



RD 3004

Prescribing & IV Injecting

Module Leader: Gay Canning

Content	Weighting
Written test (unseen)	100%

**STUDENT
CANDIDATE
NUMBER:**



Year	Module Code	Prescribing & IV Injecting
3	RC3004	

Clinical Observation

Module Name/Year: RC3004 Prescribing and IV Injecting	
Programme: Undergraduate Diagnostic Radiography & Radiotherapy & Oncology	Degree contribution: N/A Pass Mark: N/A
<p>Clinical Observation Criteria:</p> <p>The aims of the module is for students to:</p> <ul style="list-style-type: none"> • Gain the theoretical knowledge of IV injecting with the intention of gaining clinical competence once they are qualified. • Introduce the student to pharmacology and prescribing within radiotherapy and/or diagnostic imaging departments as this is a skill demanded as part of the extended role of the radiographer. <p>The teaching period for this module is during January and February. However, you must bear these aims in mind throughout your final year when visiting your clinical placements as it is beneficial to raise your awareness of these skill areas in practice.</p> <p>The key areas of clinical practice you should be aware of and take the opportunity to observe when available are:</p> <ul style="list-style-type: none"> • Any application of pharmacology and therapeutics within your department. • Any practice of supplementary prescribing within your department. • The role of the practitioner in IV injection (& other routes of administration) • The professional and medico-legal implications of this role. • The criteria under which practitioners may make IV injections • The correct storage, usage, administration and contraindications for drugs used within your department. • The procedure for IV injecting including safety precautions. <p>The observation of this clinical work does not form part of your evidence log but will help underpin your awareness of this area of practice. Even if you do not observe these skills in practice you should take time to research what your department does practice in this topic area.</p> <p>If you require additional guidance please contact: Gay Canning g.canning@city.ac.uk 020 7040 3156</p>	



RD 3005	
Equipment Report	
Module Leader: Jo Thorogood	
Content	Weighting
Equipment Evaluation	100%
Clinical evidence log	Pass/Fail

STUDENT CANDIDATE NUMBER:	
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Year	Module Code	Module Name
3	RD3005	Equipment Evaluation

UG ASSESSMENT SPECIFICATION

Programme: Undergraduate Diagnostic Radiography	Degree contribution: 7.5% Pass Mark: 40%
Hand in date: Monday 9th May 2011 by 3pm	
Module Title: Equipment Evaluation	
Assessment title: Equipment Report	
<p>Assessment Criteria: This component of the Clinical Portfolio aims to provide evidence that the student is able to evaluate the X-ray equipment that may be used within an imaging department; to recognise the advantages and limitations associated with particular X-ray units and to appreciate the rationale for specific design features.</p> <p>The aims of the assessment are to:</p> <ul style="list-style-type: none"> - Ensure you demonstrate an understanding of equipment evaluation. - Ensure you consider each stage of equipment evaluation effectively - Ensure you can identify advantages and limitations of specific equipment. <p>Assignment: You are required to select an X-ray unit used within your clinical department and produce a report that evaluates that piece of equipment. The unit may be a general-purpose unit or a unit designed for a specific type of radiography such as A/E, chest radiography, fluoroscopy, mammography etc.</p> <p>Content – (85 marks)</p> <p>The work must be in the form of a structured report using the following headings:</p> <p>Introduction: (5 marks)</p> <ul style="list-style-type: none"> • Outlines aim of assignment • Sets context of assignment. • Length is appropriate to word count <p>Main text – (70 marks) Discussion including :</p> <ul style="list-style-type: none"> • Demonstration of knowledge & understanding of equipment evaluation • Description of the equipment giving reasons for particular design features (25 marks) • Use of equipment including advantages and disadvantages (20 marks) • Evaluation of the equipment based on facts (25 marks) <p>Conclusion – (10 marks)</p> <ul style="list-style-type: none"> • Clearly summarises and evaluates the main points discussed in assignment • Text is related back to aim(s) of assignment • New topics not raised within conclusion. • Includes recommendations relating to equipment design/functions. <p>Presentation (5 marks)</p> <p>Referencing (10 marks)</p> <p><i>For the assessment criteria on presentation and referencing students must access the feedback proforma via the following link:</i></p> <p>1 hard copy and 1 electronic copy (on disc) MUST be handed in together at the time of submission - otherwise the work will not be accepted.</p> <p>The word limit is 2000 words.</p>	

Additional information:

For examples and guidance of how to reference visit the 'Upgrade' module in Cityspace or 'SCHS Learning Support' in Moodle.

See the following link for guidance on essay style/format

<http://www.city.ac.uk/radiography/student/ugassessmentgeneral.html>

See the following link for guidance on grade related criteria:

<http://www.city.ac.uk/radiography/dps/student/course%20documents%20ug/Grade%20related%20criteria%20UG%20July%202010.pdf>

If you require additional guidance please contact Jo Thorogood (j.thorogood@city.ac.uk OR 020-7040-5654)

If you experience or anticipate problems with completion of this case study, you must notify the module leader and link lecturer at least three weeks prior to the submission date so that your placement allocation can be amended without inconvenience to other students or clinical staff.

On submission you will be required to confirm that:

- The course work attached has not been presented for any other external award or publication and is exclusively my own work except where explicitly indicated (with quotations and citations).
- I have read and understood all assessment regulations relating to this assignment via the following link - <http://www.city.ac.uk/radiography/student/commonassessmentpp.html>
- I have no extenuating circumstances that I have not already declared.

Please note that admin will not accept your coursework unless you sign agreeing with above statements. If you cannot sign at the time of submission you must speak to an academic member of staff (preferably the module leader).

Module learning outcomes that will be assessed:

- Analysis of the factors that impact on image quality
- Awareness of the role of the various government bodies in the implementation of clinical governance/radiation protection legislation
- Demonstration of knowledge of the legislation through which clinical governance must be undertaken in an imaging department

Year	Module Code	Equipment Evaluation
3	RD3005	

Clinical Evidence Log – Clinical Objectives

Module Name/Year: RD3005 Equipment Evaluation /Year 3	
Programme: Undergraduate Diagnostic Radiography	Pass Mark: 40%
Hand in date: Tuesday 31 st May 2011 by 3pm	
Assignment Title: RD3005 Clinical Portfolio – Clinical Objectives	
<p>The assessment itself comprises of two sections:</p> <ul style="list-style-type: none"> - Clinical Evidence Log – A record of the Quality Assurance tests and procedures that the student has observed - Discussion – For three of the tests / procedures observed the student will be asked to discuss why the test was undertaken, the technique required, the results demonstrated and whether remedial action is required with their supervising radiographer <p>Students will be asked to complete a total of 3 evaluation forms, 1 for each of the following areas:</p> <ul style="list-style-type: none"> - Generator output - Resolution - Dose limitation <p>Students are graded on their performance from A to E for each of the 3 sections, with an A being 5 marks and an E being equivalent to 1 mark. 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 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 obtain a receipt for their work.</p> <p>The pass mark is 40%. Please be aware that inclusion of any details which would make it possible to identify the hospital will result in a technical fail.</p> <p>If you require additional guidance please contact Jo Thorogood, j.thorogood@city.ac.uk, or 020 7040 5654.</p>	
<p>Module learning outcomes that will be assessed:</p> <ul style="list-style-type: none"> • Discussion of the role of local QA within that required for the NHS as a whole to maintain quality healthcare • Analysis of a range of quality assurance processes and procedures within a diagnostic imaging environment • Demonstration of working knowledge of current legislation • Demonstrate understanding of the dosimetry processes within diagnostic imaging 	

Clinical Evidence Log Marking Sheet- Generator Output

- Student's performance should be assessed for both the Discussion and Results sections according to each of the clinical performance criteria below
- Please circle the appropriate rating below
- N.B. Where the radiographer feels that the student is performing at a level lower than a grade C, the student is deemed to have failed the evaluation and a cause for concern form should be completed – please see link lecturer

Discussion

Rating	Clinical Performance Criteria
A	Excellent, competent discussion of preparation and technique, with no prompting
B	Good, able to discuss preparation and technique, with limited prompting
C	Adequate, able to discuss the issues with regards to preparation and technique but required prompting on occasions
D	Poor, able to discuss preparation and technique, but student required constant prompting
E	Very Poor, limited knowledge with regards to preparation and technique, despite continuous prompting

Results

Rating	Clinical Performance Criteria
A	Excellent, no guidance required to comment on resultant image and whether remedial action is required.
B	Good, able to comment on resultant image and whether remedial action is required with little guidance
C	Adequate, limited guidance required to comment on resultant image and whether remedial action is required
D	Poor, constant guidance required to comment on resultant image and whether remedial action is required
E	Very Poor, excessive guidance required to comment on resultant image and whether remedial action is required

Supervising Radiographers Comments

Supervising Radiographer's signature.....

Date.....



Year	Module Code	Equipment Evaluation
3	RD3005	

Clinical Evidence Log Marking Sheet- Resolution

- Student's performance should be assessed for both the Discussion and Results sections according to each of the clinical performance criteria below
- Please circle the appropriate rating below
- N.B. Where the radiographer feels that the student is performing at a level lower than a grade C, the student is deemed to have failed the evaluation and a cause for concern form should be completed – please see link lecturer

Discussion

Rating	Clinical Performance Criteria
A	Excellent, competent discussion of preparation and technique, with no prompting
B	Good, able to discuss preparation and technique, with limited prompting
C	Adequate, able to discuss the issues with regards to preparation and technique but required prompting on occasions
D	Poor, able to discuss preparation and technique, but student required constant prompting
E	Very Poor, limited knowledge with regards to preparation and technique, despite continuous prompting

Results

Rating	Clinical Performance Criteria
A	Excellent, no guidance required to comment on resultant image and whether remedial action is required.
B	Good, able to comment on resultant image and whether remedial action is required with little guidance
C	Adequate, limited guidance required to comment on resultant image and whether remedial action is required
D	Poor, constant guidance required to comment on resultant image and whether remedial action is required
E	Very Poor, excessive guidance required to comment on resultant image and whether remedial action is required

Supervising Radiographers Comments

Supervising Radiographer's signature.....

Date.....

Clinical Evidence Log Marking Sheet- Dose Limitation

- Student's performance should be assessed for both the Discussion and Results sections according to each of the clinical performance criteria below
- **Please circle the appropriate rating below**
- N.B. Where the radiographer feels that the student is performing at a level lower than a grade C, the student is deemed to have failed the evaluation and a cause for concern form should be completed – please see link lecturer

Discussion

Rating	Clinical Performance Criteria
A	Excellent, competent discussion of preparation and technique, with no prompting
B	Good, able to discuss preparation and technique, with limited prompting
C	Adequate, able to discuss the issues with regards to preparation and technique but required prompting on occasions
D	Poor, able to discuss preparation and technique, but student required constant prompting
E	Very Poor, limited knowledge with regards to preparation and technique, despite continuous prompting

Results

Rating	Clinical Performance Criteria
A	Excellent, no guidance required to comment on resultant image and whether remedial action is required.
B	Good, able to comment on resultant image and whether remedial action is required with little guidance
C	Adequate, limited guidance required to comment on resultant image and whether remedial action is required
D	Poor, constant guidance required to comment on resultant image and whether remedial action is required
E	Very Poor, excessive guidance required to comment on resultant image and whether remedial action is required

Supervising Radiographers Comments

Supervising Radiographer's signature.....

Date.....



RD 3006

Preparation for Clinical Practice

Module Leader: Jo Thorogood

Content	Weighting
Clinical Evidence Log Part 1 Patchwork Text Clinical assessments	50% Pass/Fail
Clinical evidence Log Part 2 Assignment	50%

**STUDENT
CANDIDATE
NUMBER:**



Year	Module Code	Preparation for Clinical Practice
3	RD3006	

Preparation for Clinical Practice - RD3006

Module RD3006 runs through Year 3, with teaching in Terms 1 and 3.

Hand in Date Clinical Evidence Log Part One (Clinical Assessments & Patchwork text) Monday 9th May 2011

Hand in Date Clinical Evidence Log Part Two (Written Assignment) Monday 6th December 2010

This module is worth 20 credits and contributes 10% towards your degree mark.

Aim:

This module aims to:

- Produce a health professional, able to organise their workload and demonstrate awareness of current NHS policies, procedures and initiatives.

Note:

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

Assessment Guidelines

This module assessment has three components:

1. Clinical attendance register.

This will be submitted by your link lecturer. 90% attendance during the entirety of your clinical training is required for completion of this course.

2. Clinical Evidence Log

This aims to examine your organisational ability, communication skills, self reflection and understanding of some of the issues involved in providing an imaging service in the NHS.

To pass this assessment you must score 40% in each section.

At this stage in your training you are expected to be able to anticipate and plan the workload in an imaging room and adapt as the session progresses. This may include liaison with porters, receptionists, nurses, radiologists etc. You will be expected to be able to ensure the smooth running of the room, completion of any administrative tasks and to deal with problems that arise. These aspects of your work will be assessed in Part 1 of this clinical evidence log. You are also expected to have some understanding of the NHS issues driving change and the related implications for the imaging service. This will be assessed by the written task in Part 2 of this log.

RD3006 Clinical Evidence Log - Part 1:

Guidelines for Students

This comprises 2 assessments and each should be completed at separate occasions. The same supervising radiographer cannot undertake both of these for any student. Similarly, the same clinical placement cannot be used by any student for these assessments. The supervising radiographer must have attended appropriate training in this assessment; your link lecturer will hold a record of the trained supervisors in your clinical department.

The tick-box sections below are to be completed by supervising radiographers during your clinical training using the marking guidelines above. The supervising radiographer should complete the section at the end of the session and write some comments on your performance. You are then required to reflect on the outcome, on your performance and on any areas you need to develop.

The rating scales are to be used to enable feedback to be given to you. This part of the assessment is graded Pass/Fail. You must score the minimum mark indicated in each assessment to pass.

These assessments should be conducted in a placement where the skills being assessed can be demonstrated and the suitability of the placement should be discussed with the supervising radiographer and your link tutor before proceeding. It is suggested that you are observed for *at least two hours* for each of the assessments.

Once you both decide to go ahead give the appropriate form to the supervising radiographer.

Guidelines for Supervising Radiographers

Marking Guidelines

The standard aimed for is that which would be acceptable for a *newly qualified radiographer* who is familiar with the departmental procedures and equipment. Organisational ability and effective communication are being assessed. If the student needs some degree of help with technical or radiographic problems this does not affect the outcome of these assessment.

This part of the clinical evidence log requires two assessments. The same supervising radiographer cannot undertake both of these for any student. Similarly, the same clinical placement cannot be used by any student for these assessments. It is suggested that you observe the student for *at least two hours* for each of the assessments.

The rating / marking scale for the student's level of achievement is as follows:

1 - below acceptable standard, frequent guidance required, lacking in initiative, limited problem solving ability, unable to concentrate on organising and caring for the patient at the same time, lacking in confidence or over confident, unable to liaise effectively or consider patients' needs.

2 – adequate standard, occasional guidance required, showing potential to cope with responsibility with more practice and confidence, patient care demonstrated, most organisational aspects covered reasonably well.

3 - good standard, very little guidance required, efficient, self reliant with good communication skills and consideration of patients' needs, calm and considered approach to solving problems which arise, professional behaviour.

4 - excellent standard, no guidance required, professional, confident, excellent communication and care demonstrated, problems solved calmly and rationally.

ASSESSMENT 1 – COMMUNICATION AND TEAMWORK

Please rate the student's performance by circling the level of achievement from 1 (below acceptable standard) to 4 (excellent) in each of the following (see marking guidelines):

COMMUNICATION AND TEAMWORK				
cooperation with colleagues and team members	1	2	3	4
communication with other staff members	1	2	3	4
liaising with porters, receptionists or ward staff (did the student give information given clearly, did the student listen and act on the responses received, were they respectful and polite in their communication?)	1	2	3	4
awareness of own limitations	1	2	3	4
ability to give clear instructions to patients and check that they are understood	1	2	3	4
willingness to participate in all tasks	1	2	3	4
willingness to ask for and act on advice	1	2	3	4
ability to delegate	1	2	3	4
TOTAL SCORE (MINIMUM REQUIREMENT – 13)	PASS			

Supervising radiographer's comments:

Please comment as honestly and constructively as you can on the student's progress and achievements during this assessment.

Please include details of what the student did well, where they might focus to develop their skills and any other useful feedback.

Supervising Radiographer's Name (please print):

Supervising Radiographer's Signature:

Date of Assessment:

Clinical Placement where assessment took place:

Student's name:

ASSESSMENT 2 – ORGANISATIONAL AND PROFESSIONAL SKILLS

Please rate the students' performance by circling the level of achievement from 1 (below acceptable standard) to 4 (excellent) in each of the following (see marking guidelines):

ORGANISATIONAL and PROFESSIONAL SKILLS				
appeared clean and tidy, dressed appropriately, displaying name badge	1	2	3	4
checking request forms (the supervisor should ask students questions to ensure the students understand the forms and are properly checking them)	1	2	3	4
room preparation (drugs, barium stands, Pb, hygiene, cassettes, prelim exposures, emergency equipment)	1	2	3	4
planning of the work load for the session (the student should explain their rationale for the workload planning and how they might adapt this for various cases)	1	2	3	4
consideration of use of previous films (the student should demonstrate ability to retrieve and check old images)	1	2	3	4
confidence with taking initiative	1	2	3	4
time management	1	2	3	4
responded to change as the session progressed	1	2	3	4
responsibility taken to ensure completion of all tasks	1	2	3	4
recording of appropriate data after examinations (e.g. screening times, films used etc)	1	2	3	4
TOTAL SCORE (MINIMUM PASS REQUIREMENT – 16)				

Supervising radiographer's comments:

Please comment as honestly and constructively as you can on the student's progress and achievements during this assessment.

Please include details of what the student did well, where they might focus to develop their skills and any other useful feedback.

Supervising Radiographer's Name (please print):

Supervising Radiographer's Signature:

Date of Assessment:

Clinical Placement where assessment took place:

Student's name:

RD3006 Clinical Evidence Log - Part 1:

Programme: Undergraduate Diagnostic Radiography	Degree contribution: 5% Pass Mark: 40%
Hand in date: Monday 9 th May 2011 by 3pm	
Module Title: Preparation for Clinical Practice	
Assessment title: RD3006 Clinical Portfolio – Self Reflective Statement/Patchwork text.	
Assessment Criteria: You are required to reflect on your clinical practice to encourage you to become autonomous learners with critical thinking and problem solving skills. You need to be able to acknowledge what you are good at and identify where you need to develop your skill or confidence. The HPC and the SCoR require registrants to demonstrate that they are capable of identifying learning needs and to highlight and maintain appropriate CPD requirements. The aims of the assessment are to: <ul style="list-style-type: none">- Ensure that you are able to use self reflection in order to identify the areas that you are good at and how to improve those areas which are not so good.	
Assignment: Drawing on all 4 patches write a 1000 word self-reflective statement to indicate how you have progressed during your training and to indicate how you feel you meet the professional standards of a radiographer (from HPC and SCoR) in terms of reflective practice	
Content – (85 marks) The work must be formally structured using the following headings:	
Introduction: (5 marks) <ul style="list-style-type: none">• Outlines aim of assignment• Sets context of assignment• Length is appropriate to word count	
Main text – (70 marks) To gain full marks this should include the following: <ul style="list-style-type: none">• Indication of how you meet the professional standards of a radiographer (from HPC and SCoR) in terms of reflective practice• Evidence of reflective theory incorporated into assignment• Summary of all patches included• Reflection on performance• Staff feedback from organisation and communication assessments included.• Consideration of personal developmental needs and how you intend to achieve them• You need to be able to demonstrate/acknowledge what you are good at and identify where you need to develop your skill and confidence using an action plan.	
Conclusion – (10 marks) <ul style="list-style-type: none">• Clearly summarises and evaluates the main points discussed in assignment• Text is related back to aim(s) of assignment• New topics not raised within conclusion.	
Presentation (5 marks)	
Referencing (10 marks)	
<i>For the assessment criteria on presentation and referencing students must access the feedback proforma via the following link:</i>	
1 hard copy and 1 electronic copy (on disc) <u>MUST</u> be handed in together at the time of submission - otherwise the work will not be accepted.	
The word limit is 1000 words.	

Additional information:

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If you require additional guidance please contact Jo Thorogood (j.thorogood@city.ac.uk OR 020-7040-5654)

If you experience or anticipate problems with completion of this essay, you must notify the module leader and link lecturer at least three weeks prior to the submission date so that your placement allocation can be amended without inconvenience to other students or clinical staff.

On submission you will be required to confirm that:

- The course work attached has not been presented for any other external award or publication and is exclusively my own work except where explicitly indicated (with quotations and citations).
- I have read and understood all assessment regulations relating to this assignment via the following link - <http://www.city.ac.uk/radiography/student/commonassessmentpp.html>
- I have no extenuating circumstances that I have not already declared.

Please note that admin will not accept your coursework unless you sign agreeing with above statements. If you cannot sign at the time of submission you must speak to an academic member of staff (preferably the module leader).

Module learning outcomes that will be assessed:

- Discuss what makes a competent radiographer

RD3006 Clinical Evidence Log - Part 2:

Programme: Undergraduate Diagnostic Radiography	Degree contribution: 5% Pass Mark: 40%
Hand in date: Monday 6 th December 2010 by 3pm	
Module Title: Preparation for Clinical Practice	
Assessment title: RD3006 Clinical Portfolio - Essay	
Assessment Criteria: This section of the Clinical Portfolio requires you to research and then demonstrate an understanding of a current NHS issue. The aims of the assessment are to: <ul style="list-style-type: none">- Ensure that you are able to discuss when induction, appraisal, disciplinary and grievance procedures may be utilised.- Show that you are aware of current NHS and legislative issues and how these impact on the imaging department.	
Assignment: Discuss the possible measures an Imaging Department Manager might undertake in ONE of the following scenarios. In each case you may assume that written and / or verbal complaints have been made about a junior member of staff who has been employed at the trust for 2 years. The complaints allege: <ol style="list-style-type: none">1. That the member of staff has used imaging equipment on patients without appropriate prior training <p style="text-align: center;">OR</p> <ol style="list-style-type: none">2. That the member of staff has consistently failed to follow correct cross infection control measures even when imaging patients with known MRSA, TB and Clostridium Difficile.	
Content – (85 marks) The work must be in the form of a structured case study using the following headings:	
Introduction: (5 marks) <ul style="list-style-type: none">• Outlines aim of assignment• Sets context of assignment• Appropriate background information relating to the patient's condition and the procedure undertaken.• Length is appropriate to word count	
Main text – (70 marks) <ul style="list-style-type: none">• Discussion which explores and demonstrates knowledge and understanding of topic, clarity of ideas, including arguments and discussion to include integration of theoretical concepts with professional practice, evaluation and originality.• In order to gain full marks you should consider the following:<ol style="list-style-type: none">1. Current NHS issues, legislation & initiatives2. Induction3. Appraisal systems4. Grievance & disciplinary procedures5. Competence & negligence	
Conclusion – (10 marks) <ul style="list-style-type: none">• Clearly summarises and evaluates the main points discussed in assignment• Text is related back to aim(s) of assignment• New topics not raised within conclusion.• Includes suggestions as to how future practice may be improved and quality can be maintained	
Presentation (5 marks)	
Referencing (10 marks)	

For the assessment criteria on presentation and referencing students must access the feedback proforma via the following link:

1 hard copy and 1 electronic copy (on disc) MUST be handed in together at the time of submission - otherwise the work will not be accepted.

The word limit is 2000 words.

Additional information:

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If you require additional guidance please contact Jo Thorogood (j.thorogood@city.ac.uk OR 020-7040-5654)

If you experience or anticipate problems with completion of this case study, you must notify the module leader and link lecturer at least three weeks prior to the submission date so that your placement allocation can be amended without inconvenience to other students or clinical staff.

On submission you will be required to confirm that:

- The course work attached has not been presented for any other external award or publication and is exclusively my own work except where explicitly indicated (with quotations and citations).
- I have read and understood all assessment regulations relating to this assignment via the following link - <http://www.city.ac.uk/radiography/student/commonassessmentpp.html>
- I have no extenuating circumstances that I have not already declared.

Please note that admin will not accept you coursework unless you sign agreeing with above statements. If you cannot sign at the time of submission you must speak to an academic member of staff (preferably the module leader).

Module learning outcomes that will be assessed:

- Discuss the NHS in terms of legislation, initiatives, current problems and the use of appraisal and disciplinary processes.
- Discuss what makes a competent radiographer.
- Understand the purpose of an induction programme.



RD 3010	
Trauma	
Module Leader: Carol O'Sullivan	
Content	Weighting
<i>Clinical Assessment</i>	25%
<i>Viva</i>	30%
<i>OSCE - Image Evaluation</i>	40%
Clinical evidence log – PWA's	5%
Continuous evaluation	Pass/Fail

STUDENT CANDIDATE NUMBER:	
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Year	Module Code	PWA's
3	RD3010	

Clinical Evidence Log – Procedures Without Assistance

Module Name/Year: RD3010 Trauma /Year 3		
Programme: Undergraduate Diagnostic Radiography		Degree contribution: 0.4% Pass Mark: 40%
Hand in date: 30 th May 2011		
Assignment Title: RD3010 Clinical Portfolio - Clinical Evidence Log - Procedures Without Assistance		
Assessment Criteria:		
<p>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/axial skeleton and is able to apply the knowledge gained to adaptive techniques. Over the duration of Module RD 3010, the student is required to compile a record of evidence of clinical experience in the following aspects of clinical practice:</p>		
Patient positioning Communication	Patient care Image critique	Health and safety
<p>During the course of the module the student is required to undertake a total of EIGHT (8) examinations of the appendicular and axial skeleton requiring adaptive technique 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 examinations:</p>		
<p>Appendicular Skeleton Upper Limb Appendicular Skeleton Lower Limb Axial Skeleton (no CxR or AxR)</p>		
To make a total of 8 PWA's		
<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%)</p> <p>Only 8 forms will be issued, if more than 8 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 ORIGINAL forms on the correct paper will be accepted.</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 obtain a receipt for their work.</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 Carol O'Sullivan, c.i.o.sullivan@city.ac.uk, or 020 7040 5696.</p>		

1. REQUEST FORM

(The student should not be prompted)

Please mark with a tick or cross as appropriate

Has the Student:	Y	N	Max Mark allowed	Mark given
a. - stated their choice of projections			1.5	
b. - indicated to you they understand the medical terms?			1	
c. - expressed the relevance of previous radiographic examinations			1	
d.* - checked for signature of the referring clinician?			1.5	
e. - considered the radiation protection status of the patient			.5	

2. PREPARATION OF ROOM AND EQUIPMENT

Has the student ensured:	Y	N	Max Mark allowed	Mark given
a. - that the imaging room is tidy			0.5	
b. - that all equipment is correctly set up			2	
b. - that cassettes/films are available			1	
c. - a preliminary exposure is set			1	
e.* - that accessory and protective equipment is available to include emergency drugs/manual handling if relevant			1.5	
f. - hygiene and cleanliness for themselves and the patient throughout the examination.			0.5	

3. INITIAL CARE OF THE PATIENT

Please mark with a tick or cross as appropriate

Did the Student:	Y	N	Max Mark allowed	Mark given
a. - greet the patient appropriately?			1	
b.* - confirm the patient's identity by carrying out a check in addition to the patient's name?			2	
c.* - check and confirm with the patient their radiation protection status or explain why this is not relevant?			1.5	
d. - ask the patient if they have had previous radiographic examinations. (Even when completed on a request form)			1	
e. - check with the patient that the correct area is to be examined?			1	
f.* - ensure the correct and relevant patient preparation for the given examination?			2	
g. - give a clear explanation to the patient about the procedure			1.5	

4. RADIOGRAPHIC PROCEDURE

Please mark with a tick or cross as appropriate

No of projections

Did the student:	No of projections				Max Mark allowed	Mark given
	1	2	3	4		
a. - correctly position patient					2	
b. - correctly position the film					1.5	
c. - accurately locate centring point					2	
d. - collimate the beam to correct area of interest					2	
e. - correctly place correct markers/legends					1.5	
f. - reassess all control console settings					1	
g. - give clear instruction to patient on breathing/movement					1.5	
h. - ensure patient stability and comfort					1.5	
i. - use the equipment and accessories correctly?					1	
j. - use radiation protection for the patient pertinent to the examination?					2	
k. - use radiation protection for staff and others?					1	
l. - observe the patient during the exposure?					0.5	
m. - indicate to you the exposure has occurred?					0.5	

5. STUDENT'S CHECKING OF THE RADIOGRAPH

You are checking that the student has inspected the radiograph for each item and that their assessment is correct. Whether or not the radiograph is acceptable is **NOT** at issue in this section.

Views taken

Has the student checked for:	1	2	3	4	Max Mark allowed	Mark given
a. - correct identification					0.5	
b. - correct markers/legends					0.5	
c. - area under examination					0.5	
d. - correct technique					0.5	
e. - contrast					0.5	
f. - density					0.5	
g. - sharpness					0.5	
h. - collimation					0.5	
i. - artifacts					0.5	
j. - anatomical variation/pathology					0.5	
k. - the necessity for repeats					0.5	
l. - the need for further projections					0.5	

6. CARE OF THE PATIENT DURING AND AFTER RADIOGRAPHY

	Y	N	Max Mark allowed	Mark given
a. Was care and attention given to the patient's safety?			1	
b. Was correct information given to the patient on leaving?			1	
c. Was the communication with the patient adequate?			1	
d. Were the needs of the patient considered throughout?			1	
Total			50	

IF A RADIOGRAPH REQUIRED A REPEAT PLEASE INDICATE PROJECTION AND REASON FOR REPEAT BELOW:

PROJECTION	REASON FOR REPEAT

CLINICAL ASSESSMENT SCHEME Radiograph Marking Form

RD3010

Original radiographs should be marked. This may only be marked by Radiographers who have attended the city university assessor's course
Each projection should be marked separately.

Assessment of each Radiograph:

Projection:

CHECKLIST	CRITERIA FOR MARK	Y	N	Max Mark	T
Patient Identification*	Correct name, date and hospital number			1	
Anatomical Markers*	Correct marker within the primary beam, not overlying relevant anatomical structures. See regulation 4			2	
Projection Reason for radiograph	Projection selected relevant to clinical history _____			2	
Radiographic positioning	1. Appropriate entry point of central ray			4	
	2. Anatomically positioned correctly			4	
	3. Region of interest entirely included			4	
	4. Appropriate use of lead legends			4	
	5. Absence of inappropriate superimposition of structures or inclusion of inappropriate areas			2	
	6. Absence of artefacts			2	
marks deducted for repeat	reason:			--	
TOTAL for this radiograph:					/25

Notes:

* Denotes automatic failure if all the criteria are not fulfilled.

Where full marks are not given please comment:

Projection:

CHECKLIST	CRITERIA FOR MARK	Y	N	Max Mark	T
Patient Identification*	Correct name, date and hospital number			1	
Anatomical Markers*	Correct marker within the primary beam, not overlying relevant anatomical structures. See regulation 4			2	
Projection Reason for radiograph	Projection selected relevant to clinical history _____			2	
Radiographic positioning	1. Appropriate entry point of central ray 2. Anatomically positioned correctly 3. Region of interest entirely included 4. Appropriate use of lead legends 5. Absence of inappropriate superimposition of structures or inclusion of inappropriate areas 6. Absence of artefacts			4 4 4 4 2 2	
marks deducted for repeat	reason:			-	
TOTAL for this radiograph:					/25

Notes:

* Denotes automatic failure if all the criteria are not fulfilled.

Where full marks are not given please comment:

The mean mark scored for the radiographs must be calculated and carried forward.

Number of films marked:

Mean mark: _____ /25

This Mark will be re-based to a 40% pass mark = _____ %

THIS IS TO CERTIFY THAT THE ASSESSMENT HAS BEEN CARRIED OUT IN ACCORDANCE WITH THE REGULATIONS (ON PAGE 4)	
SIGNATURE OF FILM MARKER:	Date:

Regulations for the Marking of Radiographs in Clinical Assessment

1. The role of the Marker is to:
 - a. mark the radiographs
 - b. pass the relevant papers to the Link Lecturer.
2. When marking the radiographs the Marker must record, and be able to justify, the loss of any marks.
3. If the correct anatomical marker is not visible in the primary beam the student fails the assessment unless:
 - a. there was a technical reason for this, or that
 - b. during radiography of the odontoid peg, the student said that they would place the marker in the scatter.
4. Lead legends when appropriate (e.g. HBL) are to be used to indicate adaptation of technique
5. The student must attain 75% in each section of the clinical assessment scheme.
 1. Supervisors sheet.
 2. Radiograph mark sheet.
6. Both sections must be passed for a mark to be awarded
7. If any irregularity occurs which could lead to an appeal by the student this must be reported to the Link Lecturer with clinical responsibility at the student's placement site and by e-mail to Carol O'Sullivan, RD 3010 Module Leader in the Department of Radiography at City University.

C. O'Sullivan – C.I.O'Sullivan@city.ac.uk

SUPERVISORS MARKING REGULATIONS:

1. All Supervisors must have attended a training programme held by a member of the City University team of Lecturers with clinical responsibility. Supervisors must be prepared to attend update sessions as arranged.
2. As registered Supervisors it is assumed you are loyal to the scheme and agree to run the scheme in a fair and professional manner.
3. The Supervisor selects the patient for the Clinical Assessment. There must be no prior discussion with the student concerning the selection of the patient. The student may not specify the procedure which they will undertake beyond confirming the range of procedures which may be assessed at their stage of training.
4. Supervisors must complete the checklist as the student carries out the examination. The checklist must not be altered once the examination is over.
5. The Supervisors must not give the student any help or advice during the assessment (except regulation 6). If the Supervisor has to intervene for any reason the assessment should be terminated and the student told that they have failed. If possible the student should be warned when the Supervisor is about to intervene.
6. The student may request the Supervisor's assistance with manual handling as long as the Supervisor acts under the direction of the student.
7. When a student fails their assessment because of a technical fail (starred items on the form) the assessment must be terminated and the student told of the outcome.
8. **The student must place the correct anatomical marker in the primary beam, clear of relevant anatomical structures. However, during radiography of the skull or the odontoid peg the student may choose to place the marker in the scatter. If there is a valid technical reason why this was not possible the Supervisor must record the details on this form. Otherwise an incorrect or absent anatomical marker on an image will result in the assessment being failed at this stage or later, when the image is marked by the Assessor.**
9. **The Supervisor must not allow a radiographic exposure to be made knowing that the resultant radiograph will not be of diagnostic quality.**
10. An assessment may be invalidated if the student is faced with extreme difficulties which had not been anticipated and which the Supervisor feels are unreasonable for the student to cope with. The circumstances must be recorded on this form.
11. If any technical difficulties are encountered the Supervisor should make a note of them on the assessment form.
12. Original radiographs or unaltered hard copies of digital images are to be submitted for marking. If this is not possible then a copy radiograph can be submitted as long as the Supervisor makes a note on the assessment form of how the copy compares with the original. Any images that have to be removed from the clinical department for marking must have the patient identifying information removed.
13. If the student has to repeat a radiograph the reject film must also be submitted for marking.
14. If any irregularity occurs which could lead to an appeal by the student the Supervisor must report it to the relevant Lecturer and in writing to Carol O'Sullivan, Module Leader at the Department of Radiography, City University.
15. The area selected must require significant adaptive technique and be for a trauma injury.

C. O'Sullivan 07.



Year	Module Code	Trauma
1	RD3010	

Continuous Evaluation

Module Name/Year: RD 3010 Trauma							
Programme: Undergraduate Diagnostic Radiography	Degree contribution: 0.0% Pass Mark: Pass/Fail						
Hand in date: 30 th -May-2011							
Assignment Title: RD 3010 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 RD 3010, this is likely to be after a placement in an accident & 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: 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					



CITY UNIVERSITY
LONDON

DEPARTMENT OF RADIOGRAPHY

**CONTINUOUS
EVALUATION FORM
Module RD3010
Trauma**

Student			
Placement		Date	
<i>Named Radiographer</i>			

Placement objectives (these must relate to module subject):

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- 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:		The student consistently demonstrated:		The student consistently demonstrated:		The student consistently:		The student consistently:		The student consistently:	
	<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. 		<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. 		<ul style="list-style-type: none"> ▪ Initiative. ▪ A sense of responsibility. ▪ Little need for support, although was supervised at all times 		<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. 		<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. 		<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		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	
B	Frequently demonstrated:		Frequently demonstrated:		Frequently demonstrated:		Frequently:		Frequently:		Frequently:	
	<ul style="list-style-type: none"> ▪ Evidence of theoretical knowledge and professional vocabulary. ▪ Some application of theory to practice. ▪ Achievement of major objectives. 		<ul style="list-style-type: none"> ▪ Appropriate confidence. ▪ Efficiency. ▪ Co-ordination. ▪ Some evidence of problem solving. ▪ Professionalism. ▪ Accuracy. ▪ Completion of tasks within reasonable time. 		<ul style="list-style-type: none"> ▪ Reasonable initiative. ▪ A sense of responsibility. ▪ Some need for support, although was supervised at all times 		<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. 		<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. 		<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		Student		Student		Student	
	Staff		Staff		Staff		Staff		Staff		Staff	

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	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	
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	
	Staff		Staff		Staff		Staff		Staff		Staff	
	Student		Student		Student		Student		Student		Student	
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	
	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.

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 :

