	Chest, Abdomen and Pelvis Radiography
1	RD1004	

Clinical Evidence Log – Procedures Without Assistance

Module Name/Year: RD1004 Chest, Abdomen and Pelvis Radiography/Year 1																	
Programme: Undergraduate Diagnostic Radiography		Degree contribution: 0.5% Pass Mark: 40%															
Hand in date: 13-6-2011																	
Assignment Title: RD1004 Clinical Portfolio - Clinical Evidence Log - Procedures Without Assistance																	
<p>Assessment Criteria: This component of the Clinical Portfolio aims to provide evidence that the student has participated in sufficient clinical examinations to have gained competence in routine and supplementary radiographic techniques of the chest, abdomen and pelvis. Over the duration of Module RD1004, the student is required to compile a record of evidence of clinical experience in the following aspects of clinical practice:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Patient positioning</td> <td style="width: 33%;">Patient care</td> <td style="width: 33%;">Health and safety</td> </tr> <tr> <td>Communication</td> <td>Image critique</td> <td></td> </tr> </table> <p>During the course of the module the student is required to undertake a total of FIFTEEN (15) examinations of the chest, abdomen and pelvis, which must be recorded and submitted as part of the student's Clinical Evidence Log. The student must record five of each of the following examinations:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Chest</td> <td style="width: 33%;">(5)</td> <td style="width: 33%;"></td> </tr> <tr> <td>Abdomen</td> <td>(5)</td> <td></td> </tr> <tr> <td>Pelvis</td> <td>(5)</td> <td style="text-align: right;">(Total - 15 PWA's)</td> </tr> </table> <p>An examination is considered to be all views required to complete the investigation for the patient. Non compliance with any of these criteria will result in an automatic fail for the assessment. (A resubmission mark will be capped at 40%) Only 15 forms will be issued, students <u>must not</u> share forms as no further forms will be issued. If more than 15 are submitted, the highest scoring sheets will be removed and not used for the overall mark.</p> <p>For each of these, the student is required to complete a procedure without assistance but under supervision; the supervising radiographer will observe the student during the procedure and will complete a 'Procedure Without Assistance' (PWA) form immediately afterwards, based on the aspects of clinical practice identified above. The radiographer will be required to sign and date the form, a technical fail will be given if the form is not marked and signed at the time of the examination. Only <u>ORIGINAL</u> forms on the correct paper will be accepted. Please arrange all the forms in correct order with each section being paper-clipped (5 Chest, 5 Abdomen and 5 Pelvis) before submission.</p> <p>The student will be advised of interim deadlines, which are designed to help them keep on target and ensure that they complete the evidence log as they progress through the practice placement and module. If they experience or anticipate problems with completion of the log, they must notify the module leader and link lecturer at least three weeks prior to the submission date so that their placement allocation can be amended without inconvenience to other students or clinical staff.</p> <p>The student must attach the relevant coversheet and <u>obtain a receipt</u> for their work (at the Help desk).</p> <p>The pass mark is 40%. Please be aware that inclusion of any details which would make it possible to identify the patient will result in a technical fail.</p> <p>If you require additional guidance please contact Jaggy Brah, j.k.brah@city.ac.uk, or 020 7040 5679.</p>			Patient positioning	Patient care	Health and safety	Communication	Image critique		Chest	(5)		Abdomen	(5)		Pelvis	(5)	(Total - 15 PWA's)
Patient positioning	Patient care	Health and safety															
Communication	Image critique																
Chest	(5)																
Abdomen	(5)																
Pelvis	(5)	(Total - 15 PWA's)															

PWA forms can only be issued by the Module Leader/Clinical Co ordinator

Year	Module Code	Chest, Abdomen and Pelvis Radiography
1	RD1004	

Continuous Evaluation

Module Name/Year: RD1004 Chest, Abdomen and Pelvis Radiography/Year 1		
Programme: Undergraduate Diagnostic Radiography		Degree contribution: 0.0% Pass Mark: Pass/Fail
Hand in date: 13-11-2011		
Assignment Title: RD1004 Clinical Portfolio - Continuous Evaluation		
Assessment Criteria:		
Throughout the student's clinical training they will undergo continuous evaluation of their development in a number of key aspects in the clinical setting:		
Knowledge Team skills	Technical skill Dependence	Communication with patients Communication with staff
As well as recording the student's progress in these aspects, continuous evaluation aims to provide an opportunity for reflection upon their development and practice whilst on clinical placement. Aspects to be considered might include:		
<ul style="list-style-type: none"> - the required learning outcomes for the module - the learning opportunities available - the student's expectations of the placement - the practical skills they have developed - their interactions with others in the clinical setting - what went well during the placement; what needs further development - what problems, if any, occurred; how these were dealt with and what has been learnt - the support they were offered - targets for future practice placements 		
This evaluation will be completed towards the end of the student's placement in a particular area. For Module RD1004, this will be after a placement in a general area, IVU (plain abdomen only) or accident & emergency department.		
The evaluation must be completed by the student and a named supervising radiographer , and recorded on the 'Continuous Evaluation Form'. Both the student and the radiographer are required to consider and record the level of development that the student has reached, and to record reflective comments upon their progress, including areas for improvement and constructive criticism. Following its completion, the link lecturer will review the evaluation and record their comments on the form. In this way the link lecturer will monitor the student's progress and identify aspects requiring attention, which will be fed back to the module leader, personal tutor and student support co-ordinator.		
This evaluation is marked on a pass/fail basis:		
The clinical performance criteria to be achieved are graded from A to E; where a radiographer feels that the student is performing at a level lower than grade C in any of the criteria, the student is deemed to have FAILED the evaluation and, therefore, the module. In this case, the radiographer must inform the link lecturer who in turn must notify the module leader; the completion of a ' Cause for Concern ' form will be required. The student cannot gain credit for the module until they have passed the Continuous Evaluation satisfactorily, which may require further clinical time in the relevant placement area.		
If the student experiences or anticipates problems with completion of the evaluation, they must notify the module leader and link lecturer at least three weeks prior to the submission date so that their placement allocation can be amended without inconvenience to other students or clinical staff.		
The student must attach the relevant coversheet and obtain a receipt for their work.		
If you require additional guidance please contact Jaggy Brah, j.k.brah@city.ac.uk , or 020 7040 5679.		

- The student's performance should be assessed according to each of the Clinical Performance Criteria below.
- The student is required to complete their evaluation, followed by discussion with and evaluation by their supervising radiographer; BOTH are required to indicate on this form their separate evaluation levels for the module.
- Please sign the appropriate box ('Student' or 'Staff') to indicate the student's performance (from A to E) over this placement.
- A form submitted without appropriate signatures will be deemed an **automatic fail** and therefore the module.
- N.B. Where the radiographer feels that the student is performing at a level **lower than grade C**, the student is deemed to have **FAILED** the evaluation and therefore the module. A 'Cause for Concern' form should be completed – please see the Link Lecturer.

CLINICAL PERFORMANCE CRITERIA												
	KNOWLEDGE	TECHNICAL SKILL	DEPENDENCE	COMMUNICATION				TEAM SKILLS				
				PATIENTS		STAFF						
A	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge. ▪ Sound use of professional vocabulary ▪ Good application of theory to practice. ▪ Achievement of all objectives. 	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Proficiency. ▪ Co-ordination. ▪ Accuracy. ▪ A professional attitude. ▪ Completion of tasks in appropriate time. ▪ Ability to identify and solve non- routine problems. 	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Initiative. ▪ A sense of responsibility. ▪ Little need for support, although was supervised at all times 	The student consistently: <ul style="list-style-type: none"> ▪ Communicated with all patients irrespective of gender, age or ethnicity using appropriate verbal and non-verbal communication. ▪ Demonstrated excellent listening skills. ▪ Communicated with patients in the presence of staff ▪ Showed sensitivity in all situations. 	The student consistently: <ul style="list-style-type: none"> ▪ Communicated effectively across the range of staff levels, using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated excellent written communication. 	The student consistently: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in all areas of daily routine. ▪ Integrated very well as a member of the team. 	Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	
B	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge and professional vocabulary. ▪ Some application of theory to practice. ▪ Achievement of major objectives. 	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Efficiency. ▪ Co-ordination. ▪ Some evidence of problem solving. ▪ Professionalism. ▪ Accuracy. ▪ Completion of tasks within reasonable time. 	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Reasonable initiative. ▪ A sense of responsibility. ▪ Some need for support, although was supervised at all times 	Frequently: <ul style="list-style-type: none"> ▪ Communicated with most patients irrespective of gender age, ethnicity using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills. ▪ Communicated with patients in the presence of staff. ▪ Showed sensitivity in most situations. 	Frequently: <ul style="list-style-type: none"> ▪ Communicated effectively with most staff levels using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated good written communication. 	Frequently: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in most areas of daily routine. ▪ Integrated well as a member of the team. ▪ Demonstrated good progress whilst in the placement area 	Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	

Students; if you do not sign a box/s in this section you will fail the evaluation.

CLINICAL PERFORMANCE CRITERIA

	CLINICAL PERFORMANCE CRITERIA											
	KNOWLEDGE		TECHNICAL SKILL		DEPENDENCE		COMMUNICATION				TEAM SKILLS	
							PATIENTS		STAFF			
C	Occasionally: <ul style="list-style-type: none"> ▪ Demonstrated evidence of theoretical knowledge and professional vocabulary. ▪ Demonstrated application of theory to practice. ▪ Achieved objectives. 		Occasionally: <ul style="list-style-type: none"> ▪ Skilful in some areas. ▪ Accurate. ▪ Experienced difficulties with co-ordination. ▪ Demonstrated professionalism. ▪ Demonstrated some evidence of problem solving. ▪ Lacked confidence. ▪ Inefficient. 		Occasionally: <ul style="list-style-type: none"> ▪ Needed verbal cues. ▪ Demonstrated initiative. ▪ Needed support, although was supervised at all times 		Occasionally: <ul style="list-style-type: none"> ▪ Communicated with patients using appropriate verbal and non-verbal communication. ▪ Demonstrated listening skills. ▪ Communicated with patients in the presence of staff. ▪ Showed sensitivity in some situations. 		Occasionally: <ul style="list-style-type: none"> ▪ Communicated effectively with some staff levels. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated good written communication. 		Occasionally: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in areas of daily routine. ▪ Demonstrated adequate integration into the working team. ▪ Demonstrated some progress during their allocation. 	
	Student		Student		Student		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
D	Seldom: <ul style="list-style-type: none"> ▪ Demonstrated evidence of basic theoretical knowledge and professional vocabulary. ▪ Demonstrated some application of theory to practice. ▪ Achieved relevant objectives. 		<ul style="list-style-type: none"> ▪ Safe with supervision. ▪ Some evidence of professionalism ▪ Poorly co-ordinated. ▪ Required excessive amount of time to complete tasks. ▪ Achieved relevant objectives. ▪ Demonstrated some progress 		<ul style="list-style-type: none"> ▪ Some evidence of a willingness to learn ▪ Retreated from responsibility. ▪ Asked pertinent questions on occasions ▪ Needed instruction in routine procedures. ▪ Was supervised at all times 		Seldom: <ul style="list-style-type: none"> ▪ Communicated with patients using either verbal or non-verbal communication. ▪ Demonstrated listening skills. 		Seldom: <ul style="list-style-type: none"> ▪ Communicated effectively with staff. ▪ Demonstrated listening skills. ▪ Demonstrated adequate written communication. ▪ Demonstrated a good telephone manner 		<ul style="list-style-type: none"> ▪ Participated in some areas of daily routine. ▪ Worked well with some members of the team. 	
	Student		Student		Student		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
E	<ul style="list-style-type: none"> ▪ No evidence of theoretical knowledge or professional vocabulary. ▪ No application of theory to practice. 		<ul style="list-style-type: none"> ▪ Inaccurate. Unsafe. ▪ Inefficient. Very slow ▪ Demonstrated a lack of professionalism. ▪ Anxious ▪ Failed to recognise their own limitations. 		<ul style="list-style-type: none"> ▪ Needed repeated instruction in routine procedures. ▪ Showed no initiative. ▪ Inconsistent. ▪ Was supervised at all times 		<ul style="list-style-type: none"> ▪ Communicated ineffectively with patients. ▪ Demonstrated poor listening skills. ▪ Over familiar. ▪ Insensitive. 		<ul style="list-style-type: none"> ▪ Communicated ineffectively with staff irrespective of level. ▪ Demonstrated poor listening skills. ▪ Over familiar. ▪ Poor written communication. 		<ul style="list-style-type: none"> ▪ Did not integrate into the working team. ▪ Did not participate in areas of daily routine. ▪ Did not demonstrate progress during their allocation. ▪ Unprofessional in relations with staff. 	
	Student		Student		Student		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	

Students; if you do not sign a box/s in this section you will fail the evaluation.

Named Radiographer's Reflective Feedback

Please comment as honestly and constructively as you can on the student's progress and achievements during this evaluation period (referring to competencies in the portfolio and following discussion with other radiography team members).

Signature of Radiographer :

Student's Reflective Feedback

Please comment as honestly and constructively as you can on your perceived progress and achievements during this evaluation period (referring to your objectives on this form and in the competency summary in your portfolio).

Signature of Student :

Please read each other's reflective feedback and discuss any problems or issues arising. Minutes of pertinent or constructive points should be written below and fed back to the link lecturer and/or module leader.

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End of Placement Discussion Summary

Please identify any objectives that have yet to be met below (to be fed back to the module leader):

Signature of Radiographer :	Date:
Signature of Student :	Date:

This evaluation has been discussed with both parties present.

Signature of Radiographer :	Date :
Signature of Student :	Date :



RD1005	
Appendicular Skeleton	
Module Leader: Carol O'Sullivan	
Content	Weighting
OSCE Radiographic Simulation	70%
Clinical evidence log	30%
Continuous evaluation	Pass/Fail

STUDENT CANDIDATE NUMBER:	
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Year	Module Code	Appendicular Skeleton
1	RD1005	

Aims and Objectives – RD1005

Module RD1005 runs through Year 1, Terms 2 and 3, over part of a 16-week period of clinical practice.

Aim:

This clinical module aims to:

- Produce a competent and reflective health professional able to undertake general radiography of the appendicular skeleton

Learning outcomes:

On completion of this module, the student should be able to:

1. Demonstrate knowledge of radiographic technique of the appendicular system for a variety of clinical presentations
2. Describe the benefits and limitations of the available imaging equipment appropriate for this system
3. Show respect and tolerance for a variety of clinical groups
4. Perform imaging of the appendicular skeleton in a safe, competent and professional manner
5. Demonstrate interpretation of local clinical protocols
6. Communicate within the healthcare team

Note:

Students must work under the supervision of a qualified radiographer at all times.

Year	Module Code	Appendicular Skeleton
1	RD1005	

Clinical Evidence Log – Procedures Without Assistance

Module Name/Year: RD1005 Appendicular Skeletal Radiography/Year 1	
Programme: Undergraduate Diagnostic Radiography	Degree contribution: 0.4% Pass Mark: 40%
Hand in date: 13-6-11	
Assignment Title: RD1005 Clinical Portfolio - Clinical Evidence Log - Procedures Without Assistance	
Assessment Criteria: This component of the Clinical Portfolio aims to provide evidence that the student has participated in sufficient clinical examinations to have gained competence in routine and supplementary radiographic techniques of the appendicular skeleton. Over the duration of Module RD1005, the student is required to compile a record of evidence of clinical experience in the following aspects of clinical practice:	
Patient positioning Communication	Patient care Image critique
Health and safety	
During the course of the module the student is required to undertake a total of FIFTEEN (15) examinations of the appendicular skeleton which must be recorded and submitted as part of the student's Clinical Evidence Log. The student must record at least one of each of the following groups of examinations:	
Upper Limb	Lower Limb
1. Fingers/Thumb/Hand.	5. Toes/ Foot/Calcaneum.
2. Wrist including scaphoid .	6. Ankle /Tibia and fibula.
3. Forearm/Elbow	7. Knee/Femur.
4. Humerus/Shoulder.	
To make a total of 15 PWA's An examination is considered to be all projections required to complete the investigation for the patient. Non compliance with any of these criteria will result in an automatic fail for the assessment. (A resubmission mark will be capped at 40%) Only 15 forms will be issued, if more than 15 are submitted, the highest scoring sheets will be removed and not used for the overall mark. Less than 15 submitted will result in automatic failure.	
For each of these, the student is required to complete a procedure without assistance but under supervision; the supervising radiographer will observe the student during the procedure and will complete a 'Procedure Without Assistance' (PWA) form immediately afterwards, based on the aspects of clinical practice identified above. The radiographer will be required to sign and date the form, a technical fail will be given if the form is not marked and signed at the time of the examination. Only ORIGINAL forms on the correct paper will be accepted.	
The student will be advised of interim deadlines, which are designed to help them keep on target and ensure that they complete the evidence log as they progress through the practice placement and module. If they experience or anticipate problems with completion of the log, they must notify the module leader and link lecturer at least three weeks prior to the submission date so that their placement allocation can be amended without inconvenience to other students or clinical staff.	
The student must attach the relevant coversheet and obtain a receipt for their work.	
The pass mark is 40%. Please be aware that inclusion of any details which would make it possible to identify the patient will result in a technical fail.	
If you require additional guidance please contact Carol O'Sullivan, c.i.o'sullivan@city.ac.uk , or 020 7040 5696.	

PWA forms can only be issued by the Module Leader/Clinical Co ordinator

Year	Module Code	Appendicular Skeleton
1	RD1005	

Continuous Evaluation

Module Name/Year: RD1005 Appendicular Skeletal Radiography/Year 1							
Programme: Undergraduate Diagnostic Radiography	Degree contribution: 0.0% Pass Mark: Pass/Fail						
Hand in date: 13-6-2011							
Assignment Title: RD1005 Clinical Portfolio - Continuous Evaluation							
<p>Assessment Criteria: Throughout the student's clinical training they will undergo continuous evaluation of their development in a number of key aspects in the clinical setting:</p> <table border="0"> <tr> <td>Knowledge</td> <td>Technical skill</td> <td>Communication with patients</td> </tr> <tr> <td>Team skills</td> <td>Dependence</td> <td>Communication with staff</td> </tr> </table> <p>As well as recording the student's progress in these aspects, continuous evaluation aims to provide an opportunity for reflection upon their development and practice whilst on clinical placement. Aspects to be considered might include:</p> <ul style="list-style-type: none"> - the required learning outcomes for the module - the learning opportunities available - the student's expectations of the placement - the practical skills they have developed - their interactions with others in the clinical setting - what went well during the placement; what needs further development - what problems, if any, occurred; how these were dealt with and what has been learnt - the support they were offered - targets for future practice placements <p>This evaluation will be completed towards the end of the student's placement in a particular area. For Module RD1005, this will be after a placement in a general area or accident and emergency department.</p> <p>The evaluation must be completed by the student and a named supervising radiographer, and recorded on the 'Continuous Evaluation Form'. Both the student and the radiographer are required to consider and record the level of development that the student has reached, and to record reflective comments upon their progress, including areas for improvement and constructive criticism. Following its completion, the link lecturer will review the evaluation and record their comments on the form. In this way the link lecturer will monitor the student's progress and identify aspects requiring attention, which will be fed back to the module leader, personal tutor and student support co-ordinator.</p> <p>This evaluation is marked on a pass/fail basis:</p> <p>The clinical performance criteria to be achieved are graded from A to E; where a radiographer feels that the student is performing at a level lower than grade C in any of the criteria, the student is deemed to have FAILED the evaluation and, therefore, the module. In this case, the radiographer must inform the link lecturer who in turn must notify the module leader; the completion of a 'Cause for Concern' form will be required. The student cannot gain credit for the module until they have passed the Continuous Evaluation satisfactorily, which may require further clinical time in the relevant placement area.</p> <p>If the student experiences or anticipates problems with completion of the evaluation, they must notify the module leader and link lecturer at least three weeks prior to the submission date so that their placement allocation can be amended without inconvenience to other students or clinical staff.</p> <p>The student must attach the relevant coversheet and obtain a receipt for their work.</p> <p>If you require additional guidance please contact Carol O'Sullivan, c.i.o'sullivan@city.ac.uk, or 020 7040 5696.</p>		Knowledge	Technical skill	Communication with patients	Team skills	Dependence	Communication with staff
Knowledge	Technical skill	Communication with patients					
Team skills	Dependence	Communication with staff					

- The student's performance should be assessed according to each of the Clinical Performance Criteria below.
- The student is required to complete their evaluation, followed by discussion with and evaluation by their supervising radiographer; BOTH are required to indicate on this form their separate evaluation levels for the module.
- Please sign the appropriate box ('Student' or 'Staff') to indicate the student's performance (from A to E) over this placement.
- A form submitted without appropriate signatures will be deemed an **automatic fail** and therefore the module.
- N.B. Where the radiographer feels that the student is performing at a level **lower than grade C**, the student is deemed to have **FAILED** the evaluation and therefore the module. A 'Cause for Concern' form should be completed – please see the Link Lecturer.

CLINICAL PERFORMANCE CRITERIA												
	KNOWLEDGE	TECHNICAL SKILL	DEPENDENCE	COMMUNICATION				TEAM SKILLS				
				PATIENTS		STAFF						
A	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge. ▪ Sound use of professional vocabulary ▪ Good application of theory to practice. ▪ Achievement of all objectives. 	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Proficiency. ▪ Co-ordination. ▪ Accuracy. ▪ A professional attitude. ▪ Completion of tasks in appropriate time. ▪ Ability to identify and solve non- routine problems. 	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Initiative. ▪ A sense of responsibility. ▪ Little need for support, although was supervised at all times 	The student consistently: <ul style="list-style-type: none"> ▪ Communicated with all patients irrespective of gender, age or ethnicity using appropriate verbal and non-verbal communication. ▪ Demonstrated excellent listening skills. ▪ Communicated with patients in the presence of staff ▪ Showed sensitivity in all situations. 	The student consistently: <ul style="list-style-type: none"> ▪ Communicated effectively across the range of staff levels, using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated excellent written communication. 	The student consistently: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in all areas of daily routine. ▪ Integrated very well as a member of the team. 	Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	
B	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge and professional vocabulary. ▪ Some application of theory to practice. ▪ Achievement of major objectives. 	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Efficiency. ▪ Co-ordination. ▪ Some evidence of problem solving. ▪ Professionalism. ▪ Accuracy. ▪ Completion of tasks within reasonable time. 	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Reasonable initiative. ▪ A sense of responsibility. ▪ Some need for support, although was supervised at all times 	Frequently: <ul style="list-style-type: none"> ▪ Communicated with most patients irrespective of gender age, ethnicity using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills. ▪ Communicated with patients in the presence of staff. ▪ Showed sensitivity in most situations. 	Frequently: <ul style="list-style-type: none"> ▪ Communicated effectively with most staff levels using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated good written communication. 	Frequently: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in most areas of daily routine. ▪ Integrated well as a member of the team. ▪ Demonstrated good progress whilst in the placement area 	Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	

CLINICAL PERFORMANCE CRITERIA

	CLINICAL PERFORMANCE CRITERIA											
	KNOWLEDGE		TECHNICAL SKILL		DEPENDENCE		COMMUNICATION				TEAM SKILLS	
							PATIENTS		STAFF			
C	Occasionally: <ul style="list-style-type: none"> ▪ Demonstrated evidence of theoretical knowledge and professional vocabulary. ▪ Demonstrated application of theory to practice. ▪ Achieved objectives. 		Occasionally: <ul style="list-style-type: none"> ▪ Skilful in some areas. ▪ Accurate. ▪ Experienced difficulties with co-ordination. ▪ Demonstrated professionalism. ▪ Demonstrated some evidence of problem solving. ▪ Lacked confidence. ▪ Inefficient. 		Occasionally: <ul style="list-style-type: none"> ▪ Needed verbal cues. ▪ Demonstrated initiative. ▪ Needed support, although was supervised at all times 		Occasionally: <ul style="list-style-type: none"> ▪ Communicated with patients using appropriate verbal and non-verbal communication. ▪ Demonstrated listening skills. ▪ Communicated with patients in the presence of staff. ▪ Showed sensitivity in some situations. 		Occasionally: <ul style="list-style-type: none"> ▪ Communicated effectively with some staff levels. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated good written communication. 		Occasionally: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in areas of daily routine. ▪ Demonstrated adequate integration into the working team. ▪ Demonstrated some progress during their allocation. 	
	Student		Student		Student		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
D	Seldom: <ul style="list-style-type: none"> ▪ Demonstrated evidence of basic theoretical knowledge and professional vocabulary. ▪ Demonstrated some application of theory to practice. ▪ Achieved relevant objectives. 		<ul style="list-style-type: none"> ▪ Safe with supervision. ▪ Some evidence of professionalism ▪ Poorly co-ordinated. ▪ Required excessive amount of time to complete tasks. ▪ Achieved relevant objectives. ▪ Demonstrated some progress 		<ul style="list-style-type: none"> ▪ Some evidence of a willingness to learn ▪ Retreated from responsibility. ▪ Asked pertinent questions on occasions ▪ Needed instruction in routine procedures. ▪ Was supervised at all times 		Seldom: <ul style="list-style-type: none"> ▪ Communicated with patients using either verbal or non-verbal communication. ▪ Demonstrated listening skills. 		Seldom: <ul style="list-style-type: none"> ▪ Communicated effectively with staff. ▪ Demonstrated listening skills. ▪ Demonstrated adequate written communication. ▪ Demonstrated a good telephone manner 		<ul style="list-style-type: none"> ▪ Participated in some areas of daily routine. ▪ Worked well with some members of the team. 	
	Student		Student		Student		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
E	<ul style="list-style-type: none"> ▪ No evidence of theoretical knowledge or professional vocabulary. ▪ No application of theory to practice. 		<ul style="list-style-type: none"> ▪ Inaccurate. Unsafe. ▪ Inefficient. Very slow ▪ Demonstrated a lack of professionalism. ▪ Anxious ▪ Failed to recognise their own limitations. 		<ul style="list-style-type: none"> ▪ Needed repeated instruction in routine procedures. ▪ Showed no initiative. ▪ Inconsistent. ▪ Was supervised at all times 		<ul style="list-style-type: none"> ▪ Communicated ineffectively with patients. ▪ Demonstrated poor listening skills. ▪ Over familiar. ▪ Insensitive. 		<ul style="list-style-type: none"> ▪ Communicated ineffectively with staff irrespective of level. ▪ Demonstrated poor listening skills. ▪ Over familiar. ▪ Poor written communication. 		<ul style="list-style-type: none"> ▪ Did not integrate into the working team. ▪ Did not participate in areas of daily routine. ▪ Did not demonstrate progress during their allocation. ▪ Unprofessional in relations with staff. 	
	Student		Student		Student		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	

Students; if you do not sign a box/s in this section you will fail the evaluation.

Named Radiographer's Reflective Feedback

Please comment as honestly and constructively as you can on the student's progress and achievements during this evaluation period (referring to competencies in the portfolio and following discussion with other radiography team members).

Signature of Radiographer :

Student's Reflective Feedback

Please comment as honestly and constructively as you can on your perceived progress and achievements during this evaluation period (referring to your objectives on this form and in the competency summary in your portfolio).

Signature of Student :

Please read each other's reflective feedback and discuss any problems or issues arising. Minutes of pertinent or constructive points should be written below and fed back to the link lecturer and/or module leader.

--

End of Placement Discussion Summary

Please identify any objectives that have yet to be met below (to be fed back to the module leader):

Signature of Radiographer :	Date:
Signature of Student :	Date:

This evaluation has been discussed with both parties present.

Signature of Radiographer :	Date :
Signature of Student :	Date :



RD1006	
General Fluoroscopy and Contrast Studies	
Module Leader: Jayne Morgan	
Content	Weighting
Exam	100%
Continuous evaluation	Pass/Fail

STUDENT CANDIDATE NUMBER:	
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Year	Module Code	General Fluoroscopy and Contrast Studies
1	RD1006	

Aims and Objectives – RD1006

Module RD1006 runs through Year 1, Terms 2 and 3, over part of a 16-week period of clinical practice.

Aim:

This clinical module aims to:

- Produce an informed and reflective health professional, able to assist in the safe running of a fluoroscopy suite undertaking a range of examinations.

Learning outcomes:

On completion of this module, the student should be able to:

1. Discuss design features of general fluoroscopic equipment
2. Identify normal and abnormal radiographic anatomy of the GI tract and genito-urinary system
3. Explain the risks associated with the use of contrast agents and drugs relevant to fluoroscopic procedures
4. Demonstrate awareness of radiation protection legislation during fluoroscopy
5. Show respect for cultural differences and behaviour during fluoroscopic procedures
6. Discuss radiographic appearances, which may present in the GI tract and genito-urinary system
7. Assist with routine procedures of the GI tract and genito-urinary system
8. Demonstrate safe use of fluoroscopic equipment
9. Ensure the fluoroscopic procedure is appropriate for clinical indications
10. Develop effective IT skills to enable manipulation of digital computerised systems
11. Be able to communicate within a health care team
12. Develop image interpretation skills

Note:

Students must work under the supervision of a qualified radiographer at all times.

Year	Module Code	General Fluoroscopy and Contrast Studies
1	RD1006	

Continuous Evaluation

Module Name/Year: RD1006 General Fluoroscopy and Contrast Studies /Year 1		
Programme: Undergraduate Diagnostic Radiography	Degree contribution: 0.0%	
	Pass Mark: Pass/Fail	
Hand in date: 13 June 2011		
Assignment Title: RD1006 Clinical Portfolio - Continuous Evaluation		
Assessment Criteria:		
Throughout the student's clinical training they will undergo continuous evaluation of their development in a number of key aspects in the clinical setting:		
Knowledge	Technical skill	Communication with patients
Team skills	Dependence	Communication with staff
As well as recording the student's progress in these aspects, continuous evaluation aims to provide an opportunity for reflection upon their development and practice whilst on clinical placement. Aspects to be considered might include:		
<ul style="list-style-type: none"> - the required learning outcomes for the module - the learning opportunities available - the student's expectations of the placement - the practical skills they have developed - their interactions with others in the clinical setting - what went well during the placement; what needs further development - what problems, if any, occurred; how these were dealt with and what has been learnt - the support they were offered - targets for future practice placements 		
This evaluation will be completed towards the end of their placement in a particular area. For Module RD1006 – General Fluoroscopy and Contrast Studies, this will be after a placement in a fluoroscopy and IVU room .		
The evaluation must be completed by the student and a named supervising radiographer , and recorded on the 'Continuous Evaluation Form'. Both the student and the radiographer are required to consider and record the level of development that the student has reached, and to record reflective comments upon their progress, including areas for improvement and constructive criticism. Following its completion, the link lecturer will review the evaluation and record their comments on the form. In this way the link lecturer will monitor the student's progress and identify aspects requiring attention, which will be fed back to the module leader, personal tutor and student support co-ordinator.		
This evaluation is marked on a pass/fail basis:		
The clinical performance criteria to be achieved are graded from A to E; where a radiographer feels that the student is performing at a level lower than grade C in any of the criteria, the student is deemed to have FAILED the evaluation and, therefore, the module. In this case, the radiographer must inform the link lecturer who in turn must notify the module leader; the completion of a 'Cause for Concern' form will be required. The student cannot gain credit for the module until they have passed the Continuous Evaluation satisfactorily, which may require further clinical time in the relevant placement area.		
If the student experiences or anticipates problems with completion of the evaluation, they must notify the module leader and link lecturer at least three weeks prior to the submission date so that their placement allocation can be amended without inconvenience to other students or clinical staff.		
The student must attach the relevant coversheet and obtain a receipt for their work.		
If you require additional guidance please contact Jayne Morgan, j.a.morgan@city.ac.uk , or 020 7040 5671.		

- The student's performance should be assessed according to each of the Clinical Performance Criteria below.
- The student is required to complete their evaluation, followed by discussion with and evaluation by their supervising radiographer; BOTH are required to indicate on this form their separate evaluation levels for the module.
- Please sign the appropriate box ('Student' or 'Staff') to indicate the student's performance (from A to E) over this placement.
- A form submitted without appropriate signatures will be deemed an **automatic fail** and therefore the module.
- N.B. Where the radiographer feels that the student is performing at a level **lower than grade C**, the student is deemed to have **FAILED** the evaluation and therefore the module. A 'Cause for Concern' form should be completed – please see the Link Lecturer.

CLINICAL PERFORMANCE CRITERIA												
	KNOWLEDGE	TECHNICAL SKILL	DEPENDENCE	COMMUNICATION				TEAM SKILLS				
				PATIENTS		STAFF						
A	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge. ▪ Sound use of professional vocabulary ▪ Good application of theory to practice. ▪ Achievement of all objectives. 	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Proficiency. ▪ Co-ordination. ▪ Accuracy. ▪ A professional attitude. ▪ Completion of tasks in appropriate time. ▪ Ability to identify and solve non- routine problems. 	The student consistently demonstrated: <ul style="list-style-type: none"> ▪ Initiative. ▪ A sense of responsibility. ▪ Little need for support, although was supervised at all times 	The student consistently: <ul style="list-style-type: none"> ▪ Communicated with all patients irrespective of gender, age or ethnicity using appropriate verbal and non-verbal communication. ▪ Demonstrated excellent listening skills. ▪ Communicated with patients in the presence of staff ▪ Showed sensitivity in all situations. 	The student consistently: <ul style="list-style-type: none"> ▪ Communicated effectively across the range of staff levels, using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated excellent written communication. 	The student consistently: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in all areas of daily routine. ▪ Integrated very well as a member of the team. 	Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	
B	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge and professional vocabulary. ▪ Some application of theory to practice. ▪ Achievement of major objectives. 	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Efficiency. ▪ Co-ordination. ▪ Some evidence of problem solving. ▪ Professionalism. ▪ Accuracy. ▪ Completion of tasks within reasonable time. 	Frequently demonstrated: <ul style="list-style-type: none"> ▪ Reasonable initiative. ▪ A sense of responsibility. ▪ Some need for support, although was supervised at all times 	Frequently: <ul style="list-style-type: none"> ▪ Communicated with most patients irrespective of gender age, ethnicity using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills. ▪ Communicated with patients in the presence of staff. ▪ Showed sensitivity in most situations. 	Frequently: <ul style="list-style-type: none"> ▪ Communicated effectively with most staff levels using appropriate verbal and non-verbal communication. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated good written communication. 	Frequently: <ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in most areas of daily routine. ▪ Integrated well as a member of the team. ▪ Demonstrated good progress whilst in the placement area 	Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	

Students; if you do not sign a box/s in this section you will fail the evaluation.

CLINICAL PERFORMANCE CRITERIA

	CLINICAL PERFORMANCE CRITERIA											
	KNOWLEDGE		TECHNICAL SKILL		DEPENDENCE		COMMUNICATION				TEAM SKILLS	
							PATIENTS		STAFF			
C	Occasionally:		Occasionally:		Occasionally:		Occasionally:		Occasionally:		Occasionally:	
	<ul style="list-style-type: none"> ▪ Demonstrated evidence of theoretical knowledge and professional vocabulary. ▪ Demonstrated application of theory to practice. ▪ Achieved objectives. 		<ul style="list-style-type: none"> ▪ Skilful in some areas. ▪ Accurate. ▪ Experienced difficulties with co-ordination. ▪ Demonstrated professionalism. ▪ Demonstrated some evidence of problem solving. ▪ Lacked confidence. ▪ Inefficient. 		<ul style="list-style-type: none"> ▪ Needed verbal cues. ▪ Demonstrated initiative. ▪ Needed support, although was supervised at all times 		<ul style="list-style-type: none"> ▪ Communicated with patients using appropriate verbal and non-verbal communication. ▪ Demonstrated listening skills. ▪ Communicated with patients in the presence of staff. ▪ Showed sensitivity in some situations. 		<ul style="list-style-type: none"> ▪ Communicated effectively with some staff levels. ▪ Demonstrated good listening skills and a good telephone manner. ▪ Demonstrated good written communication. 		<ul style="list-style-type: none"> ▪ Demonstrated professionalism in relations with staff. ▪ Participated in areas of daily routine. ▪ Demonstrated adequate integration into the working team. ▪ Demonstrated some progress during their allocation. 	
	Student		Student		Student		Student		Student		Student	
Staff		Staff		Staff		Staff		Staff		Staff		
D	Seldom:		Seldom:		Seldom:		Seldom:		Seldom:		Seldom:	
	<ul style="list-style-type: none"> ▪ Demonstrated evidence of basic theoretical knowledge and professional vocabulary. ▪ Demonstrated some application of theory to practice. ▪ Achieved relevant objectives. 		<ul style="list-style-type: none"> ▪ Safe with supervision. ▪ Some evidence of professionalism ▪ Poorly co-ordinated. ▪ Required excessive amount of time to complete tasks. ▪ Achieved relevant objectives. ▪ Demonstrated some progress 		<ul style="list-style-type: none"> ▪ Some evidence of a willingness to learn ▪ Retreated from responsibility. ▪ Asked pertinent questions on occasions ▪ Needed instruction in routine procedures. ▪ Was supervised at all times 		<ul style="list-style-type: none"> ▪ Communicated with patients using either verbal or non-verbal communication. ▪ Demonstrated listening skills. 		<ul style="list-style-type: none"> ▪ Communicated effectively with staff. ▪ Demonstrated listening skills. ▪ Demonstrated adequate written communication. ▪ Demonstrated a good telephone manner 		<ul style="list-style-type: none"> ▪ Participated in some areas of daily routine. ▪ Worked well with some members of the team. 	
	Student		Student		Student		Student		Student		Student	
Staff		Staff		Staff		Staff		Staff		Staff		
E	No evidence of:		Inaccurate. Unsafe.		Needed repeated instruction in routine procedures.		Communicated ineffectively with patients.		Communicated ineffectively with staff irrespective of level.		Did not integrate into the working team.	
	<ul style="list-style-type: none"> ▪ No evidence of theoretical knowledge or professional vocabulary. ▪ No application of theory to practice. 		<ul style="list-style-type: none"> ▪ Inefficient. Very slow ▪ Demonstrated a lack of professionalism. ▪ Anxious ▪ Failed to recognise their own limitations. 		<ul style="list-style-type: none"> ▪ Showed no initiative. ▪ Inconsistent. ▪ Was supervised at all times 		<ul style="list-style-type: none"> ▪ Demonstrated poor listening skills. ▪ Over familiar. ▪ Insensitive. 		<ul style="list-style-type: none"> ▪ Demonstrated poor listening skills. ▪ Over familiar. ▪ Poor written communication. 		<ul style="list-style-type: none"> ▪ Did not participate in areas of daily routine. ▪ Did not demonstrate progress during their allocation. ▪ Unprofessional in relations with staff. 	
	Student		Student		Student		Student		Student		Student	
Staff		Staff		Staff		Staff		Staff		Staff		

Students; if you do not sign a box/s in this section you will fail the evaluation.

Named Radiographer's Reflective Feedback

Please comment as honestly and constructively as you can on the student's progress and achievements during this evaluation period (referring to competencies in the portfolio and following discussion with other radiography team members).

Signature of Radiographer :

Student's Reflective Feedback

Please comment as honestly and constructively as you can on your perceived progress and achievements during this evaluation period (referring to your objectives on this form and in the competency summary in your portfolio).

Signature of Student :

Please read each other's reflective feedback and discuss any problems or issues arising. Minutes of pertinent or constructive points should be written below and fed back to the link lecturer and/or module leader.

--

End of Placement Discussion Summary

Please identify any objectives that have yet to be met below (to be fed back to the module leader):

Signature of Radiographer :	Date:
Signature of Student :	Date:

This evaluation has been discussed with both parties present.

Signature of Radiographer :	Date :
Signature of Student :	Date :



Appendix 1

Content

Recommended Reading



Recommended reading – Year 1

Clinical Radiography

Stewart Whitley A, Sloane C, Hoadley G, Moore A D.; *Clark's positioning in radiography 12th edition* (2005), Hodder Arnold

ISBN-10: 0340763906 ISBN-13: 978-0340763902

Sutherland R. (2003) *Pocketbook of Radiographic Positioning*. 2nd ed. Churchill Livingstone ISBN 0-443-07210-8.

Patient Care

Ehrlich, R.A., McCloskey Doble, E., Daly, J.A. (2004). *Patient Care in Radiography*. Mosby-Wolfe.

Anatomy

Gunn, C. (2005) *Bones and Joints: a Guide for Students*. 4th ed. Churchill Livingstone.

Tortora, G.J., Grabowski, S. (eds.) (2002). *Principles of Anatomy and Physiology*. Harper Collins.

Imaging

Wier, J., Murray, A. (1998) *Mosby's Atlas and Text of Clinical Imaging*. Mosby-Wolfe.

Reflection

Bulman, C., Schutz, S., Burns, S. (2004) *Reflective Practice in Nursing: The Growth of the Professional Practitioner*. 3rd ed. Blackwell Publishing Ltd. ISBN 1405111127

Jarvis, P. (1992) *Reflective Practice and Nursing*. Nurse Education Today. **12** pp.174–181.

Professional Issues

College of Radiographers. (2004). *Statements for Professional Conduct*.

Department of Health (2001) *Working Together – Learning Together: A Framework for Lifelong Learning for the NHS*. Department of Health Publications:

www.publications.doh.gov.uk/lifelonglearning

Legislation

Health and Safety Executive. (2004) *Manual Handling Operations Regulations*. 3rd ed. HMSO.



Appendix 2

Content

Cause for Concern Form

Cause for Concern Form

Name of student		Name of Link Lecturer	
-----------------	--	-----------------------	--

Practical Placement		Date	
---------------------	--	------	--

Form Initiated by		Role	
-------------------	--	------	--

Nature of Concern

Evidence of Concern (include relevant agreed learning outcomes if appropriate)
--

Agreed Action/targets

Radiographer's Signature		Date	
Link Lecturer's Signature		Date	

I understand that the actions / targets above have been initiated to support me and agree to work towards them. If they are not met I understand it may affect my course progression.

Student Signature		Date	
-------------------	--	------	--

Monitoring of progress on agreed action.	Dates
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Conclusion of process.	
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CAUSE FOR CONCERN FORM

The purpose of the cause for concern form is to make certain that both student and staff are aware of any issue of concern at the earliest possible stage of the students training and that a supportive action plan can be agreed between all three parties, student, university and practice placement. It is far better to report an issue of concern than to wait hoping for an improvement which may not materialise, as it may be too late to make an effective intervention. The person instigating the cause for concern form should at the same time inform the student and staff that the process has been started.

A cause for concern form should be initiated in cases of: -

Student Performance Issues	Other Issues
<ul style="list-style-type: none"> • Lack of Progress A student radiographer is considered to be failing, or is judged to be in danger of failing to meet the required standards for the particular phase of the course. • Lack of Professionalism For example: punctuality, dress, lack of critical self awareness, unable or unwilling to accept professional criticism, difficult relationships with staff. • Professional Misconduct The student is considered to be behaving in a way which is professionally unacceptable. 	<ul style="list-style-type: none"> • Placement Issues For example: machine breakdown, lack of required learning opportunities. • Any other reason that may affect the student's ability to progress through the programme e.g. Ill health, pregnancy etc.

Copies of the form must go to the student, link lecturer and administration.



Appendix 3

Content

Link Lecturer's Report



School of Community and Health Sciences

CITY UNIVERSITY LONDON

Record of Link Lecturer's Visit to Clinical Site

On – line version is in placement partners section on Department of Radiography Web Site.

Link Lecturer and Clinical site	*Click here for drop down list
Date Visited	
Student Group/s Seen. <i>(Please list individual students if required)</i>	Click here for drop down list
Staff Seen	
No Issues Raised <i>(please tick)</i> <input type="checkbox"/>	Issues Raised <i>(record here)</i>
No Action Needed <i>(please tick)</i> <input type="checkbox"/>	Solutions / Action Taken <i>(record here)</i>
Acknowledged by Clinical Staff <i>(If applicable)</i>	
Acknowledged by Clinical Coordinator	



Appendix 4

Content

Non – Recurring Site One Week Attendance Form



Section XYZ

Student attendance (to be completed by supervising staff)

Name		Hospital		Placement	
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Week beginning: -

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

KEY - Please sign to indicate attendance otherwise use the relevant code to give reason for absence:

- S/L :** Sick Leave
- C/L :** Compassionate Leave
- REC :** Recreational Half-day
- R/L :** Requested leave
- A.W.O.L.** Absent Without Leave
- M/A :** Medical appointment

PLEASE NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO ENSURE THIS FORM IS COMPLETED CORRECTLY. FAILURE TO COMPLETE OR SUBMIT ATTENDANCE RECORDS WILL RESULT IN THE STUDENT BEING RECORDED AS ABSENT FOR THOSE PERIODS.



Appendix 5

Content

Agreed Payback Time Attendance Form

Student attendance (to be completed by supervising staff)

Student Name			
Hospital		Placement	

Week beginning: -.....

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

Week beginning: -.....

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

KEY - Please sign to indicate attendance otherwise use the relevant code to give reason for absence:

- S/L :** Sick Leave
- C/L :** Compassionate Leave
- REC :** Recreational Half-day
- R/L :** Requested leave
- A.W.O.L.** Absent Without Leave
- M/A :** Medical appointment

PLEASE NOTE: IT IS THE STUDENT’S RESPONSIBILITY TO ENSURE THIS FORM IS COMPLETED CORRECTLY. FAILURE TO COMPLETE OR SUBMIT ATTENDANCE RECORDS WILL RESULT IN THE STUDENT BEING RECORDED AS ABSENT FOR THOSE PERIODS.



Appendix 6

Content

Portfolio F.A.Q.



1. **Who can sign off PWA's?**

Any qualified member of staff (including agency) in the area that you are working. You should endeavour to get PWA's signed off on an ongoing basis –staff will not sign off PWA's retrospectively as they may not recall you performing the procedure.

2. **What happens if I haven't completed all PWA's at the end of a year?**

This depends on the reasons behind the non-completion. If it is due to circumstances beyond your control we will take this into account, but will be expected to complete the outstanding PWA's as soon as possible in the next clinical placement.

If the failure is deemed to be a lack of awareness or pro-activity on your behalf in completing the portfolio you will be asked to return to clinical for additional placements during the summer holiday and you will have failed this portion of the clinical assessment.

3. **What if I have a complaint about how a clinical assessment was conducted?**

Any complaints or queries regarding clinical assessments should be brought to the attention of your link lecturer/module leader who will pursue the issue further.



Appendix 7

Content

Miscellaneous