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Mr Adam Reinhard

Executive Officer

Medical Radiation Practice Board of Australia

Australian Health Practitioner Regulation Agency

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January 18th 2012

Dear Mr Reinhard

Supervised Practice Registration Standard

The Department of Medical Imaging and Radiation Sciences is appreciative of the opportunity to provide a written submission in respect to the Board's proposed Supervised Practice Registration Standard. I am therefore pleased to provide the Board with our comments.

Yours sincerely

Mr. a. Bouist

Proposed registration standards

Review of Supervised Practice Standard

Submission from Department of Medical Imaging and Radiation Sciences, School of Biomedical Sciences, Faculty of Medicine, Nursing and Health Sciences, Monash University, Clayton VIC.

- a. The number of clinical practice hours required to be completed by a recent graduate for the purposes of general registration for
- i. A three-year course of study, andii. A four-year course of study

Learning a practice is qualitatively different from learning about an academic discipline. It does take time to master the skill base that the professions argue is the essence of their domain of expertise. However there is no definitive answer within the literature as to how much time a trainee requires to achieve the requisite outcomes. Moreover since the time of Dewy¹, it has been acknowledged that experience does not necessarily equate with education. Something else has to happen. Time spent learning to master the professions' skill base must be organised, supervised and appropriately assessed.

This fact presents universities with a conundrum. Should they focus upon the delivery of the requisite academic content that informs the development and delivery of the professional skills and leave it up to the profession or registering authority to administer a managed period of supervised practice during which time graduates complete the development of their skill base, or should they grasp the nettle and provide sufficient academic and clinical experience to graduate entry level practitioners who are safe to practice without any additional impost.

Currently in Australia, the various universities have taken a number of approaches to the delivery of courses in medical radiations science. Some of the traditional three year courses appear to be predicated upon the assumption that irrespective of the quality of their undergraduate clinical training program, their graduates will need to complete the current 48 week professional practice programs managed by the professions' accrediting agencies. The Department of Medical Imaging and Radiation Sciences (MIRS), Monash University is not in a position to comment upon how much of the three year courses should be spent developing clinical skills. By way of comparison, the United Kingdom and New Zealand three year degree courses appear to include a specific number of summer semesters of directed clinical practice to enable graduates to meet the expectations of an entry level practitioner. In terms of number of hours it appears that overall something akin to 2,000 practice hours are completed by these graduates.

In contrast the four year Bachelor of Radiography and Medical Imaging offered by MIRS provides a structured and supervised period of 24 weeks within the final year of the course that enable supervisors and the university to determine the competency or otherwise of the students. During this time students spend 4 weeks in CT and 2 weeks in MRI and the remainder of the time completing a full range of general radiographic examinations. This is in addition to the defined periods of clinical practice that begin with 8 weeks in first year with an increase to 10 weeks in years two and three. These periods of clinical practice are intimately related to the imaging modalities being studied in the academic program to better effect the integration of theory with practice. The department's Graduate Entry Master of Medical Radiations (Radiation Therapy) also incorporates a

similar period of defined supervised practice during Year 2 of the program (47 weeks) with its graduates completing a similar period of clinical studies (16 weeks) prior to the defined period of supervised practice. Graduates from both courses have been deemed to be eligible for full registration following successful course completion. Documented feedback from the employer groups has indicated high levels of satisfaction with the approach adopted by MIRS.

b. How "fitness to practice" (clinical competence, professional conduct and compliance with regulatory standards) should be assessed during supervised practice.

There is no agreement within the literature as to how fitness to practice should be defined. The lack of an agreed understanding of what we need to be assessing presents difficulties. This is especially the case if the assessment approaches adopted within MRS courses focus solely upon the mastery of skill development. It is often overlooked that performance and competency are not the same. Each requires different approaches to assessment. In particular what must be assessed is the quality of the student's decision-making. Having said this it must be acknowledged that graduates continue to learn and develop professionally well past the conclusion of the formal course of study. So, great care has to be taken with the selection of the assessment methodology. We draw the Boards' attention to an important paper dealing with this matter

J-J Rethans, J J Norcini, M Barón-Maldonado, D Blackmore, B C Jolly, T LaDuca, S Lew, G G Page and L H Southgate (2002). The relationship between competence and performance: implications for assessing practice performance. <u>Medical Education</u> 36: 901-909

MIRS has taken seriously the matter of clinical learning and its assessment. The experiential model of the learning process together with the novice-to-expert model of clinical skill development helps educators to understand that knowledge, skills and attitudes are in a continuous process of development. The model can assist practitioners to understand why their expectations regarding a student's ability to plan, implement and evaluate radiographic examinations need to be modified. Another reason for the adoption of this model of learning is that it demonstrates how important feedback is to the quality of the learning outcome. If we want students to develop professionally and personally as a consequence of completing a period of supervised practice, we need to be committed to providing them with purposeful and fair feedback about their clinical participation and performance. Continuous evaluation in the form of process feedback is an integral part of the teaching process; and is necessary from the initial overview to the final summary of an examination. To facilitate student progress along the continuum from novice to expert practitioner the effective provision of feedback is essential. Formalised assessment can provide students with multi-level feedback. When conducted in an appropriate manner using a carefully constructed assessment tool, the process can diagnose areas of weakness and areas of strength as well as encourage and challenge students to excel in their approach to clinical practice. At the same time, if a student fails to meet the expected standard, the process should make it clear to the student why such a judgement was made. At no time should formalised assessment be seen as a disciplinary event. Rather, as with formative assessment, summative assessment should also be seen as an integral part of the learning process.

As an example we have provided as **Appendix One** a copy of the current approach used to assess the BRadMedImag period of professional practice called RAD4000 Professional Clinical Placement

Program (PCP) and as **Appendix Two** examples of the Master of Medical Radiations (Radiation Therapy) MMR 5011 PCP assessment and feedback strategy.

c. How to achieve consistency in implementation of supervised practice and consistency in clinical evaluation.

Clearly clinical departments need to be accredited against a set of criteria to include requisite facilities and range of examinations performed, staffing profile and the number of appropriately trained practitioners able to conduct the evaluation of the performance and competency of those undertaking supervised practice. It is doubtful that is possible to achieve consistency across the Commonwealth, it is hard enough to achieve this in the State of Victoria. Nevertheless accreditation combined with a regular auditing process backed with the authority to withdraw accreditation and combined with feedback from those undertaking supervised practice should go some way to achieving the desired outcomes.

d. The level or extent of supervision for provisional registrants – i.e. direct supervision and indirect supervision.

As with the development of clinical skills, there is a continuum to the notion of supervision. It is also important to recognise that if the period of supervision is designed within a four year course or as an experience following the successful completion of a three year course students/graduates are not entering the program as raw beginners. It should be the case that defined performance and competency levels have been already achieved prior to the commencement of the supervised practice. Thus it is entirely appropriate for the kind of supervision provided at the start of the experience to change towards the end of the experience. What is important is that students are supported throughout the experience. Moreover, supervisors need to be reminded that these trainees are not legally permitted to deliver radiation services without the approval and oversight of the holder of the Use Radiation Licence.

e. What ratio, if any, should exist between Supervising practitioners and those practitioners being supervised?

The appropriate minimum is one to one. Practitioners being supervised must not be in a position where they have no recourse to a registered practitioner. MIRS would also like to see a distinction being made between supervisors who oversee the normal delivery and implementation of the specific MRS examinations that present during the course of a working day and the supervisors who are required to assess those being supervised. It is the supervisors who are required to verify that those being supervised have reached the requisite level of competency and performance that most need to be adequately prepared for their role.

f. At what point, and under what conditions, is it appropriate for a practitioner being supervised to undertake On Call duties.

Students completing the PCP are never allowed to undertake on call duties. Indeed it is hard to imagine why someone completing a period of supervised practice would need to be put in this position. However, it important that students completing the PCP are allowed to experience the after-hours delivery of radiographic services.

g. The level of training or experience required of a Supervising Practitioner.

There is widespread agreement in the literature that practitioners who have agreed to regularly supervise and assess those undertaking supervised practice must be adequately prepared for the undertaking. Clinical facilities which provide the PCP experience are given materials that address the following elements of the supervisory role.

Element One: The Creation of an Effective and Ethical Clinical Learning Environment

- 1. The challenge of learning a practice: The forms of knowledge that underpin clinical action
- 2. The multifaceted role of the clinical educator: Examining the key elements of the
 - Manager role
 - Supervisor role
 - Instructor role
 - Facilitator role
 - Assessor role
 - Counsellor role
- 3. Exploring the impact of power issues and practitioner attitudes towards their practice upon the creation of an effective and ethical clinical learning environment

Element Two: Practical Aspects of the Role of a Clinical Supervisor

- 1. Principles of adult learning and their implication for clinical teaching
- 2. Effective teaching strategies including instructional techniques
- 3. Dealing with challenging students: What to do when the theory fails

Element Three: Closing the Teaching and Learning loop: The Provision of Feedback

- 1. The provision of effective performance feedback
- 2. The implementation of formative and summative assessment during the clinical rotation
- 3. Challenges in clinical assessment

Supervisors who are required to assess trainees need to be aware of the complexity of the challenges and responsibilities associated with the role. Assessors need to know how to distinguish between formative and summative assessment and the approach to feedback that each phase of the assessment process requires. Assessors should be provided with educational tools that assist them to provide meaningful and effective feedback to trainees that is supportive of clinical learning and empowers trainees to achieve their competency goals.

h. The impact of supervised practice requirements on the transition of graduates into the workforce.

The supervised practice program should be of appropriate rigor to enable a judgement call to be made that the person completing the program is able to meet the expectations of an entry level practitioner.

i. The advantages and disadvantages of implementing and maintaining a supervised practice program

The preceding discussion makes it clear MIRS supports the inclusion of a defined period of supervised practice within a course of study.

j. Alternative structures of supervised practice that address

i. Reducing costs on healthcare and workforce

Same response as (i) above

ii. Increase workforce access and flexibility

The inclusion of a structured period of supervised practice within a course of study can improve access to the workforce. It would also ensure that only graduates capable of meeting entry level expectations actually enter the workforce.

iii. Provide consistent, measurable clinical outcomes.

Refer to (c) above. The key lies in the creation of a set of clearly defined and unambiguous standards combined with appropriate assessment methodologies.





Medicine, Nursing and Health Sciences

Medical Imaging and Radiation Sciences School of Biomedical Sciences

RAD4000

Professional Clinical Placement Program

Radiography and Medical Imaging Work Experience **2012**

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Section One

1.1 Introduction and RAD4000 convenor

RAD4000 is a period of twenty four weeks of continuous supervised practice which is also known as the Professional Clinical Placement or PCP. It is intended to enable final year students enrolled in the Bachelor of Radiography to demonstrate they have reached the expected level of clinical competency in general radiography and computed tomography in order that they can assume independent practice as a radiographer upon graduation from the course. Additionally the PCP provides opportunities for final year students to reflect upon their professional development as health care practitioners. Successful completion of the PCP also enables students to meet the professional accreditation requirement that over the four years of study, a total of 2,200 hours is spent in direct patient contact in clinical radiology departments.

During the PCP students are also required to complete a Computed Tomography Clinical Workbook and an MRI Clinical Workbook together with two radiographer health assessments. These requirements form part of the academic unit RAD4160 Advanced Medical Imaging and Clinical Skills. Additional clinical workbooks have been created to enable students to record their clinical progress in the relation to CT and MRI.

The process whereby students are placed within a clinical radiology department is managed by the Postgraduate Medical Council of Victoria (PMCV) PO Box 2900, St Vincent's Hospital, 41 Victoria Parade, Fitzroy VIC 3065 Tel: (03) 9419 1217 Fax: (03) 9419 1261 Students are informed about the matching process in semester two of Year 3. Full details can be viewed on the PMCV website http://computermatching.pmcv.com.au

The convenor of the PCP is Associate Professor Marilyn Baird Head of the Department of Medical Imaging and Radiation Sciences. As issues or concerns arise please make direct contact with Marilyn either by Telephone: 9905 1270 or Email: Marilyn.Baird@monash.edu

If any time during the PCP the conduct of the student is deemed unsatisfactory supervisors MUST contact the Unit convenor immediately.

1.2 General and specific objectives for the Professional Clinical Placement

Generally speaking the clinical studies program embedded within the Bachelor of Radiography and Medical Imaging aims to provide students with a wide range of clinical experiences such that they can develop:

- 1. Appropriate expertise in the professional and practical implementation and evaluation of a wide range of radiographic examinations using various imaging modalities;
- 2. Appropriate and professional communication skills with patients and staff;
- 3. Appropriate and professional caring strategies for patients of varying ages, clinical conditions and physical capabilities;
- 4. Pattern recognition skills in radiographic anatomy and radiographic pathology;
- 5. Problem-solving skills in relation to radiographic technique and patient management;
- 6. Self-monitoring skills in relation to the performance of radiographic examinations; and
- 7. An informed understanding of the broader role of radiography in medical practice.

During their clinical rotations the Department of Medical Imaging and Radiation Sciences also expects students to gain experience in the implementation of:

- 1. Departmental routines and the management of information;
- 2. Radiation safety and protection for patients and staff; and
- 3. Departmental quality control measures with respect to all forms of imaging

The PCP aims to provide supported opportunities for students to finalise their position upon the novice to expert continuum as a competent general radiographer.

Specific Objectives for the Professional Clinical Placement

At the completion of the professional clinical placement students will be able to

- Assume professional responsibility for the delivery of general radiographic examinations (including fluoroscopy) of the musculo-skeletal system, respiratory system, the gastro-intestinal tract, the genito-urinary system, and hepato-biliary system under appropriate levels of supervision;
- 2. Modify and adapt the standard general and advanced radiographic methods, techniques (including fluoroscopy) and radiation protection approaches used to image the body systems described in objective one in relation to either: patient status, procedural variations (e.g. theatre and hospital wards), patient or professional communication, image evaluation, supplementary examination, organisational or legal obligations under supervision;

- Provide all patients irrespective of their socio-economic, cultural, ethnic or religious background with a duty of care commensurate with the expectations of the relevant professional registration board and professional body;
- Confidently identify the anatomical structures displayed in the images created during general radiographic examinations the body systems described in objective one;
- 5. Recognise the presence of pathology displayed in the images created during general radiographic examinations the body systems described in objective one;
- 6. Apply quality assurance principles to general medical imaging systems under supervision.
- 7. Identify ongoing personal learning goals in respect to the continued development of professional expertise in general radiography.

1.3 Specific objectives for RAD4160 Advanced Medical Imaging and Clinical Skills

As the objectives below indicate, RAD4160 is designed to ensure that final year students reach the expected level of professional competence in relation to CT and MRI through rotation into these clinical areas of practice during the PCP and the completion of academic study. Specific clinically oriented objectives exist for CT and MRI together with the body systems student are required to experience during the specific rotation. During the course of the PCP this unit also obliges students to complete a series of Radiographer Opinion Forms which will provide the opportunity for students to demonstrate their ability to effectively communicate with patients and supplement, were necessary, the information provided on radiographic request forms through the process called radiographer health assessments (RHA).

On completion of this unit, the student will be able to:

- Comprehensively and critically describe the physical principles involved in advanced multislice CT imaging including volume imaging, multimodal imaging and cardiac imaging;
- Critically describe and justify the selection of clinical CT and MRI imaging protocols and related interventional procedures whilst being cognisant of safety issues including the use of contrast agents;
- Recognise and describe the appearance of a range of anatomical structures and pathologies as found in multislice CT and MRI so the technical quality of clinical images may be evaluated;

- 4. Prepare the co-operative patient for the implementation of multislice CT scanning protocols while being cognisant of professional, procedural, organisational and legal;
- Conduct pre-scanning screening of MRI patients and provide clear instructions of the procedure prior to performing MRI scans to the beginner stage of professional development;
- 6. Demonstrate familiarity with and appropriately use CT and MRI workstation software to provide a range of image options in these modalities;
- Critically explain the use of quality assurance measures relevant to medical multislice CT and MRI to enable proficient discussion of the safety issues related to these modalities;
- 8. Critically apply the knowledge of psychophysics of vision to patterns seen in radiographic images of the skeleton, chest and abdomen;
- 9. Synergise image appearances and health assessments using appropriate terminology, to propose further imaging or appropriate treatment management referral through the use of a radiographer opinion form;
- 10. Identify personal learning goals with respect to CT and MRI scanning, and radiographic image interpretive and patient management skills.

1.4 Faculty of Medicine, Nursing and Health Sciences Clinical/Fieldwork Guidelines and Procedures

In 2009 the Faculty prepared a comprehensive set of guidelines and procedures based on the "Clinical Guidelines" produced by the School of Nursing and Midwifery, Department of Community Emergency Health and Paramedic Practice, Monash University and the Clinical Placement Policy document developed by the School of Public Health, Charles Sturt University.

Please note the Guidelines and Procedures have been introduced in their entirety however due to the fact that during the PCP students become employees of the private practice/health network taking part in the internship matching process, some sections may not apply to the PCP. Where appropriate, reference to this fact will be made throughout the document.

All students undertaking the PCP are required to read the Guidelines and sign they have done so at the end of this element of Section One of the Workbook. Students must also become familiar with the policies of their employers.

Introduction (refer to 1.1 for the purpose of the PCP)

Clinical and fieldwork placements provide opportunities for students to apply theory and skills learned in the classroom and clinical/fieldwork laboratories into the practical setting, where they are practised and refined. Students have opportunities to work alongside professionals in the field, learn about practice contexts, and become socialised into their chosen profession. Consequently, placement is a compulsory component of many professional courses in the Faculty of Medicine, Nursing and Health sciences at Monash University. Clinical/fieldwork practice is usually a formal, assessed component of a range of units. Therefore, satisfactory completion of prescribed placements and associated assessment tasks is required in order to achieve a pass for units to which they are linked.

Students from the Faculty of Medicine, Nursing and Health Sciences undertake practice within a wide range of health care and community settings. The Faculty is dependent upon these organisations for continued placements. However, experiences available in a particular year and the geographical location of sites are dependent upon the types of placements that Schools and Departments are able to secure for that year. Students are reminded that as students of the Faculty, they are privileged guests within these organisations and how they act may be seen as a reflection of the Faculty and of Monash University.

This document has been designed to provide important information for students of health professional courses in the Faculty, staff and agency personnel about clinical/fieldwork placement requirements and expectations.

Placement Venues (refer to the PMCV details in 1.1)

A variety of venues are used for placements to provide students with opportunities for the development of desired knowledge and practice skills. Venues are located throughout the Melbourne metropolitan area and in regional and rural areas of Victoria, interstate, and in some cases, internationally. Schools and Departments, where possible, endeavour to place students close to their preferred location, however, students should expect that placement requests may not always be available and travel arrangements may often be needed. Students must be prepared to undertake placements as assigned. Car pooling with other students travelling to the same venues can reduce the costs incurred. You may also need to consider accommodation arrangements for some placements.

All placements are organised by the relevant School or Department. Schools and Departments will endeavour to provide equitable experiences in student placements. However, students need to be aware that many placements offer unique experiences that may not be the same as others but will be valuable and will help them to meet the objectives of the unit. Students must not contact agencies to arrange placements or to change allocated shifts, unless explicitly instructed to. All placements are coordinated by Faculty staff in each School and Department, such as the Clinical/Fieldwork Placement Coordinator. Students do not have the right to refuse an assigned placement. Sabotage of placements will result in disciplinary action being taken.

Student, Supervisor and School/Departmental Responsibilities (some of these responsibilities will not apply due the specific nature of the PCP please read 1.7)

Clinical/fieldwork experience involves a number of responsibilities for students and clinical/fieldwork teachers, supervisors or preceptors. It is important that each is aware of what is expected of the student, supervisor and the relevant School or Department.

Students have a responsibility to:

- Meet prerequisite theoretical learning and skills for placement;
- Be aware of their learning objectives for each placement;
- Achieve 100% of placement attendance, or provide a medical certificate and make up lost time;
- Attend placement sites as scheduled by the Clinical/Fieldwork Placement Coordinator, and stay until the designated finish time;
- Be punctual (arriving for an allocated shift at least 15 minutes prior to its commencement);
- Be professionally presented;
- Be proactive in seeking out learning opportunities;
- Maintain client, staff and peer confidentiality;
- Identify individual learning requirements beyond set learning objectives;
- Only carry out procedures previously covered by the curriculum and at the student's current level of education;
- Practice within own scope of practice;
- Be aware of University, Faculty and School/Department policies in relation to clinical/fieldwork practice;
- Be fit for undertaking clinical/fieldwork practice, including maintaining own health and ensuring adequate rest;
- Be able to undertake shift work where required within a placement, which may include night shift and shifts on weekends and public holidays.
- Students wishing to swap an allocated shift with another student must complete the swap application and submit this to the Clinical/Fieldwork Placement Coordinator at least seven days prior to the placement. The request is subject to approval by the Unit Coordinator. In exceptional cases, students may seek a shift change during the placement through negotiation with the placement supervisor in negotiation with the Clinical/Fieldwork Placement Coordinator. Whether this is possible will depend on local circumstances;
- Complete the learning objectives for the placement;
- Notify appropriate people when unable to attend an allocated placement (see Policy 4)
- Comply with relevant legislation underpinning practice;
- Comply with professional codes of ethics and professional conduct of the profession;
- Ensure that external work commitments do not conflict with any placements, and
- Follow the Professional Behaviour guidelines.

<u>Placement supervisors have a responsibility to:</u>

 Become familiar with the course and unit objectives related to the relevant academic unit in which the placement rests;

- Become familiar with the <u>Faculty's Immunisation and Infection Risk Policy</u>;
- Assist students to seek out relevant learning opportunities within a safe and appropriate environment;
- Provide constructive guidance and direction for students throughout the placement;
- Demonstrate professional role modelling;
- Be aware of, and comply with, relevant legislation underpinning practice;
- Be aware of, and comply with, professional codes of ethics and professional conduct of the discipline;
- Provide reliable, valid and fair assessment of student performance;
- Continually evaluate placements to ensure they are providing the necessary experience needed by students;
- Ensure that clients' and students' rights are protected;
- Remove students from the placement who are seen to be unsafe or who have an
 unsatisfactory knowledge base for safe practice, in consultation with the relevant unit
 coordinator. In such cases, specific incidents must be documented in detail and
 forwarded back to the University through the Clinical/Fieldwork Placement
 Coordinator;
- Ensure that OHSE Guidelines for Health and Safety during Student and Staff Placements (http://www.adm.monash.edu.au/ohse/assets/docs/guidelines/placements.pdf) are followed, including ensuring:
 - Students and supervisor receive information about safe working procedures;
 - Students complete Induction Checklist on their first day in an organisation
- Conduct tutorials and debriefing sessions on a regular basis during the placement;
- Give constructive and supportive feedback to students;
- Give feedback to Monash on the preparation of the student for clinical placements and the general appropriateness of the curriculum for clinical practice;
- Complete all assessment documentation and marking of student work, associated with the placement, and required within the particular unit;
- Assist students to reflect on learning experiences in order to facilitate deep learning, and
- Become familiar with requirements within the Faculty Professional Behaviour Guidelines.

The School/Department has a responsibility to:

- Provide the placement supervisor with information related to their responsibilities, including course and unit descriptions, Immunisation and Infection Risk Policy, a list of student names and necessary paperwork;
- Provide placement orientation sessions for students and supervisors where necessary;
- Ensure that students have a minimum a 9 hour break between shifts; and
- Ensure adequate liaison with the unit coordinator and clinical/fieldwork placement office staff during placement; and
- Ensure that OHSE Guidelines for Health and Safety during Student and Staff Placements (http://www.adm.monash.edu.au/ohse/assets/docs/guidelines/placements.pdf) are followed.

Clinical/Fieldwork Assessment

Clinical/fieldwork assessment of students in the Faculty is based on the individual curriculum. This includes clinical competencies described by their professional bodies, such as accrediting bodies, and Clinical/Fieldwork Placement Guidelines. Additionally, professional and graduate attributes are assessed according to contemporary standards employed by other health disciplines and the university.

Each practice-based unit will present specific competencies that must be mastered in the placement environment. However, the student is expected to attain specific competencies before undertaking placements. It is expected that by the end of their course, students have been able to meet all of the compulsory competencies in order to be eligible for graduation in their respective degree, and in some disciplines, for professional registration.

Students must be aware of the competencies and professional standards that need to be satisfactorily demonstrated before they are eligible to attend placements, and must seek to work towards the achievement of these objectives.

The placement process is governed by the following policies:

Policy 1: Conditions preventing students from commencing placement

NB elements of this policy may not apply to the PCP as students become employees of the private practice/health network taking part in the internship matching process. Students are required to discuss this policy with their relevant supervisor and at the same time they must become familiar with the policies of their employers.

1.1 Conditions preventing students from commencing placement.

The Course Coordinator may prevent a student from commencing placement in the event of unsatisfactory behaviour. Unsatisfactory behaviour in this context includes, but is not limited to, the following student behaviour:

- 1.1.1 Failure to attend compulsory tutorials, site visits, orientation sessions/ workshops, or failure to complete compulsory pre-placement course work or experience.
- 1.1.2 Failure to obtain a current Police Check and/or Working with Children Check.
- 1.1.3 Failure to pass a required medical assessment by an approved medical officer, including such assessments required by the placement agency.
- 1.1.4 Failure to pass a physical capacity assessment by an approved provider, if required by the individual discipline.

- 1.1.5 Failure to provide evidence of health screening and vaccinations that may be required by the health agency.
- 1.1.6 Failure to obtain the prescribed uniform prior to the commencement of placement, where specified.

1.2 Implementation

- 1.2.1 Students will receive a copy of these guidelines prior to the commencement of the first placement. Students will be reminded of their obligations under this document in Unit Guides for each unit associated with a clinical/fieldwork placement.
- 1.2.2 It is the responsibility of each student to:
 - Complete any compulsory preparation;
 - Obtain a current Police Check (valid for the current year) and Working with Children Check that covers the placement period;
 - Comply with the Faculty Immunisation and Infection Risk Policy and keep a record of health screening and vaccinations;
 - Attend any compulsory orientation sessions;
 - Obtain the prescribed uniform, where specified, and
 - Be aware of the Professional Behaviour guidelines.
- 1.2.3 Unit Coordinators responsible for student placements will inform individual students that conditions exist which prevent them from commencing the placement, and this notice will be provided as soon as practicable prior to each placement period.
- 1.2.4 Proof of compliance with all the activities/documentation requirements associated with placement as listed in 1.2.2 must be received by the Clinical/Fieldwork Placement Coordinator by the deadline published in the relevant Unit Guide.
- 1.2.5 If all the evidence arising from 1.2.2 is not with the relevant Unit Coordinator by the published deadline then:
 - 1.2.5.1 The student in question will be informed that conditions exist which prevent them from commencing the scheduled placement and they will be withdrawn from the placement.
 - 1.2.5.2 The Unit Coordinator will inform the Course Coordinator that conditions exist which prevent a student from commencing the placement.
 - 1.2.5.3 The Course Coordinator will inform the relevant placement organisation that a particular student will not be present for placement and that their place may be cancelled.

1.2.5.4 The Course Coordinator will inform the student that if a replacement placement cannot be organised, they will incur a fail grade in the relevant unit.

Policy 2: Attendance at Scheduled Placement

Placement attendance

- 2.1.1 100% attendance at clinical/fieldwork placements is mandatory to achieve a pass in the relevant unit.
- 2.1.2 Students must be ready to begin their placement day at the designated start time, arriving at the venue 15 minutes prior to commencement time.
- 2.1.3 In the event of running late for a placement, the student must contact their placement supervisor by telephone of their anticipated time of arrival. Text messages or emails are not acceptable.

2.1 Implementation

- 2.1.1 Students will receive a copy of this policy prior to the commencement of the first practice placement. Students will be reminded of their obligations under this policy in Unit Guides for each unit associated with a clinical or fieldwork placement.
- 2.1.2 The Unit Coordinator will inform students of their responsibilities related to attendance at scheduled placements prior to commencement.
- 2.1.3 The Unit Coordinator will inform placement supervisors of expectations of students prior to commencement, and the need to report students who do not conform to policy.
- 2.1.4 Students not meeting expectations will be informed by the Unit Coordinator that their behaviour does not conform with professional expectations, and that repeated episodes may warrant discontinuation of the placement.

Policy 3: Conditions preventing students from continuing placement

3.1 Conditions preventing students from continuing placement

The Course Coordinator may wish to withdraw a student from a placement in the event of unprofessional behaviour. Unprofessional behaviour includes misconduct, unethical or unsafe behaviour, or any breach of client confidentiality. Unprofessional behaviour in this context includes, but is not limited to, the following student behaviour:

- 3.1.1 Failure to respect the confidentiality or privacy of the client or their relatives;
- 3.1.2 Failure to arrive punctually at the commencement of each shift, without substantial reason for the occurrence;
- 3.1.3 Failure to undertake the number of placement hours, where specified in the Unit Guide without prior approval of the Unit Coordinator;
- 3.1.4 Failure to notify the Unit Coordinator or Clinical/Fieldwork Placement Coordinator of any absence or inability to attend or complete the prescribed hours in any allocated placement day;
- 3.1.5 Failure to abide by the policies of the hospital, health care agency or service that apply to students undertaking placements;
- 3.1.6 Failure to maintain personal cleanliness according to workplace standards, policies and procedures;
- 3.1.7 Failure to wear or maintain prescribed uniform;
- 3.1.8 Failure to assist with client care at the level of their capability, under the direction of the health professional responsible for supervising the student;
- 3.1.9 Performing procedures without supervision when current level of expertise requires supervision;
- 3.1.10 Undertaking procedures for which they have not received education within the University;
- 3.1.11 Communication with health agencies for the purpose of changing placement sites, rosters or learning activities without prior approval of the Course Coordinator or the Clinical/Fieldwork Placement Coordinator within the School or Department.
- 3.1.12 Practising outside of own scope of practice;
- 3.1.13 Breaching professional codes of ethics or professional practice, or legislation underpinning practice;
- 3.1.14 Failure to meet objectives set out in learning agreement if this forms part of the clinical/fieldwork placement.

3.2 Implementation

3.2.1 Students will receive a copy of this document prior to the commencement of the first practice placement. Students will be reminded of their

- obligations under this policy in the Unit Guides for each unit associated with a placement.
- 3.2.2 Notice of alleged unsatisfactory behaviour of a student on placement made to the School or Department must be conveyed to the Unit Coordinator for investigation.
- 3.2.3 The member of staff to whom the notice of alleged unsatisfactory behaviour is addressed will acknowledge receipt of the notice and assure the sender that the matter will be investigated.
- 3.2.4 The Unit Coordinator shall interview the student and alert him/her to the receipt of notice of alleged unsatisfactory behaviour. The Unit Coordinator will take notes at the time of interview and forward minutes of the interview, together with details of the notice of alleged unsatisfactory behaviour, to the student.
- 3.2.5 If necessary the Unit Coordinator will seek further information from the source of the notice of alleged unsatisfactory behaviour.
- 3.2.6 Following investigation of the allegation of unsatisfactory behaviour the Unit Coordinator will take the following action:
 - Allow the student to continue with placement; or
 - Allow the student to continue with placement unit with conditions;
 or
 - Withdraw the student from the placement. (This action may indicate that the unsatisfactory behaviour is of such an extreme nature as to justify immediate failure of the unit)
- 3.2.7 If the Unit Coordinator decides to withdraw the student from the placement, advice must be sought from the Course Coordinator prior to advising the student.
- 3.2.8 The Unit Coordinator must advise the student of the action to be taken in relation to the alleged incident and be provided with a copy of this advice.
- 3.2.9 Students may seek advice about these matters from the student counsellor, academic staff and/or the student union.
- 3.2.10 Issues arising from student professional behaviour will be managed according to the FMNHS Professional Behaviour Intervention Guidelines and Procedure.

Policy 4: Additional (make-up) experience

- 4.1 Situations necessitating additional practice experience.
 - 4.1.1 Additional practice experience may be offered when a student is unable to commence or complete the required hours of placement in a placement

- setting due to illness, injury or other event which is supported by official, documentary evidence.
- 4.1.2 Unless professional education/accreditation standards indicate otherwise (e.g. social work), students who miss more than 10% of the prescribed placement hours for any one period of placement or who are unable to complete prescribed assessment tasks due to illness, injury or other event must submit a Special Consideration application through the normal process. Grounds for special consideration include serious illness, loss or bereavement e.g. death of a close family member, family relationship breakdown, or hardship/trauma such as victim of crime, sudden loss of income, or severe disruption to domestic arrangements.
- 4.1.3 If the application for special consideration is approved by the Unit Coordinator additional placement experience will be organised in order to provide a learning experience that is consistent with the placement that was missed. However, this placement will only be made available if and when it is convenient for the venue in which it is to take place.
- 4.1.4 In the case that an alternative to an allocated placement is required for reasons beyond the control of the student, this will facilitated by the Clinical/Fieldwork Placement Coordinator as soon as practicable.

4.2 Implementation

- 4.2.1 A student who recognises that they are unable to complete the required hours in a placement setting due to illness, injury or other event must contact the Clinical/Fieldwork Placement Coordinator and advise that they are unable to commence or complete a shift, and must also provide written reasons for this absence to the relevant Unit Coordinator as soon as practicable. If more than 10% of the prescribed placement hours in any one placement block are missed the student must submit an application for special consideration.
- 4.2.2 Upon receipt of the evidence, the Unit Coordinator will determine whether additional placements should be offered to the student, and if so will liaise with the Clinical/Fieldwork Placement Coordinator to arrange additional placement time.
- 4.2.3 Additional placement experience will only be made available if and when it is convenient for the organisation in which the placement is taking place.
- 4.2.4 The decision concerning the offer of additional placement experience will be conveyed in writing by the Unit Coordinator to the student as soon as practicable.
- 4.2.5 Details of the dates and location of the additional placement experience will be conveyed in writing by the Clinical/Fieldwork Placement

Coordinator to the student as soon as the information becomes available and at least one week prior to the experience.

Policy 5: Sickness while on placement

Students must attend all rostered hours allocated for each clinical/fieldwork placement. However, students should remember that attending a placement with an illness may pose a risk to clients whose immunity may already be compromised, as well as putting colleagues and the individual at risk. In the event of being unable to attend an allocated placement, the student has a number of responsibilities:

5.1 Action to be taken by student.

If a student is unable to report for duty whilst on placement because of sickness the following action must be taken by the student. The student must:

- 5.1.1 Contact their immediate supervisor in the workplace prior to the commencement of the shift and tell them they will not be reporting for their placement;
- 5.1.2 Notify the Clinical/Fieldwork Placement Coordinator at the earliest opportunity by telephone, but no later than 15 minutes prior to the allocated start time. Email and text messages are not acceptable.

5.2 Implications of taking sick leave during placement.

- 5.2.1 Unless professional education/accreditation standards indicate otherwise (e.g. social work), a total of 10% of the prescribed placement hours in any one placement period can be taken without the student presenting a medical certificate to the Unit Coordinator. However, students must report all absences to the Clinical/Fieldwork Placement Coordinator.
- 5.2.2 All sick leave that exceeds a total 10% of the prescribed placement hours in any one placement period must be supported by a medical certificate.
- 5.2.3 Medical certificates must be forwarded to the Clinical/Fieldwork Placement Coordinator as soon as possible.
- 5.2.4 Students taking more than 10% of the prescribed placement hours in any one placement period may be required to undertake additional placement experience.

Policy 6: Dress Code (During the PCP students must conform to the requirements of their employer especially in relation to their uniform and name badge. Thus the Faculty dress code policy has been revised in this instance)

6.1 Dress Code.

Schools and Departments have professional dress codes to be adhered to by all students representing them. The dress code is designed to be practical for

delivering client care, minimising potential cross infection, promoting safety for students and clients, functionality, cultural and religious sensitivity, institutional rules and expectations and regard for the image of the University.

Patient physical examination and care provision may involve a range of movement from students, and it is important that clothing worn does not inadvertently become revealing. What may seem acceptable under normal circumstances may seem less suitable when engaged in patient contact. Where prescribed, uniform is to be worn by all students undertaking practice components of their courses.

6.2 Presentation (the following guidelines apply to the PCP):

- 6.2.1 Hair must be kept neat, tidy and clean at all times. Where contact is being made with clients, long hair must be tied in a pony tail or plait. Scrunchies, hair combs and other hair fasteners are to be of a neutral colour, or in a colour that complements the professional attire. Fluorescent or extreme hair colours are not permitted.
- 6.2.2 Facial hair must be maintained clean shaven or a neatly trimmed beard is acceptable.
- 6.2.3 Nails are to be kept short and well manicured. In those disciplines where there is hands-on patient contact, fingernails should not be visible over the ends of the fingers when the hands are held with the palms facing up. Coloured nail varnish is *not* to be worn during clinical placements. Watches, wedding rings, sleepers, studs or small earrings that sit on the lobe of the ear and do not pose a danger to clients or student are the only items of jewellery to be worn during placements, where there is hands-on client contact.
- 6.2.4 Uniforms are to be appropriately laundered in keeping with relevant infection control guidelines.
- 6.2.5 Students must pay attention to their own personal hygiene, including use of deodorant.
- 6.2.6 T-shirts and other underclothes should not to be visible underneath the uniform shirt.
- 6.2.7 Religious headwear, where worn, should complement uniform colour.
- 6.2.8 Revealing clothing such as hipster or tight fitting trousers, or mini skirts are unprofessional and are not to be worn.

6.3 Implementation

- 6.3.1 Students will receive a copy of this policy prior to the commencement of the first placement. Students will be reminded of their obligations under this policy for each unit associated with a clinical/fieldwork placement.
- 6.3.2 The Unit Coordinator will inform students of their responsibilities related to professional presentation at scheduled placements prior to commencement.
- 6.3.3 The Unit Coordinator will inform placement supervisors of expectations of students prior to commencement, and the need to report students who do not conform to policy.

- 6.3.4 Students not meeting expectations will be informed by the Unit Coordinator that their presentation does not conform to professional expectations.
- 6.3.5 Students not meeting professional expectations will be provided with an opportunity to address the issue.
- 6.3.6 Following an opportunity to correct the problem, students continuing not to conform to the dress code and expectations for the individual profession will be removed from the placement (See Policy 3).

Policy 7: Accidents/Injuries on Clinical/Fieldwork Placements

Accidents and injuries to students occur from time to time. It is important in order to protect the student that certain steps are taken. It is in the student's own interest to ensure that these occur:

- The Unit Coordinator or Clinical/Fieldwork Placement Coordinator is notified as soon as practicable;
- An Incident Form from the particular agency is completed, and a copy is made and forwarded to the School/Department administration office;
- A Monash University Occupational Health and Safety form is to be completed by the student and returned to the School/Department as soon as possible. This can be obtained at:
 - http://adm.monash.edu.au/ohse/assets/forms/hazard-incident-report.pdf
- In the case of needlestick injuries or potential contamination by bodily fluids, all procedures are strictly followed as per the agency's own policies;
- Students may be required to present their Medicare card at the time of treatment, hence this should be taken on placement at all times;
- Students should be aware of the scope of Student Personal Accident Insurance Policy.

Further information regarding the reporting, investigation and recording of incidents may be obtained from the Monash University Occupational Health, Safety and Environment web site: http://www.adm.monash.edu.au/ohse/

Relevant documents:

Guidelines for Health and Safety during Student and Staff Placements (OHS) http://www.adm.monash.edu.au/ohse/assets/docs/guidelines/placements.pdf

Immunisation and Infection Risk Policy

http://www.med.monash.edu.au/current/docs/immunisation-infection-risk.pdf

Police Records Check Policy

http://www.adm.monash.edu.au/workplace-policy/employment/police-records/procedures.html

Professional Behaviour Intervention Guidelines and Procedure

http://www.med.monash.edu.au/policies/docs/professional_behaviour_procedure.doc

Student Personal Accident Insurance Policy

 $\frac{http://www.firm.monash.edu.au/insurance/studentpersonalaccident/informationsheetstudentpa.p}{df}$

Working with Children Check Procedure

http://www.adm.monash.edu.au/workplace-policy/employment/working-with-children/

1.5 Additional Guidelines: Workplace Induction, Patient Consent, Procedure for Repeat Exposures Patient Identification, Patient Privacy, Internet Use

1.5.1 Induction into the Workplace

Students are to check off the items below when they occur and inform the placement organiser of any items not covered within one week of the start of the placement. This list is not exhaustive and other topics may be covered, which students should note. NB: Students must complete an Induction proforma for each clinical site to which they may be rostered during the PCP.

CLINICAL SITE ONE: Health and safety issues	Date	
Emergency procedures, including emergency numbers		
Fire procedures and location of fire extinguishers		
Safety policy received or location known		
Location of first aid box		
First aid arrangements (including names and phone numbers of	of first aiders)	
Accident reporting and location of accident book		
Explanation of significant hazards		
Display screen equipment regulations/procedures		
Manual handling procedures		
Personal protective equipment arrangements		
Instruction on equipment participant will be using (list equipm	nent)	
Location of material safety data sheets (where relevant)		
Introduction to health & safety representative for the work ar	ea	
Other pertinent issues (please list):		
Signature: Signature	<u>,</u>	
	r at placement organisation	
Date: Date		

CLINICAL SITE TWO: Health and safety issues	Date
Emergency procedures, including emergency numbers	
Fire procedures and location of fire extinguishers	
Safety policy received or location known	
Location of first aid box	
First aid arrangements (including names and phone numbers of first aiders)	
Accident reporting and location of accident book	
Explanation of significant hazards	
Display screen equipment regulations/procedures	
Manual handling procedures	
Personal protective equipment arrangements	
Instruction on equipment participant will be using (list equipment)	
Location of material safety data sheets (where relevant)	
Introduction to health & safety representative for the work area	
Other pertinent issues (please list):	
Signature: Signature	
Student Supervisor at placemer	nt organisation
Date: Date	
Date.	

1.5.2 Patient consent

It is professionally unacceptable for students not to be clearly identified. Patients should be given the opportunity to say whether or not they wish to be examined by a student, particularly when the student is not directly supervised. While it is the responsibility of Clinical Supervisors to deal with this issue, students must ensure patients know who their status.

1.5.3 Procedure to be followed if repeat projections are required

Students MUST NOT take repeat projections without first consulting the supervising radiographer. The repeat positioning or repeat exposures MUST be checked prior to irradiating the patient again.

1.5.4 The Correct patient- Correct site- Correct procedure Process

It is also professionally unacceptable for radiographers and students **NOT** to correctly identify a patient and ensure the correct procedure is being implemented and that the body site is also correct. We take this matter very seriously. Failure to engage this process will result in the issuing of a report to the PCP convenor. In particular, failure to appropriately identify a patient and ensure the correct body site is being imaged and the correct procedure is being conducted during the formal clinical assessment process will automatically result in a **FAIL** grade being recorded for the PCP.

Students are urged to consult the following documents available from the Australian Commission for Safety and Quality web site relating to patient identification

http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/ensuring-correct-patient-correct-site-correct-procedure-in-general-radiology-and-ultrasound

http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/ensuring-correct-patient-correct-site-correct-procedure-in-ct-and-mri

1.5.5 Patient Privacy

Students need to be aware of the legal requirement to protect the privacy of patient data in the broadest sense. This basis for this requirement is found within three privacy laws enacted by the State of Victoria and the Commonwealth of Australia (see *Private Lives* published by the Victorian Law Foundation)

www.victorialaw.org.au/PrivateLives/index.htm

These laws are:

- 1. The Victorian Information Privacy Act 2000 (referred to in the booklet as the Information Privacy Act) [www.privacy.vic.gov.au or www.austlii.edu.au];
- 2. The Victorian Health Records Act 2001 (referred to as the Health Records Act) [www.health.vic.gov.au/hsc/ or www.austlii.edu.au] and
- 3. The Commonwealth Privacy Act 1988 (amended by the Commonwealth Privacy Amendment (Private Sector) Act 2000) (referred to as the Commonwealth Privacy Act) [www.privacy.gov.au or www.austlii.edu.au].

Additional websites in relation to this issue are: Office of the Victorian Privacy Commissioner http://www.privacy.vic.gov.au/dir100/priweb.nsf
Victorian Health Services Commission http://www.health.vic.gov.au/hsc/

The following extract from *Private Lives* provides the context for our decision to raise student awareness of the need to ACTIVELY MAINTAIN THE PRIVACY, CONFIDENTIALITY and SECURITY of patient information:

What information do privacy laws cover?

Personal information is information about an individual whose identity is clear or can reasonably be worked out from that information. Personal information can include opinions and does not have to be true. Typical personal information includes your name, address, age, financial status (such as your eligibility for concessions or benefits) and family information (such as who lives with you). The definitions in the various privacy laws cover documents, photographs, electronic material (such as voice mail and video recordings) and digital databases. Sensitive information is information (including opinions) about a person's racial or ethnic origin; philosophical or religious beliefs or affiliations; political opinions; membership of a political association, professional or trade association or union; sexual preferences or practices; or criminal record. Health information is a specific type of personal information. It can take a number of different forms, including records or information about:

- your physical, mental and psychological health, including any disability;
- treatments you have received;
- donation of body parts; and
- genetic predictions relating to your health or that of your descendants.

Health information could be collected or used in the course of services such as:

- health checkups;
- diagnosis or treatment of illness, injury or disability;
- provision of palliative care, aged care and disability services;
- the dispensing of prescriptions;
- applications for health concessions and benefits;
- applications for life and travel insurance and superannuation; and
- during the course of employment or school attendance.

Under the Health Records Act it may be a breach of privacy if your health information is disclosed to someone else by way of an overheard conversation. It is important to remember that privacy laws do not apply to information that you collect, use or disclose only for your own personal, family or household affairs.

Who has to comply with the privacy laws?

The Information Privacy Act applies across Victorian state and local government. It includes departments and agencies such as police; schools and hospitals; local councils; statutory office-holders such as the Auditor-General, and organisations like the Equal Opportunity Commission, the Country Fire Authority and the Environmental Protection Authority. It covers government ministers and parliamentary secretaries but not in their roles as Members of Parliament. The Act extends to private sector organisations only where they provide services to State government agencies under a contract that states the company is covered by the privacy laws. Possible examples are school bus operators or privatised public transport companies. The Health Records Act applies to any public or private sector "organisation" that provides a health service or holds health information relating to

individuals in Victoria. An organisation is not limited to health service providers. In the health field, the law extends to health service providers including:

- medical practitioners, GPs and specialists;
- dentists;
- nursing services;
- pathology services;
- pharmacists dispensing drugs;
- private and public hospitals, day procedures and community health centres;
- providers of allied and complementary health services such as physiotherapists, osteopaths and optometrists;
- providers of palliative care services, supported residential services and aged care services such as nursing homes and hostels;
- local councils providing health services such as immunisations and home care;
- providers of mental health services, including psychologists; and
- providers of disability services.

1.5.6 Internet Use

Students must comply with the policies promulgated by their employers. At the very least they must seek permission from the senior staff of clinical centre regarding Internet use. At all times, its use must conform to the clinical centre's protocol and guidelines. Internet use must only be related to the undergraduate program. Under no circumstances must students use the Internet for extended periods of time.

1.5.7 Gonadal Shielding

Student attention is drawn to the following policy promulgated by the Medical Radiation Practitioners Registration Board (Victoria) and which is reproduced on the following page.



Guidelines for the use of Gonadal Shielding in Radiography

In order to ensure that the patient receives the lowest possible radiation dose commensurate with the diagnostic information being sought by a specific radiographic procedure, the use of correct collimation of the primary beam, selection of appropriate technique factors and correct radiographic positioning are essential.

The use of gonadal shielding is recommended, with respect to gender, as appropriate, in plain film radiography of the abdomen, pelvis, lower spine or proximal femora, and is intended to shield the gonads from the primary radiation beam when it does not interfere with obtaining the required diagnostic information.

This is consistent with the recommendations of ICRP Publication 34 (1) which states that: 'The gonads should be shielded when, of necessity, they are directly in the x-ray beam or within 5 cm of it, unless such shielding excludes or degrades important diagnostic information.'

The use of gonadal shielding when the region being examined lies further than 5 cm from the gonads, for example the lower leg, serves no useful purpose in terms of radiation dose minimisation.

This is also the case for chest radiography since most of gonadal exposure from a PA chest radiograph is from internally generated scatter and not the primary beam. A report by Njeh et al (2) includes the measurement of gonadal dose in phantom studies and a comparison with the results from similar investigations. They confirm that the gonadal doses associated with chest radiography are extremely small and that 'there is negligible radiation protection benefit from using a lead half-apron during chest x-ray examinations'.

- Protection of the Patient in Diagnostic Radiology, ICRP Publication 34, Ann ICRP 9, No 2/3. Oxford: Pergamon Press, 1982.
- Njeh, C.F., Wade, J.P. and Goldstone, K.E., The use of Lead Aprons in Chest Radiography, Radiography (1997) 3, 143-147.

1.6 Code of Conduct promulgated by the Medical Radiation Practitioners Board of Victoria and Code of Ethics promulgated by the Australian Institute of Radiography

This section is included to remind students that radiographers are required to practice according to the promulgated Professional Ethics and Guidelines for Professional Conduct by the relevant registration board and professional body. Students can find copies of the various codes as follows

http://www.air.asn.au/airethics.php

http://www.mrpb.vic.gov.au/ click on the link Policies and scroll down to Guidelines and open the Code of Professional Conduct document

NB From July 1st 2012 students need to be cognisant of the Code of Conduct promulgated by the new national Medical Radiation Practice Board. From this date students must consult the policies promulgated by the national MRP Board

http://www.ahpra.gov.au/sitecore/content/Medical-Radiation.aspx

1.7 Supervisory Requirements

During the PCP students will be working under the same regulations that apply during regular student rotations to clinical centres. This means students must be supervised by a registered radiographer. Naturally it is expected that over the course of the PCP students will achieve the expected levels of competency outlined within this workbook, nevertheless students must always ensure their work is approved by a radiographer before discharging patients. Irrespective of the level of competency achieved by students during the PCP until the Medical Radiation Practitioner's Board of Victoria approves an application for general registration (which can only occur when students have successfully completed the Bachelor of Radiography and Medical Imaging) students MUST remember they are NOT registered radiographers. Students must not assume they can act independently from oversight by a registered radiographer.

1.8 Record of Supervisors

In keeping with Faculty Policies, students must complete the following table. It is expected the person whose name will appear will be the radiographer responsible for student management within the clinical centre to which students have been rostered to complete the PCP. This radiographer or their authorised deputy, must be verify the clinical attendance record 1.9 on pages 26 to 27.

Names of Radiographer/s responsible for the clinical management of the PCP
Print name
Signature
Print name
Signature
Print name
Signature

1.9 Record of clinical attendance and absences

Please note additional weeks have been included in case make up weeks need to occur.

NAME OF STUDEN	Г:	
Week 1 – dates	Number of hours completed	Signature of supervisor
Week 2 – dates	Number of hours completed	Signature of supervisor
Week 3 – dates	Number of hours completed	Signature of supervisor
Week 4 – dates	Number of hours completed	Signature of supervisor
Week 5 – dates	Number of hours completed	Signature of supervisor
Week 6 – dates	Number of hours completed	Signature of supervisor
Week 7 – dates	Number of hours completed	Signature of supervisor
Week 8 – dates	Number of hours completed	Signature of supervisor
Week 9 – dates	Number of hours completed	Signature of supervisor
Week 10 – dates	Number of hours completed	Signature of supervisor
Week 11 – dates	Number of hours completed	Signature of supervisor
Week 12 – dates	Number of hours completed	Signature of supervisor
Week 13 – dates	Number of hours completed	Signature of supervisor
Week 14 – dates	Number of hours completed	Signature of supervisor
Week 15 – dates	Number of hours completed	Signature of supervisor
Week 16 – dates	Number of hours completed	Signature of supervisor

Week 17 – dates	Number of hours completed	Signature of supervisor
Week 18 – dates	Number of hours completed	Signature of supervisor
Week 19 – dates	Number of hours completed	Signature of supervisor
Week 20 – dates	Number of hours completed	Signature of supervisor
Week 21 – dates	Number of hours completed	Signature of supervisor
Week 22 – dates	Number of hours completed	Signature of supervisor
Week 23 – dates	Number of hours completed	Signature of supervisor
Week 24 – dates	Number of hours completed	Signature of supervisor
The rows on	below are to be completed if make - up	p weeks are required to be completed
Week - dates	Number of hours completed	Signature of supervisor
Week - dates	Number of hours completed	Signature of supervisor
Week - dates	Number of hours completed	Signature of supervisor
Week – dates	Number of hours completed	Signature of supervisor
Week - dates	Number of hours completed	Signature of supervisor

It is assumed a 38 hour week will be worked. Any absence must be completed on the next page.

SUMMARY OF ATTENDANCE

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Section Two:

Evidence of the achievement of Clinical Competency

2.1 The novice to expert model of clinical skill development

It is this model of clinical skill development that argues students learn a practice through a complex reflective process. Depending upon their experience and the quality of the feedback students receive from their supervisors, students will occupy a variety of positions upon a continuum from beginner or novice practitioner to competent practitioner. By the end of Year 1, of the BRadMedImag students are expected to achieve the status of an advanced beginner student radiographer in relation to general radiography. By the end of Year 2 it is expected students will be demonstrating the characteristics associated with an advanced beginner. By Year 3 students should be exhibiting many of the characteristics associated with a competent student radiographer in respect to radiography. By the conclusion of the PCP students should be capable of meeting all of the expectations of a competent student radiographer across the domains of practice and able to assume an independent role as a radiographer upon the conclusion of Year 4.

2.2 The domains of clinical radiographic practice

The purpose of the PCP is to provide students with the opportunity to demonstrate their capacity for competent practice across the following domains of clinical radiographic practice

- Pre-treatment Preparation & Patient Assessment;
- Procedural Technique and Clinical Problem-solving;
- Professional Communication;
- Image Interpretation and Evaluation; and
- Organisational and Legal Obligations.

Throughout the PCP students will need to demonstrate their their capacity for competent practice across these domains of practice by completing a number of achievement records and a series of formal performance assessments. Supervisors will need to provide informed and objective feedback upon student progression.

2.3 Record of general radiography achievements

This section of the workbook allows students to formally record their radiographic skills' progression and reflect upon their progress towards the goal of competent practitioner. Students must complete the proformas at the designated intervals. There is no mandated style. Each proforma must however be completed and signed by the supervising radiographer. Understandably students will be rostered to CT or MRI within the timeframe and a note to this effect needs to be made in the table.

2.3.1. Weeks 1 - 8 General Radiography Achievement Record

Summary of Radiographic Examinations Undertaken	Overall learning outcomes in terms of clinical decision making, radiographic procedural knowledge, patient assessment, professional communication and or image interpretation

SUPERVISOR SIGNATURE	
JOI EIVIJON JIGNATONE	

2.3.2. Weeks 9 - 16 General Radiography Achievement Record

Summary of Radiographic Examinations Undertaken	Overall learning outcomes in terms of clinical decision making, radiographic procedural knowledge, patient assessment, professional communication and or image interpretation

2.3.3 Weeks 17 - 24 General Radiography Achievement Record

Summary of Radiographic Examinations Undertaken	Overall learning outcomes in terms of clinical decision making, radiographic procedural knowledge, patient assessment, professional communication and or image interpretation

SUPERVISOR SIGNATURE	· - -	

2.4 Assessment of general radiography clinical skills

A requirement of the PCP is that student's capacity to manage a typical general radiography patient workload during the working day is measured and feedback is provided to students.

The following assessments must be completed within the specified timeframe.

2.4.1 Mid Cycle Examination of General Radiographic Skills

Instructions:

- 1. This assessment must take place between weeks 8 and 12 depending upon student rotations within the department and whether they are in CT or MRI.
- Students must ask their designated supervisor to assess their general radiographic abilities across a range of typical examinations that present over a concentrated period of 3 hours either morning or afternoon during the working week.
- 3. The supervisor must list the examinations he or she observed and write them down within the assessment proforma.
- 4. The examinations must comprise a range of body areas not simply 6 chest examinations.
- 5. The patients themselves must be from a range of cultural backgrounds, ages and present with a range of clinical conditions.
- 6. The assessor must complete the proforma based upon their observations across the range of examinations they have observed the student perform.
- 7. There is no grade for this assessment. Instead the supervisor needs to determine the student position on the novice to expert continuum.
- 8. If the assessor is of the view based upon the criteria provided within the assessment proforma the student has not reached either the advanced beginner or competent stage of development a fail must be indicated in the final assessment box.
- The completed assessment must be detached from the Workbook and mailed to A/Prof Marilyn Baird, Head, Dept Medical Imaging and Radiation Sciences, School of Biomedical Sciences, Faculty of Medicine, Nursing and Health Sciences, Bld 13C Monash University, Clayton VIC 3800

The characteristics of the advanced beginner and competent radiographer are provided on the next page for reference during the formal assessment process.

CHARACTERISTICS OF AN ADVANCED BEGINNER

A more responsible and critical approach to radiographic examination is apparent. Exposures and positioning still need to be checked.

- Begins to use knowledge from previous cases.
- Begins to modify protocols in light of the clinical question and clinical condition of the patient.
- Begins to take responsibility for planning the entire examination.
- Implements the examination in a methodical and efficient manner.
- Demonstrates an ability to prioritise radiographic tasks in keeping with the clinical question.
- Copes with more than one demand at a time.
- Begins to demonstrate the ease and work style of a competent radiographer.
- Begins to recognise subtle clinical clues and their implication for the examination at hand.
- Able to empathise with a patient and elicit details from the patient in a professional manner.
- Anticipates potential problems thereby minimise mistakes.
- Can focus upon the needs of patients at the same time as attending to the technical aspects of the examination.
- Has a greater self awareness of their strengths and weaknesses and knows when to refer to supervisors for guidance.
- Begins to act as a member of the team.

CHARACTERISTICS OF A COMPETENT RADIOGRAPHER

A patient-focussed approach to radiographic examination is apparent. Initiative, speed and clinical know-how characterise the competent radiographer.

- A reliance upon knowledge from previous clinical cases.
- Demonstrates initiative and modifies protocols in light of the clinical question and clinical condition of the patient.
- Acts in a responsible and ethical manner.
- Grasps the radiographic examination as a whole rather than as a series of tasks.
- Able to single out relevant information from the irrelevant.
- Prepares for the examination and anticipates any complications prior to examining the patient.
- Accomplishes the examination in a timely and efficient manner.
- Copes with more than one demand at a time.
- Recognises subtle clinical clues and their implication for the examination at hand.
- Patient focused.
- Communicates effectively with all members of the health care team.
- Critically evaluates their performance.
- Recognises when the limits of their knowledge and experience have been reached and when peer advice and assistance is required.

2.4.1 Mid Cycle Examination of General Radiographic Skills Student Name Name of supervisor performing the examination

Assessor to list the examinations performed by the student and the condition of the patient

Radiographic Examinations	Patient condition, age, cultural background

DATE OF ASSESSMENT_____

1. Evaluation of request forms and preliminary patient	Advanced	Competent
preparation.	Beginner	(please tick)
How well did the student;	(please tick)	
Understand the clinical history on the request forms and relate this information to the selection of the radiographic projection, image processing, speed selection and exposure technique		
Identify patients, explain the examination to patients and prepare patients for the examinations?		

In arriving at your determination ask yourself how well the student

Did the student understand the clinical history and relate this information to the selection of the radiographic projections, imaging system (where appropriate) and exposure technique?

Were any deficiencies in the clinical notes recognised and if so what action did the student take before proceeding with the examination?

What use was made of previous images or departmental protocols in the planning phase of the examination?

Evaluate the performance of the student in gaining patient consent for the examination, explaining the examination to the patient and preparing the patient for the examination.

2. Selection and use of an appropriate radiographic technique:	Advanced Beginner	Competent
How well did the student; FAILURE TO USE SIDE MARKERS & IN AN APPROPRIATE MANNER AUTOMATICALLY MEANS THE HIGHEST LEVEL OF ACHIEVEMENT IS ADVANCED BEGINNER	(please tick)	(please tick)
Implement and sequence the radiographic projections?		
Select an appropriate exposure technique?		
Position the patient for the projection, align the CR and collimate the beam?		
Use side markers, immobilisation, radiation protection and implement infection control?		
Process the images according to protocol?		

In arriving at your determination ask yourself how well the student

- implemented and sequenced the radiographic projections;
- utilized the imaging system/s;
- selected an appropriate exposure techniques and provided a justification for the decision;
- positioned the patient for the projections, aligned the CR and collimated the x-ray beam;
- apply immobilisation, radiation protection and infection control;
- processed/post-processed the resultant image/s.

3. Care of the patient throughout the examinations: How well did the student	Advanced Beginner (please tick)	Competent (please tick)
Attend to patient's needs clinically and culturally?		
Provide patients with adequate explanations and instructions?		
Handle and touch patients being cognisant of the patient's cultural background?		
Appropriately discharge patients?		

4. Evaluation of the radiographs: How well did the student:		Advanced Beginne (please tick)	er Competent (please tick)
Assess the radiographic image radiographic positioning pay index or equivalent of your statement of yo	ring attention to the exposure system?		
at this level of experience?	atomical structures you expect		
Indicate any abnormal areas condition/s?	and attempt to name the		
5. Organisational and legal obligationsTo what extent did the student:		Advanced Beginne	er Competent
Cross check the images in terms of patient identification, previous images and side markers?			
Correctly prepare and send the mages for reporting?			
	I performance of the student, ly perform these examinations	•	
Fail	Advanced Beginner	Co	mpetent

Fail	Advanced Beginner	Competent
Student strengths (assess	sor to complete)	
Student areas for improv	ement (assessor to complete)	

Assessor Signature.

Student Signature.

Date

2.4.2 End of Placement Examination of General Radiographic Skills

Instructions:

- 1. This assessment must take place between weeks 18 and 24 depending upon student rotations within the department and whether they are in CT or MRI.
- 2. Students must ask their designated supervisor to assess their general radiographic abilities across a range of typical examinations that present over a concentrated period of 3 hours either morning or afternoon during the working week.
- 3. The supervisor must list the examinations he or she observed and write them down within the assessment proforma.
- 4. The examinations must be different from those selected for the mid cycle examination.
- 5. The patients themselves must be from a range of cultural backgrounds, ages and present with a range of clinical conditions.
- 6. The assessor must complete the proforma based upon their observations across the range of examinations they have observed the student perform.
- 7. There is no grade for this assessment. Instead the supervisor needs to determine the student position on the novice to expert continuum.
- 8. If the assessor is of the view based upon the criteria provided within the assessment proforma the student has not reached either the advanced beginner or competent stage of development a fail must be indicated in the final assessment box.

The characteristics of the advanced beginner and competent radiographer are provided on page 34 for reference during the formal assessment process.

End of Placement Examination of General Radiographic Skills

Name of supervisor performing the examination

Assessor to list the examinations performed by the student and the condition of the patient

Radiographic Examinations	Patient condition, age, cultural background

DATE OF ASSESSMENT_____

Evaluation of request forms and preliminary patient preparation.	Advanced Beginner	Competent (please tick)
How well did the student;	(please tick)	(predict distr)
Understand the clinical history on the request forms and relate this information to the selection of the radiographic projection, image processing, speed selection and exposure technique		
Identify patients, explain the examination to patients and prepare patients for the examinations?		

In arriving at your determination ask yourself how well the student

Did the student understand the clinical history and relate this information to the selection of the radiographic projections, imaging system (where appropriate) and exposure technique?

Were any deficiencies in the clinical notes recognised and if so what action did the student take before proceeding with the examination?

What use was made of previous images or departmental protocols in the planning phase of the examination?

Evaluate the performance of the student in gaining patient consent for the examination, explaining the examination to the patient and preparing the patient for the examination.

2. Selection and use of an appropriate radiographic technique:	Advanced Beginner	Competent
How well did the student; FAILURE TO USE SIDE MARKERS & IN AN APPROPRIATE MANNER AUTOMATICALLY MEANS THE HIGHEST LEVEL OF ACHIEVEMENT IS ADVANCED BEGINNER	(please tick)	(please tick)
Implement and sequence the radiographic projections?		
Select an appropriate exposure technique?		
Position the patient for the projection, align the CR and collimate the beam?		
Use side markers, immobilisation, radiation protection and implement infection control?		
Process the images according to protocol?		

In arriving at your determination ask yourself how well the student

- implemented and sequenced the radiographic projections;
- utilized the imaging system/s;
- selected an appropriate exposure techniques and provided a justification for the decision;
- positioned the patient for the projections, aligned the CR and collimated the x-ray beam;
- apply immobilisation, radiation protection and infection control;
- processed/post-processed the resultant image/s.

3. Care of the patient throughout the examinations: How well did the student	Advanced Beginner (please tick)	Competent (please tick)
Attend to patient's needs clinically and culturally?		
Provide patients with adequate explanations and instructions?		
Handle and touch patients being cognisant of the patient's cultural background?		
Appropriately discharge patients?		

Advanced Beginner (please tick)	Competent (please tick)
Advanced Beginner	Competent
	(please tick)

6. Final Assessment

On the basis of the overall performance of the student, please **circle** if the student has met the overall criteria to safely perform these examinations at the defined level of competency

Fail	Advanced Beginner	Competent			
Student strengths (assessor to complete)					
Student areas for improv	Student areas for improvement (assessor to complete)				

Assessor Signature.

Student Signature.

Date

2.5 Professional development

Towards the development of a thoughtful and reflective radiographer

The practice of radiography is more than the implementation of a series of standardised positioning protocols and exposure techniques. There is a professional dimension to the practice that needs to be nurtured. To become professional practitioners, students need to learn how to become skilled at thinking about what they do during the "hot" action of clinical practice and afterwards in quieter moments when they can "mull" over what they did and saw and begin to make links between the various cases they complete. Through an active engagement in a range of reflective exercises they will see how each examination they complete will add to their store of radiographic and clinical knowledge and overall professional repertoire.

What do we mean by the term reflective practitioner? What for that matter do we mean by the term "reflection"? The next section is an extract from a chapter written about these matters by Marilyn Baird and Jane Winter. See Chapter Seven in the book: Rose, M., & Best, D. (eds) (2005) *Transforming practice through clinical education, professional supervision and mentoring*. Churchill Livingstone, Edinburgh.

Characteristics of a reflective practitioner

In the following extract from a first year radiography student critical learning experience report, we are introduced to the kind of approach to patient care that is a consequence of an habitual approach to practice that appears to lack any engagement in reflective thinking on the part of Radiographer A.

... Radiographer A did not communicate with patients well. The radiographer routinely takes patients to the room and immediately directs them to assume a position. There is no attempt to build rapport through smiling or even asking how the patient is. The only communication was one-sided: the radiographer giving the patient directions. There was no general conversation with patients unless the patient spoke first. From my perspective I took the behaviour to imply the radiographer lacked a real concern for the patient simply wishing to get the job done as quickly as possible. Radiographer B was the complete opposite. This practitioner has a genuine concern for patients and treats them as individuals not just another "hand x-ray". I saw this radiographer build rapport from the moment of greeting the patient. This was done by forming eye contact, smiling and saying: "Hi my name is ...". Throughout the examination I noted the radiographer being kind, polite and showing empathy. The radiographer chatted about general topics and often stood by the table and talked to the patient without setting up equipment so eye contact could be made and genuine interest shown. Whilst communication does not alter the quality of the images and it might slightly increase the examination time, when performed well, the total experience is pleasant for the patient and satisfying for the radiographer (2003 first year radiography student following completion of a 4-week clinical rotation)

There is little doubt the student believed the patient was better served by practitioner B. In contrast to practitioner A, practitioner B is a thoughtful radiographer who has gone beyond a focus upon the technical aspect of his or her work. Radiographer B is demonstrating a concern with the ethical and moral dimensions of practice as well as

"contextual", "interpersonal" and "integrative" competence (Johnston, 1995). Yet can we ascribe to the actions of this radiographer the label of reflective practitioner?

Certainly radiographer B has taken the first step in the process envisaged by Dewey (1933), by making a conscious decision to direct his or her actions in an "intelligent" and "creative" way. This practitioner seems to have the attitudes of mind that Dewey (1933) believed are a precursor to reflective thinking, namely:

- "open-mindedness";
- "whole-heartedness"; and
- "responsibility".

It is only when these attitudes are embraced, can practitioners could engage in that form of thinking that frees them from "impulsive" or "taken-for-granted" and habitual approaches to their practice. What kind of thinking are we talking about? Fish & Twinn (1997) argue the reflective practitioner actually moves beyond the "commonsense view" that practitioners should think about their actions during and after the delivery of a professional service. Reflective thinking is not idle navel gazing and imagining how practice could be different (Bolton, 2001). Reflective thinking is deliberative orderly (Wales, *et al.*, 1993). Furthermore, it is not a self-absorbed process that solely focuses upon self-reflection and self-monitoring without seeking feedback from colleagues (Bolton, 2001).

Reflective thinking is a serious intellectual activity that means taking a step back either before, during or after we act with a view to improvement or change. Engagement in reflective thinking means a commitment to a structured and critical review of one's practice leading to refinement and new understandings (Fish & Twinn, 1997). Thus, in contrast to habitual or conformist practitioners, reflective practitioners:

- have the capacity to be open to new ideas and approaches to practice;
- seek to improve the quality of their work for the benefit of the patient;
- are enthusiastic and passionate about their work;
- see what they do as worthwhile and meaningful;
- act in an intellectually and morally responsible manner recognising the role values and beliefs
 play in shaping the quality of patient care;
- adopt a problem solving and holistic approach to their practice seeking collaborative solutions to practical workplace issues and concerns;
- acknowledge their limitations and level of competence; and
- know how to engage in a critical conversation with their practice and their inner self and in the
 process gain new knowledge and insight into the meaning of their practice.

The reflective practitioner is unashamedly "enticed and engaged by thinking" (Loughran, 1996, p.5) always wanting to know why something is worth believing. Such practitioners openly question and possibly challenge the dominant institutional, political and economic imperatives that intrude upon practice and in the process seek to mitigate their impact upon the delivery of quality patient care (Smyth, 1986; Bolton, 2001).

References

Best, D., & Rose, M. (1995). *Quality supervision: theory and practice for clinical supervisors*. W.B. Saunders, London. Bolton, G. (2001). *Reflective practice: writing and professional development*. London: Chapman. Dewey, John. (1933). *How we think: a restatement of the relation of reflective thinking to the educative process*.

Massachusetts: D. C. Heath.

Fish, D., & Twinn, S. (1997). *Quality clinical supervision in the health care professions*. Oxford: Butterworth – Heinemann. Johnston, R. (1995). Two cheers for the reflective practitioner. *Journal of Further and Higher Education*. 19 (3), 74-83. Loughran, J. (1996). *Developing reflective practice: learning about teaching and learning through modeling*. London: Falmer Press.

Smyth, J. (1986). The reflective practitioner in nurse education. Keynote address to Second National Nursing Education Seminar. Adelaide: South Australian College of Advanced Education.

2.5.1 The Medical Radiation Practitioners Board of Victoria Guidelines for Continuing Professional Development

In its publication "Continuing Professional Development Guidelines for Medical Radiation Practitioners", (http://www.mrpb.vic.gov.au/) the MRPB regards continuing professional development as "any process or activity, planned or otherwise, that contributes to the continuous and systematic maintenance, improvement and broadening of knowledge and skills, along with the development of personal qualities necessary for the execution of professional and technical duties". From July 1st 2012 reference must be made to the Guidelines for Continuing Professional Development promulgated by the new National Medical Radiation Practitioner Board. The evaluation of a student's clinical competency would be incomplete without providing an opportunity for students to reflect upon the extent to which the PCP had contributed to their broader professional development.

2.5.2 Week 12 evaluation of professional development

Throughout the BRadMedImag, students have been obliged to engage in an active process of self assessment upon their professional development. It is intended that this process be continued in the PCP. The purpose of this evaluation is the facilitation of objective and formative feedback to the student completing the professional clinical placement (PCP). The evaluation must occur at the end of week 12. The student initially completes Part one of the proforma and hands it to the supervising radiographer responsible for the clinical management of the PCP. After reading the perceptions of the student, the supervising radiographer responds in Part Two of the proforma. The student must read the radiographer's response and comment upon in the spaces provided in the proforma.

The completed work must be detached from the Workbook and mailed to the unit convenor as per the address provided on page 3. Students are advised to make a copy of the mid cycle self assessment and the feedback provided by the supervisor so a comparison can be made between this assessment and the assessment completed in week 24.

<u>PART ONE</u> : A self assessment exercise on the part of the student		
Student Name		
(1) Patients and the Health Care Team		
Please discuss the ways in which you have developed professionally in relation to your interactions with patients. In your response reflect upon those patients from cultural backgrounds different from your own; consider the elderly patients with whom you have interacted and those patients who have presented with acute and chronic health issues. Do you find it easy to establish rapport with patients? Do you respond to their needs in an appropriate manner? Do you maintain the patient's confidentiality and refrain from discussing cases both within the workplace and outside of it?		
Other members of the health care team including medical practitioners Reflect upon the quality of your communication skills? Do you take the time to explain to members of the team what you are doing? Do you listen to what is being asked of you? Do you put the needs of the team before your own?		

Please reflect upon your experiences thus far and discuss the ways in which you have developed professionally in relation to ensuring the safety of the patients in your care. In particular reflect upon your repeat rate, attention to patient ID, radiation safety, gonadal protection, the application of side markers on radiographic images, patient ID on the images and collimation of the x-ray beam.
(3) Radiographic Knowledge
Please reflect upon your experiences thus far and discuss the ways in which your knowledge and understanding of general radiography has been broadened and the effect this has had upon your professional development. For example, you could comment upon the imaging systems you have used or the PACS system in use in the workplace.
understanding of general radiography has been broadened and the effect this has had upon your professional development. For example, you could comment upon the imaging systems you have
understanding of general radiography has been broadened and the effect this has had upon your professional development. For example, you could comment upon the imaging systems you have
understanding of general radiography has been broadened and the effect this has had upon your professional development. For example, you could comment upon the imaging systems you have
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understanding of general radiography has been broadened and the effect this has had upon your professional development. For example, you could comment upon the imaging systems you have

(5)	Organisational knowledge, Workplace safety, Quality Control		
develo	Please reflect upon your experiences thus far and discuss the ways in which you have developed professionally in relation to your knowledge of the organisation within which you are working, their policies towards quality control and more generally workplace safety issues		
133463			
(6)	Ongoing Development		
Please	e discuss any other aspect of your professional development that you believe may res further assistance from your supervising radiographers		

Signature of Student _____

2.5.3 Week 12 Supervisor feedback

PART TWO: Feedback from the Supervising Radiographer and response from student

Please read the comments provided by the student and provide your commentary concerning their professional development in the spaces below. If student conduct is deemed unsatisfactory please contact the Unit convenor immediately.

(1)	Patients and the Health Care Team
(2)	Patient Safety including Repeat Rate
(3)	Radiographic Knowledge
(5)	Organisational knowledge, Workplace safety, Quality Control
(6)	Ongoing Development
RESPO	NSE FROM STUDENT
Signati	ure of Student
Signati	ure of Radiographer

2.5.4 Week 24 evaluation of professional development

<u>PART ONE</u> : A self assessment exercise on the part of the student		
(1) Patients and the Health Care Team		
Please reflect upon your responses in week 12 and discuss the ways in which you have developed professionally in relation to your interactions with patients and the health care team.		
(2) Patient Safety		
Please reflect upon your responses in week 12 and discuss the ways in which you have developed professionally in relation to patient safety especially your repeat rate.		

(3)	Radiographic Knowledge
	reflect upon your responses in week 12 and discuss the ways in which you have ped professionally in relation to radiographic knowledge.
(5)	Organisational knowledge, Workplace safety, Quality Control
develop	reflect upon your responses in week 12 and discuss the ways in which you have bed professionally in relation to your knowledge of the organisation, workplace and quality control

(6) My final appraisal of my professional development
Please summarise now the key milestones in your journey towards meeting the professional and community expectations of a registered radiographer. You may also wi to reflect upon future plans for continuing professional development.

Signature of Student _____

2.5.5 Supervisor feedback

PART TWO: Feedback from the Supervising Radiographer and response from student

Building upon your feedback provided in week 12 please read the comments provided by the student and provide your final commentary concerning their professional development in the spaces below.

(1)	Patients and the Health Care Team
(2)	Patient Safety and Repeat Rate
(3)	Radiographic Knowledge
(5)	Organisational knowledge, Workplace safety, Quality Control
(6)	Capacity for student to meet the expectations of a radiographer.
RESPO	NSE FROM STUDENT
Signati	ure of Student
Signati	ure of Radiographer





Master of Medical Radiations (Radiation Therapy) Clinical Studies 4, 5, and 6 Clinical Assessments (SUPERVISED PRACTICE)

Guided by Novice to Expert Indicators for Radiation Therapy

PCP Year 2 Semester 4: At the level of Intermediate Beginner you should:

- Begin to integrate knowledge from previous clinical cases with academic knowledge.
- Begin to identify where individual patient treatment needs to be adapted in the light of the clinical question and clinical condition of the patient.
- Still be task oriented but beginning to prioritise these tasks in keeping with the clinical question.
- Begin to cope with more than one demand at a time.
- Still find it a challenge to feel at ease or work in the style of a Competent radiation therapist.
- Begin to recognise subtle clinical clues and their implication for the procedure at hand.
- Feel more comfortable with patient interaction, this can be demonstrated with more eye contact and personalisation of instructions.
- Begin to anticipate potential problems thereby minimising mistakes.
- Feel that attention to the technical aspects of the procedure still dominate your clinical actions.

PCP Year 2: Semester 5: At the level of Advanced Beginner you should:

- Begin to use knowledge from previous cases.
- Begin to identify and modify your actions in light of the clinical question and condition of the patient.
- Begin to take responsibility and lead the entire planning or treatment procedure (working as part of the team).
- Implement the procedure in a methodical and efficient manner.
- Demonstrate an ability to prioritise radiation therapy tasks in keeping with the clinical question.
- Cope with more than one demand at a time.

- Begin to demonstrate the ease and work style of a Competent radiation therapist.
- Begin to recognise subtle clinical cues and their implications for the procedure at hand.
- Be able to empathise with a patient and elicit details from the patient in a professional manner.
- Anticipate potential problems, thereby identifying potential errors.
- Focus upon the needs of patients at the same time as attending to the technical aspects of the procedure.
- Have greater self awareness of your strengths and weaknesses and know when to refer to supervisors for guidance.
- Begin to act as a member of the team.

PCP Year 2: Semester 6: At the level of Competent Student you should:

- Have a reliance upon knowledge from previous experience.
- Demonstrate initiative and modifies actions in light of the clinical question and clinical condition of the patient.
- Act in a responsible and ethical manner.
- Grasp the radiation therapy procedure as a whole rather than as a series of tasks.
- Be able to single out relevant information from the irrelevant.
- Be able to prepare for the procedure and anticipates any complications prior to interacting with the patient.
- Accomplish the procedure in a timely and efficient manner.
- Cope with more than one demand at a time.
- Recognise subtle clinical clues and their implication for the procedure at hand.
- Be patient focussed.
- Communicate effectively with all members of the health care team.
- Critically evaluate your performance.
- Recognise when the limits of your knowledge and experience have been reached and when advice and assistance is required.

Australian Universities Radiation Therapy Student Clinical Assessment Form

Assessment Form - version 1a

Instructions:

This form should be completed by the Radiation Therapy Clinical Educator, Preceptor or the student's immediate clinical supervisor. For more detailed information on completing the assessment form, please refer to the user guide.

There are 5 domains of practice to be assessed including:

- 1. Knowledge and Understanding
- 2. Critical Thinking and Evaluation
- 3. Professional and Ethical Practice
- 4. Care and Clinical Management
- 5. Professionalism

Each domain contains several criteria and all criteria should be assessed for each student.

Domains 1-4 should be assessed using the five-point scale ranging from 'Unsatisfactory level of achievement' through to 'Consistently exceeds expected level of achievement', or 'Not applicable'.

Domain 5 (professionalism) should be assessed either as Satisfactory or Unsatisfactory.

Note: For more detailed information on completing the assessment form, there is a user guide that explains the items within the domain and a training package recommended for new users. Please refer to either the clinical educator within your department, or the University supporting the student placement, for the training package.

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The assessment form and user guide were developed by the Radiation Therapy Lecturers Group, representing the six tertiary institutions in Australia, namely, University of South Australia, University of Sydney, Monash University, Queensland University of Technology, University of Newcastle and RMIT University.

Funding for this project was provided by the Department of Health and Ageing.

Interim Assessment 1 Area of Practice Loc/Plan/Trt (please circle)

Evaluation of Student Performance Use these criteria to rate <i>Domains</i> 1-4											
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	exp	5 onsistently exceeds pected level achievement		el	NA Not applica Not asse		ot cable	
1. Knowledge & Unde	erstanding				1	2	3	4	5	NA	
1.1 Applies & adapts <i>pre</i>		clinical practice	situations								
1.2 Applies & adapts new		-									
1.3 Demonstrates knowled Therapist and how the											
2. Critical Thinking & Eval	luation				1	2	3	4	5	NA	
2.1 Demonstrates the abilit	5										
2.2 Demonstrates appropri											
2.3 Demonstrates problem	solving skills to forn	nulate appropriate	clinical decisions								
3. Professional & Ethical Practice						2	3	4	5	NA	
3.1 Assumes responsibility protocols and standard			pted departmental								
3.2 Recognises own abilitie	es and level of profes	sional competence									
experienced practitione	er when expertise is 1	required beyond or	wn level of compete	ence							
3.3 Documents accurately											
3.4 Works and communica members of the multid		and demonstrates	respect for, all								
3.5 Demonstrates effective their carers and familie		al communication	with patients, and								
	-									I	
4. Care & Clinical Manager	ment				1	2	3	4	5	NA	
4.1 Demonstrates empat	· •			ies							
4.2 Demonstrates aware	ness of patient's ne	eds and health is	sues and takes								
appropriate action											
4.3 Performs technical sl		ate level of comp	etence relative to	the							
stage of their academ		al commetencies 1	Dlagge water to east								
Note: This is not an assessm University's specific techni											
Treatme		επιστό μοι εσπιρείει	из изэсээнин.								
> Planning											
> Simulati											
	, -					1	1	1		<u>I</u>	

Evaluation of Student Performance							
Use these criteria to rate <i>Domain 5</i>							
S	US						
Satisfactory level of achievement	Unsatisfactory level of achievement						

5. Professionalism	S	US
5.1 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in work &		
learning		
5.2 Punctuality		
5.3 Maintains professional appearance		
5.4 Complies with patient information confidentiality and privacy legislation and		
policies		
5.5 Follows health and safety requirements		

Assessor's overall co	omments:		
Supervisor's Name: _		-	
Supervisor's Signatu	re:	Date:	
Student's overall con	mments:		
Student's Signature:		Date:	
Days absent:	Medical Certificate provided for all days absent.	: Yes/ No	
			FID

Monash University: Localisation/Planning/Treatment Assessment

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

Technical Skills Assessment Use these criteria to rate <i>Domains 6-8</i>									
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	5 Consistently exceeds expected level of achievement	NA Not applicable Not assessed				

6 Localisation (Sim/CT/Clinical mark up) (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
6.1 Prepare room with appropriate accessory equipment for procedure						
6.2 Provide appropriate instructions and information to patients						
6.3 Position patient appropriately for the procedure						
6.4 Use the appropriate localisation technique for individual cases						
6.5 Describe the reason for choice of imaging modality used						
6.6 Apply appropriate Quality Assurance process for the procedure						
7 Planning (Students should be working to the level of Intermediate Beginner)	1	I _				
			1 2	1 1	_	NIA
	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:/	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://		2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://			3	4	5	NA

8 Treatment (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	N
The student is learning/working at the level of: B IB AB C					1	
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
8.1 Prepare room with appropriate accessory equipment for procedure						
8.2 Provide appropriate instructions to patients/elicit patient status for treatment						
8.3 Position patient appropriately						
8.4 Image matching technique and action thresholds						
8.5 Apply appropriate Quality Assurance process for the procedure						
General feedback: localisation/planning/treatment/patient care:						_
General feedback: localisation/planning/treatment/patient care:						
Assessor's overall comments:						
					_	
					_	
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					_	
					_	
					_	
					_	
					_	
					_	
					-	
Supervisor's Name/Signature:						
Supervisor's Name/Signature: Date:	-					
Student Signature						
						

Final Assessment 1

Area of Practice Loc/Plan/Trt (please circle)

Evaluation	of Student Perforr	nance Us	se these criteria to	o rate	e D o	maii	ns 1-	-4		
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	exceeds		5 onsistently exceeds octed level of		y	ap	NA No plic t ass	t
			achievement	acl	hieve		ıt			
1. Knowledge & Und	lerstanding				1	2	3	4	5	NA
1.1 Applies & adapts pr		e to clinical pract	ice situations		_	_				-
1.2 Applies & adapts <i>n</i>										
1.3 Demonstrates know				ion						
Therapist and how	0	-		1011						
2. Critical Thinking & Ev	aluation				1	2	3	4	5	NA
2.1 Demonstrates the abi		ed			_		Ť	+	Ť	
2.2 Demonstrates appropresources			e of available							
2.3 Demonstrates problem	m solving skills to f	ormulate appropr	iate clinical decisio	ns						
3. Professional & Ethical	Practice				1	2	3	4	5	NA
3.6 Assumes responsibili										
departmental protoco				· (1.						
3.7 Recognises own ability an experienced practic competence				itn						
3.8 Documents accurately										
3.9 Works and communi- members of the multi		h, and demonstra	tes respect for, all							
3.10 Demonstrates effective their carers and famile		erbal communicat	ion with patients, a	and						
							_			
4. Care & Clinical Manag	gement				1	2	3	4	5	NA
4.1 Demonstrates empa carers/families	athy and respect f	or individuals a	nd their							
4.2 Demonstrates awar appropriate action	eness of patient's	needs and healt	h issues and take	es						
4.3 Performs technical		•	mpetence relativ	e						
to the stage of their			D1 6 .							
Note: This is not an assessment of specific clinical competencies. Please refer to each University's specific technical performance indicators for competency assessment.										
> Treatm		iniculors for comp	синсу изэсээний	•						
> Planning							1			
	tion/CT									
		ion of Student								
		se criteria to ra	te <i>Domain 5</i>			1				
Satisfactory	S level of achieven	nent	Unsatisfact	torv	US leve		achi	ρτιοι	men	ŧ
Jatistactory	icver or actification		Chatiatac	. OI y	1C V C	1 01 (MCIII	CVC		

5. Professionalism	S	US
5.1 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in		
work & learning		
5.2 Punctuality		
5.3 Maintains professional appearance		
5.4 Complies with patient information confidentiality and privacy legislation and		
policies		
5.5 Follows health and safety requirements		

Assessor's overall c	omments:	
Supervisor's Name:		_
Supervisor's Signatu	re:	Date:
Student's overall co	mments:	
C. 1 // C		D .
Student's Signature:		Date:
Davs absent:	Medical Certificate provided for all days absen	t: Yes / No

Monash University: Localisation/Planning/Treatment Assessment

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

Technical Skills Assessment Use these criteria to rate <i>Domains 6-8</i>							
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	5 Consistently exceeds expected level of achievement	NA Not applicable Not assessed		

6 Localisation (Sim/CT/Clinical mark up) (Students should be working to the level of Intermediate Beginner)			3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
6.1 Prepare room with appropriate accessory equipment for procedure						
6.2 Provide appropriate instructions and information to patients						
6.3 Position patient appropriately for the procedure						
6.4 Use the appropriate localisation technique for individual cases						
6.5 Describe the reason for choice of imaging modality used						
6.6 Apply appropriate Quality Assurance process for the procedure						
7 Planning (Students should be working to the level of Intermediate Beginner)			3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
7.1 Identify relevant data and documentation						
7.2 Identify relevant anatomical reference points on images						
7.3 Describe and place appropriate field/beam arrangements						
7.4 Utilise appropriate dose constraints in planning the case						
7.5 Utilise ICRU constraints in planning the case						
7.6 Apply appropriate optimisation techniques						

		_	_	_		_
7.7 Critically analyse dose distribution and data						
7.8 Apply appropriate Quality Assurance process for the procedure						
8 Treatment (Students should be working to the level of Intermediate	1	2	3	4	5]
Beginner)						
The student is learning/working at the level of: B B C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
8.1 Prepare room with appropriate accessory equipment for procedure						
8.2 Provide appropriate instructions to patients/elicit patient status for treatment						
8.3 Position patient appropriately						
8.4 Image matching technique and action thresholds						F
8.5 Apply appropriate Quality Assurance process for the procedure						
Assessor's overall comments:						
					_	
					_	
					_	
					_	
					_	
					_	
Supervisor's Name/Signature: Date:		_				
Student Signature						

Interim Assessment 2 Area of Practice Loc/Plan/Trt (please circle)

Evaluation	of Student Perforr	nance Us	e these criteria to	o rate	e Do	maii	ns 1-	-4		
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	exp	exceeds No			NA Not applicable ot assessed		
1. Knowledge & Und	derstanding				1	2	3	4	5	NA
1.1 Applies & adapts p		e to clinical pract	ice situations							
1.2 Applies & adapts n		-								
1.3 Demonstrates know	G	-		ion						
Therapist and how				1011						
2. Critical Thinking & Ev	raluation				1	2	3	4	5	NA
2.1 Demonstrates the abi		ed .			_	_				1 1/2 1
2.2 Demonstrates approp			e of available							
resources										
2.3 Demonstrates problem	m solving skills to fe	ormulate appropr	iate clinical decisio	ns						
3. Professional & Ethical Practice					1	2	3	4	5	NA
3.1 Assumes responsibili										
departmental protoco 3.2 Recognises own abili				rith						
an experienced practi				1011						
3.3 Documents accurately										
3.4 Works and communi members of the multi		th, and demonstra	tes respect for, all							
3.5 Demonstrates effective their carers and family		erbal communicat	ion with patients, a	and						
4. Care & Clinical Manag	gement				1	2	3	4	5	NA
4.1 Demonstrates empa	athy and respect f	or individuals a	nd their							
4.2 Demonstrates awar	reness of patient's	needs and healt	h issues and take	es						
appropriate action	1 -11 .	1 1 6	. 1							
4.3 Performs technical to the stage of their			mpetence relativ	e						
Note: This is not an assess	1 0		s. Please refer to e	ach						
University's specific techn										
> Treatm										
> Plannii	~									
> Simula	tion/CT	ion of Student	Portormanca				<u> </u>	<u> </u>		
		ese criteria to ra								
	S	oc criteria to re	Dommin O		US	,				
Satisfactory	level of achieven								t	

5. Professionalism	S	US
5.1 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in		
work & learning		
5.2 Punctuality		
5.3 Maintains professional appearance		
5.4 Complies with patient information confidentiality and privacy legislation and		
policies		
5.5 Follows health and safety requirements		

Assessor's overall comments:	
upervisor's Name:	
upervisor's Signature:	Date:
tudent's overall comments:	
tudent's Signature:	Date:
Days absent: Medical Certificate provid	led for all daus absent: Yes / No

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

Technical Skills Assessment

1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	ds exceeds level expected level ement of			nsistently exceeds ected level of			Consistently exceeds expected level			A ot cable ot ssed
6 Localisation (Sim/	/CT/Clinical mark u	n) (Students show	ıld he working to	the	1	2	3	4	5	NA			
level of Intermedia		p) (Students snot	in he working to			-							
The student is learning/wo	rking at the level of:	B IB Al	3 C							İ			
For the following diseases/s	sites/cases:	/	/										
	/	//_											
The student justifies the ra	tionale for and/or d	emonstrates the	ability to:										
6.1 Prepare room with appro	priate accessory equi	ipment for procedu	ıre										
6.2 Provide appropriate inst	ructions and informat	tion to patients											
6.3 Position patient appropr	riately for the procedu	ıre											
6.4 Use the appropriate localisation technique for individual cases													
6.5 Describe the reason for	choice of imaging mo	odality used											
6.6 Apply appropriate Qual	ity Assurance process	s for the procedure	;										
									<u> </u>				
7 Planning (Student Beginner)	s should be working	g to the level of In	termediate		1	2	3	4	5	NA			
The student is learning/wo	rking at the level of:	B IB	AB C							İ			
For the following diseases/s	sites/cases:	/	/							i			
	/	//_											
The student justifies the ra		emonstrates the	ability to:										
7.1 Identify relevant data an	d documentation												
7.2 Identify relevant anatom	nical reference points	on images											
7.3 Describe and place appr	opriate field/beam ar	rangements											
7.4 Utilise appropriate dose	constraints in planning	ng the case											
7.5 Utilise ICRU constraints	s in planning the case	;											
7.6 Apply appropriate optin	nisation techniques												

		_			
7.7 Critically analyse dose distribution and data					
7.8 Apply appropriate Quality Assurance process for the procedure					
				1	
8 Treatment (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5
The student is learning/working at the level of: B IB AB C					
For the following diseases/sites/cases://					
The student justifies the rationale for and/or demonstrates the ability to:					
8.1 Prepare room with appropriate accessory equipment for procedure					
8.2 Provide appropriate instructions to patients/elicit patient status for treatment					
8.3 Position patient appropriately					
8.4 Image matching technique and action thresholds					
8.5 Apply appropriate Quality Assurance process for the procedure					
General feedback: localisation/planning/treatment/patient care:					
Assessor's overall comments:					
					_
					_
					-
					-
					-
					-
					-
					-
Supervisor's Name/Signature: Date:		_			
Student Signature					

Final Assessment 2

Evaluation of	of Student Perforn	mance Us	se these criteria to	rate	. Do	maii	ns 1-	-4		
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of		5 nsistently exceeds ected level of				NA No plicat	t
			achievement	acł	_	emen	ıt			
1 Knowledge & Une	loretanding				1	2	3	4	5	NA
1. Knowledge & Und 1.1 Applies & adapts <i>pn</i>		e to clinical pract	tice situations		1			1		1 12 1
1.2 Applies & adapts no										
1.3 Demonstrates know Therapist and how t	•	-		ion						
2. Critical Thinking & Ev	aluation				1	2	3	4	5	NA
2.1 Demonstrates the abil 2.2 Demonstrates appropresources			e of available							
2.3 Demonstrates problem	m solving skills to fo	ormulate appropr	iate clinical decisio	ns						
3. Professional & Ethical Practice				1	2	3	4	5	NA	
3.1 Assumes responsibility										
departmental protoco 3.2 Recognises own abilit an experienced practi competence	ties and level of pro	fessional compete	nce and consults w	ith						
3.3 Documents accurately										
3.4 Works and communic members of the multi		n, and demonstra	tes respect for, all							
3.5 Demonstrates effective their carers and famil		erbal communicat	ion with patients, a	ınd						
								•		
4. Care & Clinical Manag	ement				1	2	3	4	5	NA
4.1 Demonstrates empa carers/families	, ,									
4.2 Demonstrates awar appropriate action	reness of patient's	needs and healt	h issues and take	s						
4.3 Performs technical	skills to an appro	oriate level of co	mpetence relativ	e						
to the stage of their			DI C	1						
Note: This is not an assess University's specific techn										
> Treatm										
Plannir										
Simula	tion/CT		D (
		ion of Student								
	S Use the	se criteria to ra	le <i>Domain 3</i>		US	,				
Satisfactory	level of achieven	nent	Unsatisfact	ory 1			achi	eve	men	t

5. Professionalism	S	US
5.1 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in		
work & learning		
5.2 Punctuality		
5.3 Maintains professional appearance		
5.4 Complies with patient information confidentiality and privacy legislation and		
policies		
5.5 Follows health and safety requirements		

Assessor's overall comments:	
Supervisor's Name:	
Supervisor's Signature:	Date:
Student's overall comments:	
Student's Signature:	Date:
Days absent: Medical Certificate provi	ded for all days absent: Yes / No

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

Technical Skills Assessment Use these criteria to rate <i>Domains 6-8</i>											
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	expect	ceeds ted le of	vel	_	NA No oplic No asses	t able ot		

6 Localisation (Sim/CT/Clinical mark up) (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
6.1 Prepare room with appropriate accessory equipment for procedure						
6.2 Provide appropriate instructions and information to patients						
6.3 Position patient appropriately for the procedure						
6.4 Use the appropriate localisation technique for individual cases						
6.5 Describe the reason for choice of imaging modality used						
6.6 Apply appropriate Quality Assurance process for the procedure						
7 Planning(Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
7 Planning(Students should be working to the level of Intermediate Beginner) The student is learning/working at the level of: B B B AB C	1	2	3	4	5	NA
	1	2	3	4	5	NA
The student is learning/working at the level of: B B C	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
The student is learning/working at the level of: B B B C For the following diseases/sites/cases:	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:/	1	2	3	4	5	NA
The student is learning/working at the level of: B B B AB C For the following diseases/sites/cases: //	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA

8 Treatment (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
8.1 Prepare room with appropriate accessory equipment for procedure						
8.2 Provide appropriate instructions to patients/elicit patient status for treatment						
8.3 Position patient appropriately						
8.4 Image matching technique and action thresholds						
8.5 Apply appropriate Quality Assurance process for the procedure						
				l	I	l.
General feedback: localisation/planning/treatment/patient care:						
Assessor's overall comments:						
					_	
					_	
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					_	
					_	
					_	
					_	
Supervisor's Name/Signature: Date:		-				
Student Signature						

Interim Assessment 3

Evaluation of 1 Unsatisfactory level of achievement	of Student Perform 2 Progressing but requires improvement	nance Us 3 Satisfactory level of achievement	Occasionally exceeds expected level of achievement	Co	5 onsist exce ected of			NA Not applicable Not assessed		
1. Knowledge & Und	lerstanding				1	2	3	4	5	NA
1.1 Applies & adapts pr	revious knowledge	to clinical pract	tice situations							
1.2 Applies & adapts no	ew knowledge to o	clinical practice s	situations							
1.3 Demonstrates know	rledge of the role	and responsibili	ties of the Radiati	ion						
Therapist and how										
2. Critical Thinking & Ev	aluation				1	2	3	4	5	NA
	Demonstrates the ability to be self-directed						9	-		1.41.7
2.2 Demonstrates approp			e of available							
resources										
2.3 Demonstrates problem	m solving skills to f	ormulate appropr	iate clinical decisio	ns						
3. Professional & Ethical	Practice				1	2	3	4	5	NA
3.1 Assumes responsibili										
departmental protoco				· (1.						
3.2 Recognises own abilit an experienced practi competence	tioner when expert			ıtın						
3.3 Documents accurately		1 1 1	too							
3.4 Works and communic members of the multi		n, and demonstra	tes respect for, all							
3.5 Demonstrates effective their carers and famili		erbal communicat	ion with patients, a	and						
4. Care & Clinical Manag	ement				1	2	3	4	5	NA
4.1 Demonstrates empa	athy and respect f	or individuals a	nd their							
4.2 Demonstrates awar appropriate action	eness of patient's	needs and healt	h issues and take	es.						
4.3 Performs technical to the stage of their	academic program	m in:	_							
Note: This is not an assess University's specific techn										
> Treatm										
> Plannir								-		
> Simula	tion/CT						<u> </u>		<u> </u>	
		ion of Student								
		se criteria to ra	te <i>Domain 5</i>		TTC					
Satisfactory	S level of achieven	nent	Unsatisfact	horv	US leve		achi	eve	men	ŧ
Janstaciony	icver of actifevell		J115411514C	.ory	LVE	. 01 6	44111	CVE	IICII	

5. Professionalism	S	US
5.1 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in		
work & learning		
5.2 Punctuality		
5.3 Maintains professional appearance		
5.4 Complies with patient information confidentiality and privacy legislation and		
policies		
5.5 Follows health and safety requirements		
Assessor's overall comments:		

Assessor's overall comments:	
upervisor's Name:	
upervisor's Signature:	Date:
tudent's overall comments:	
Assessor's overall comments: Supervisor's Name: Supervisor's Signature: Date: Student's overall comments: Date: Date: Date:	
Supervisor's Name: Supervisor's Signature: Date: Student's overall comments:	
tudent's Signature:	Date:
Days absent: Medical Certificate provi	ded for all days absent: Yes / No

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

	Techn	ical Skills Asse	ssment							
	Use these criteria	to rate Domain	s 6-8							
1 Unsatisfactory level of achievement	Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	expe	5 Consistently exceeds expected level of achievement				A ot eable ot sed	

6 Localisation (Sim/CT/Clinical mark up) (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
6.1 Prepare room with appropriate accessory equipment for procedure						
6.2 Provide appropriate instructions and information to patients						
6.3 Position patient appropriately for the procedure						
6.4 Use the appropriate localisation technique for individual cases						
6.5 Describe the reason for choice of imaging modality used						
6.6 Apply appropriate Quality Assurance process for the procedure						
	-1		2	4	~	N.T.A
7 Planning (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
	1	2	3	4	5	NA
Beginner)	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B B B C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B B B C	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:/	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:// The student justifies the rationale for and/or demonstrates the ability to: 7.1 Identify relevant data and documentation 7.2 Identify relevant anatomical reference points on images	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA

8 Treatment (Students should be working to the level of Intermediate Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:/// The student justifies the rationale for and/or demonstrates the ability to: 8.1 Prepare room with appropriate accessory equipment for procedure 8.2 Provide appropriate instructions to patients/elicit patient status for treatment 8.3 Position patient appropriately 8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments: Supervisor's Name/Signature:			_		_	
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:	7.8 Apply appropriate Quality Assurance process for the procedure					
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:						
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:	9 Tuestan ant (Candonte chould be moulding to the level of Intermediate	1		2	4	_
For the following diseases/sites/cases:/		1	2	3	4	3
The student justifies the rationale for and/or demonstrates the ability to: 8.1 Prepare room with appropriate accessory equipment for procedure 8.2 Provide appropriate instructions to patients/elicit patient status for treatment 8.3 Position patient appropriately 8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments:	The student is learning/working at the level of: B B AB C					
The student justifies the rationale for and/or demonstrates the ability to: 8.1 Prepare room with appropriate accessory equipment for procedure 8.2 Provide appropriate instructions to patients/elicit patient status for treatment 8.3 Position patient appropriately 8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments:	For the following diseases/sites/cases://					
8.1 Prepare room with appropriate accessory equipment for procedure 8.2 Provide appropriate instructions to patients/elicit patient status for treatment 8.3 Position patient appropriately 8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments:						
8.2 Provide appropriate instructions to patients/elicit patient status for treatment 8.3 Position patient appropriately 8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments: Supervisor's Name/Signature:						
8.3 Position patient appropriately 8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments: Supervisor's Name/Signature:						
8.4 Image matching technique and action thresholds 8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments: Supervisor's Name/Signature:						
8.5 Apply appropriate Quality Assurance process for the procedure General feedback: localisation/planning/treatment/patient care: Assessor's overall comments: Supervisor's Name/Signature:						
General feedback: localisation/planning/treatment/patient care: Assessor's overall comments: Supervisor's Name/Signature:						
Assessor's overall comments: Supervisor's Name/Signature:	8.5 Apply appropriate Quality Assurance process for the procedure					
Assessor's overall comments: Supervisor's Name/Signature:	Conseq foodback localization/planning/treatment/nations area					
Supervisor's Name/Signature:						
Supervisor's Name/Signature:						
Supervisor's Name/Signature:						
Supervisor's Name/Signature:						
Supervisor's Name/Signature: Date:						
Supervisor's Name/Signature: Date:						
Supervisor's Name/Signature: Date:						
Supervisor's Name/Signature: Date:						
Supervisor's Name/Signature: Date:						
	Assessor's overall comments:					
						_
						-
						-
						-
						-
						_
						-
						_
Student Signature	Supervisor's Name/Signature: Date:		-			
·	Student Signature					

Final Assessment 3

Evaluation (of Student Perforr	nance Us	se these criteria to	o rate	e Do	mai	ns 1.	-4		
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of	exp	exce ecte of	5 nsistently exceeds ected level of		NA Not applicable Not assessed		
			achievement	acl	nieve	emer	ıt			
1. Knowledge & Und	derstanding				1	2	3	4	5	NA
1.1 Applies & adapts pr	· ·	e to clinical pract	ice situations							
1.2 Applies & adapts no										
1.3 Demonstrates know	_	_		ion						
Therapist and how				1011						
2. Critical Thinking & Ev	aluation				1	2	3	4	5	NA
-	Demonstrates the ability to be self-directed							Ť	Ť	- 1.1.1
2.5 Demonstrates appropresources	J		e of available							
2.6 Demonstrates problem	m solving skills to f	ormulate appropr	ate clinical decisio	ns						
3. Professional & Ethical Practice						2	3	4	5	NA
3.6 Assumes responsibili										
3.7 Recognises own abilian experienced practic	ties and level of pro	fessional compete	nce <i>and</i> consults w	ith						
3.8 Documents accurately	y									
3.9 Works and communi- members of the multi		h, and demonstra	tes respect for, all							
3.10 Demonstrates effective their carers and famile		erbal communicat	ion with patients, a	and						
										_
4. Care & Clinical Manag					1	2	3	4	5	NA
4.4 Demonstrates empa										
4.5 Demonstrates awar appropriate action	reness of patient's	needs and healt	h issues and take	es						
4.6 Performs technical			mpetence relativ	e						
to the stage of their			. Di	1						
Note: This is not an assess University's specific techn										
Treatm		iniculors for comp	синсу изэсээний	•						
> Plannir										
	tion/CT									
		ion of Student		_	_	_	_	_	_	
		se criteria to ra	te <i>Domain 5</i>		•••	•				
Satisfactory	S level of achieven	ant	Unsatisfac	torr	US		ach:	0770	mon	ŧ.
Satisfactory	rever or acmeven	icill	Unsatisfac	iory.	ieve	1 01	aCIII	eve.	iiiei	ıı

5. Professionalism	S	US
5.6 Demonstrates appropriate interest, enthusiasm, motivation, perseverance in		
work & learning		
5.7 Punctuality		
5.8 Maintains professional appearance		
5.9 Complies with patient information confidentiality and privacy legislation and		
policies		
5.10Follows health and safety requirements		

Assessor's overall comments:	
Supervisor's Name:	
Supervisor's Signature:	Date:
Student's overall comments:	
Student's Signature:	Date:
Days absent: Medical Certificate provid	led for all days absent: Yes / No

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

Technical Skills Assessment

	Use these criteria	to rate Domain	s 6- 8							
1 Unsatisfactory level of achievement	Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	expe	exce ecte o	tent eds ed le	vel		NA No oplic No asses	ot cable ot
6 Localisation (Sim/ level of Intermedia The student is learning/wo				the	1	2	3	4	5	NA
The student justifies the ra	ntionale for and/or d	emonstrates the	ability to:							
6.1 Prepare room with appro			ure							
6.2 Provide appropriate ins		-								
6.3 Position patient appropri	riately for the procedu	ıre								
6.4 Use the appropriate local	alisation technique for	r individual cases								
6.5 Describe the reason for	choice of imaging mo	odality used								
6.6 Apply appropriate Qual	ity Assurance process	s for the procedure	2							
									1	
Beginner) The student is learning/wo For the following diseases/		: B IB	AB C		1	2	3	4	5	NA
The student justifies the ra										
7.1 Identify relevant data ar										
7.2 Identify relevant anaton	nical reference points	on images								
7.3 Describe and place appr	-									
7.4 Utilise appropriate dose	_	_								
7.5 Utilise ICRU constraint										
7.6 Apply appropriate opting	msation techniques								1	

7.7 Critically analyse dose distribution and data

7.8 Apply appropriate Quality Assurance process for the procedure					
8 Treatment (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5
The student is learning/working at the level of: B IB AB C					
For the following diseases/sites/cases://					i
					ı
The student justifies the rationale for and/or demonstrates the ability to:					i
8.1 Prepare room with appropriate accessory equipment for procedure					
8.2 Provide appropriate instructions to patients/elicit patient status for treatment					
8.3 Position patient appropriately					
8.4 Image matching technique and action thresholds					
8.5 Apply appropriate Quality Assurance process for the procedure					
General feedback: localisation/planning/treatment/patient care:					
Assessor's overall comments:					
					-
					-
					-
					_
					_
					_
					_
					_
					_
					_
Supervisor's Name/Signature: Date	:				
Date Date	•				
Student Signature					

Interim Assessment 4 Area of Practice Loc/Plan/Trt (please circle)

	of Student Perforr		se these criteria to	rate	e Do	maiı	ns 1-	-4		
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	exp	exce ecte of	5 nsistently exceeds ected level of nievement		NA Not applicable Not assessed		
						ı		ı		
1. Knowledge & Und					1	2	3	4	5	NA
1.1 Applies & adapts <i>p</i> :		-								
1.2 Applies & adapts n	ew knowledge to o	clinical practice s	situations							
1.3 Demonstrates know Therapist and how				ion						
2. Critical Thinking & Ev	raluation				1	2	3	4	5	NA
2.7 Demonstrates the abi										
2.8 Demonstrates appropresources	oriate time manager	nent skills and use	e of available							
2.9 Demonstrates problem	m solving skills to f	ormulate appropr	iate clinical decisio	ns						
3. Professional & Ethical	Practice				1	2	3	4	5	NA
3.11 Assumes responsibili		and works within a	accepted							
departmental protoco	ols and standards of	practice for Radia	ation Therapy							
3.12 Recognises own abili- an experienced practi- competence				rith						
3.13 Documents accurately										
3.14 Works and communi members of the multi		h, and demonstra	tes respect for, all							
3.15 Demonstrates effective their carers and family		erbal communicat	ion with patients, a	and						
4. Care & Clinical Manag	rement				1	2	3	4	5	NA
4.7 Demonstrates empa carers/families	<u> </u>	or individuals a	nd their		-	_	3	_		1421
4.8 Demonstrates awar	reness of patient's	needs and healt	h issues and take	es.						
appropriate action										
4.9 Performs technical		•	mpetence relativ	e						
to the stage of their			DI C	1						
Note: This is not an asses. University's specific techn										
> Treatm		onioro jor comp	crewy noocooment	•						
> Plannii										
	tion/CT									
		ion of Student se criteria to ra								
	S	se criteria to la			US	<u> </u>				
Satisfactory	level of achieven	nent	Unsatisfact	tory			achi	eve	men	t

5. Professionalism	S	US
5.11Demonstrates appropriate interest, enthusiasm, motivation, perseverance in work & learning		
5.12Punctuality		
5.13Maintains professional appearance		
5.14Complies with patient information confidentiality and privacy legislation and policies		
5.15Follows health and safety requirements		

Assessor's overall comments:	
Supervisor's Name:	
Supervisor's Signature:	Date:
Student's overall comments:	
Student's Signature:	Date:
Days absent: Medical Certificate provided for all days absent:	Yes / No

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

Technical Skills Assessment

	Use these criteria	to rate Domain	s 6-8							
Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	exp	5 onsis exce ecte of hieve	tent eds d le	vel	_	NA No oplic No sses	t able t
6 Localisation (Sim/O level of Intermedia	te Beginner)	-		the	1	2	3	4	5	NA
The student is learning/wor For the following diseases/s	ites/cases:	/	/							
The student justifies the rate 6.1 Prepare room with appropriate the control of t	priate accessory equi	pment for proced								
6.2 Provide appropriate instr6.3 Position patient appropri		•								
6.4 Use the appropriate loca6.5 Describe the reason for contract of the contr	•									
6.6 Apply appropriate Quali		•	2)							
7 Planning (Students Beginner) The student is learning/wor	s should be working				1	2	3	4	5	NA
For the following diseases/s	ites/cases:/									
The student justifies the rate 7.1 Identify relevant data and		emonstrates the	ability to:							
7.2 Identify relevant anatom	•	•								
7.3 Describe and place appropriate7.4 Utilise appropriate dose	•									
7.5 Utilise ICRU constraints	in planning the case									

7.6 Apply appropriate optimisation techniques7.7 Critically analyse dose distribution and data

8 Treatment (Students should be working to the level of Intermediate	1	2	3	4	5
Beginner)					
The student is learning/working at the level of: B IB AB C					
For the following diseases/sites/cases://					
The student justifies the rationale for and/or demonstrates the ability to: 3.1 Prepare room with appropriate accessory equipment for procedure					
3.2 Provide appropriate instructions to patients/elicit patient status for treatment					
3.3 Position patient appropriately					
3.4 Image matching technique and action thresholds					
8.5 Apply appropriate Quality Assurance process for the procedure					
- Apply appropriate Quanty Assurance process for the procedure					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
Assessor's overall comments:					
	<i>to.</i>				
Assessor's overall comments: Supervisor's Name/Signature:	te:				

Final Assessment 4

Evaluation	of Student Perforr	nance Us	se these criteria to	rate	Do	mai	ns 1-	-4		
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of	exceeds xpected level exp		5 Consistently exceeds epected level of			NA No plicat	t
			achievement	acł	_	emer	ıt			
1 Vnovvladga & Una	loustan din a				1	2	3	4	5	NA
1. Knowledge & Und 1.1 Applies & adapts <i>p</i>		e to clinical pract	ice situations		1			7	3	1 1/1
1.2 Applies & adapts <i>n</i>		-								
1.3 Demonstrates know Therapist and how	•	-		ion						
2. Critical Thinking & Ev	aluation				1	2	3	4	5	NA
2.10 Demonstrates the abi 2.11 Demonstrates appropresources			e of available							
2.12 Demonstrates proble	m solving skills to f	ormulate appropr	iate clinical decisio	ns						
3. Professional & Ethical	Practice				1	2	3	4	5	NA
3.16 Assumes responsibili departmental protoco										
3.17 Recognises own abili an experienced practi competence	ties and level of pro	fessional compete	nce and consults w	ith						
3.18 Documents accuratel 3.19 Works and communi	/	h and damonatra	too reconst for all							
members of the multi		n, and demonstra	tes respect for, an							
3.20 Demonstrates effective their carers and family		erbal communicat	ion with patients, a	and						
				ı				1		Т
4. Care & Clinical Manag					1	2	3	4	5	NA
4.10Demonstrates empa carers/families	athy and respect f	or individuals a	nd their							
4.11Demonstrates awar appropriate action	reness of patient's	needs and healt	h issues and take	es						
4.12Performs technical			mpetence relativ	e						
to the stage of their <i>Note: This is not an asses</i>			o Dlagga wafaw ta a	ach						
University's specific tech										
> Treatm	ent	,								
> Plannii										
Simula	tion/CT	: (C) 1 ·	D = "(=							
		ion of Student se criteria to ra								
	S	se criteria to la	LE DOMAIN 3		US	,				
Satisfactory	level of achieven	nent	Unsatisfact	tory 1			achi	eve	<u>me</u> n	t

5. Professionalism	S	US
5.16Demonstrates appropriate interest, enthusiasm, motivation, perseverance in		
work & learning		
5.17Punctuality		
5.18Maintains professional appearance		
5.19Complies with patient information confidentiality and privacy legislation and		
policies		
5.20Follows health and safety requirements		

Assessor's overall comments:	
Supervisor's Name:	
Supervisor's Signature:	Date:
Student's overall comments:	
Student's Signature:	Date:
Days absent: Medical Certificate provide	

The student must obtain a point score of **2 or greater** for each area of practice in order to pass the **interim** assessment and **3** or more for **final** assessment. You should consider the most consistently demonstrated performance exhibited by the student in consultation with the team when undertaking the assessment.

	Techn	ical Skills Asse	ssment						
	Use these criteria	to rate Domain	s 6- 8						
1 Unsatisfactory level of achievement	2 Progressing but requires improvement	3 Satisfactory level of achievement	4 Occasionally exceeds expected level of achievement	exceeds el expected level		vel	_	NA No plic No sses	ot cable ot
6 Localisation (Sim/o level of Intermedia	8 /	•		the 1	2	3	4	5	NA

6 Localisation (Sim/CT/Clinical mark up) (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
The student is learning/working at the level of: B IB AB C						
For the following diseases/sites/cases://						
The student justifies the rationale for and/or demonstrates the ability to:						
6.1 Prepare room with appropriate accessory equipment for procedure						
6.2 Provide appropriate instructions and information to patients						
6.3 Position patient appropriately for the procedure						
6.4 Use the appropriate localisation technique for individual cases						
6.5 Describe the reason for choice of imaging modality used						
6.6 Apply appropriate Quality Assurance process for the procedure						
7 Planning (Students should be working to the level of Intermediate Beginner)	1	2	3	4	5	NA
	1	2	3	4	5	NA
Beginner)	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases:// The student justifies the rationale for and/or demonstrates the ability to: 7.1 Identify relevant data and documentation 7.2 Identify relevant anatomical reference points on images	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA
Beginner) The student is learning/working at the level of: B IB AB C For the following diseases/sites/cases://	1	2	3	4	5	NA

Beginner)	1	2	3	4	5	NA
he student is learning/working at the level of: B IB AB C						
or the following diseases/sites/cases://						
he student justifies the rationale for and/or demonstrates the ability to:						
1 Prepare room with appropriate accessory equipment for procedure						
2 Provide appropriate instructions to patients/elicit patient status for treatment						
3 Position patient appropriately						
4 Image matching technique and action thresholds						
5 Apply appropriate Quality Assurance process for the procedure						
eneral feedback: localisation/planning/treatment/patient care:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						
Assessor's overall comments:						

7.8 Apply appropriate Quality Assurance process for the procedure

MMR 5011 PCP Portfolio Requirements: Semester 4

Portfolio Contents

Situational Analysis

Self appraisal

Goals for PCP -Short, Medium and Long term

What are your expectations for your PCP clinical experience?

What actions can you take to help you meet the challenges or difficulties you expect to find in the clinical learning environment?

What actions can you take to make the most of the learning opportunities presented to you?

What attributes or characteristics of the qualified radiation therapists you encounter are likely to make it easier for you to meet the challenges and opportunities?

2 Pivotal Incidents/ Learning Evaluations

Clinical workbook

MMR 5011Professional Portfolio Semester 5

All portfolio activities must be completed to a satisfactory standard in order for you to pass this semester of the unit. We have scheduled one or two portfolio activities each week, some will only take 10-15 minutes, others may take a little longer to complete. You should ensure that the portfolio activities enable you to demonstrate your learning in all dimensions of radiation therapy practice. As such you should present a representative selection of evidence for the following categories and provide a justification of why the evidence pertains to a particular category and its relevance to your learning (Justification of evidence):

Technology Communication and teamwork

Patient Care Reflective Practice

Medico-legal and ethical Academic development

Professional development Clinical development

Evidence based practice/research

Mandatory Portfolio Activities for Semester 5

Goals for PCP -Short, Medium and Long term

- 2 Pivotal Incidents (something you have experienced and learnt from)
- 2 Learning Evaluations (more structured learning, such as tutorial, in service, journal club)
- 3 Plan Evaluations for different body regions justifying the choice for the technique selected and analysing dosimetry (see suggested profoma).
- 3 Patient Care Analyses for patients with different diagnoses (see suggested proforma).
- 1 Patient Care Pathway: to include analysis of patient journey from diagnosis to treatment and follow up (see suggested proforma).

Responses to 3 Communication Scenarios on Blackboard

2 current journal article reviews (1 technology centred, 1 patient care centred) to be posted onto Blackboards for your peers to discuss

EXEMPLAR STUDY SCHEDULE FOR MMR5011: SEMESTER 5:

You are strongly encouraged to keep to a study schedule like the one outlined below and keep up to date with assessments, reflection and other portfolio activities. Please note, the dates are suggested and will need to be adapted to suit your needs, depending on when your rotations to planning and treatment change and when you experience events that you can reflect on as Pivotal Incidents or Learning Evaluations.

Week	Week beginning	Radiation Therapy Clinical Activities for MMR 5011 Semester 5
		Review of Goals for PCP -Short, Medium and Long term
		Formulate learning outcomes for this placement
1	Nov 14 th	Formulate learning outcomes for your rotation in planning or treatment
		Identify interim and final feedback dates
		Seek feedback
2	Nov 21st	Complete 1st plan evaluation/patient care analysis
	1407 21	Seek feedback
3	Nov 28th	Response to 1st communication scenario on Blackboard

Dec 5th Dec 5th Dec 12th		Seek feedback	
Protection Protection Seek feedback Post 1st Article review summary on Blackboard (technical/patient care) Interim clinical skills assessment and feedback Interim reflection Seek feedback Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Seek feedback Final clinical skills assessment and feedback for this rotation Final reflective report for this rotation Response to 2nd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Seek feedback Patient care pathway analysis Seek feedback Patient care pathway analysis Seek feedback Interim clinical skills assessment and feedback Interim reflection Response to 3rd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Post 2nd Article review summary on Blackboard Post 2nd Article review sum			Complete 2nd plan evaluation/patient care analysis
Post 1st Article review summary on Blackboard (technical/patient care) Interim clinical skills assessment and feedback Interim reflection Seek feedback Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Seek feedback Final clinical skills assessment and feedback for this rotation Final reflective report for this rotation Response to 2rd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Jan 2nd Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Complete 2rd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3rd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Post 2rd Article review summary on Blackboard	4	Dec 5th	Pivotal Incident
Dec 12th			Seek feedback
Dec 12th			Post 1st Article review summary on Blackboard
Dec 12th Interim reflection Seek feedback			(technical/patient care)
Seek feedback Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Seek feedback Final clinical skills assessment and feedback for this rotation Final reflective report for this rotation Response to 2rd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Patient care pathway analysis Seek feedback Complete 2rd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3rd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Post 2rd Plan evaluation/ patient care analysis Evaluation of learning Post 2rd Article review summary on Blackboard	5	Dec 12th	Interim clinical skills assessment and feedback
Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Seek feedback Final clinical skills assessment and feedback for this rotation Final reflective report for this rotation Response to 2nd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Patient care pathway analysis Seek feedback Complete 2nd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3rd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Post 2nd Article review summary on Blackboard			Interim reflection
Final clinical skills assessment and feedback for this rotation Final reflective report for this rotation Response to 2nd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Patient care pathway analysis Seek feedback Complete 2nd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3nd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3nd plan evaluation/ patient care analysis Feb 6th Post 2nd plan evaluation/ patient care analysis Evaluation of learning Post 2nd plan evaluation/ patient care analysis Evaluation of learning			Seek feedback
19th Evaluation of learning Seek feedback Final clinical skills assessment and feedback for this rotation Final clinical skills assessment and feedback for this rotation Response to 2nd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Patient care pathway analysis Seek feedback Complete 2nd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3nd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3nd plan evaluation/ patient care analysis Evaluation of learning Post 2nd Article review summary on Blackboard		Б	Complete 3 rd plan evaluation/ patient care analysis
Seek feedback Final clinical skills assessment and feedback for this rotation Final reflective report for this rotation Response to 2nd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Patient care pathway analysis Seek feedback Complete 2nd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3rd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Post 2nd Article review summary on Blackboard	6		Evaluation of learning
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Final reflective report for this rotation Response to 2nd communication scenario on Blackboard Formulate learning outcomes for your rotation in planning or treatment (as needed) Identify interim and final feedback dates Seek feedback Complete 1st plan evaluation/patient care analysis Seek feedback Patient care pathway analysis Seek feedback Complete 2nd plan evaluation/patient care analysis Interim clinical skills assessment and feedback Interim reflection Response to 3rd communication scenario on Blackboard Pivotal Incident from past 3 weeks Complete 3rd plan evaluation/ patient care analysis Evaluation of learning Post 2nd Article review summary on Blackboard			Final clinical skills assessment and feedback for this rotation
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15	Feb 20 th	Final clinical skills assessment and feedback for this rotation and the semester
		Final reflective reports

Mandatory Portfolio Activities for Semester 6

Goals for PCP -Short, Medium and Long term

- 2 Pivotal Incidents (something you have experienced and learnt from)
- 2 Learning Evaluations (more structured learning, such as tutorial, in service, journal club)
- 3 Plan Evaluations for different body regions justifying the choice for the technique selected and analysing dosimetry (see suggested profoma).
- 3 Patient Care Analyses for patients with different diagnoses (see suggested proforma).
- 1 Patient Care Pathway: to include analysis of patient journey from diagnosis to treatment and follow up (see suggested proforma).

Responses to 2 Communication Scenarios on Blackboard

2 current journal article reviews (1 technology centred, 1 patient care centred) to be posted onto Blackboards for your peers to discuss

Powerpoint presentation on Evidence Based Practice (MMR 5002) literature review

MR 5011 Semester 5 Portfolio Contents

Review of Goals for PCP -Short, Medium and Long term

- 2 Pivotal Incidents
- 2 Learning Evaluations
- 3 Plan evaluations for different body regions justifying the technique and analysing

Dosimetry

5 min powerpont presentation on your EBP project from S4

Clinical workbook